

The Union

THEUNION.ORG

**ANNUAL
REPORT
2017**

THE FIRST GLOBAL HEALTH ORGANISATION

The Union is a global scientific organisation with the mission to improve health among people living in poverty. We do that by conducting scientific research, working with governments and other agencies to translate research into better health for people around the world, and delivering projects directly in the field. The Union is made up of a global membership body of people who help to advance our mission, and a scientific institute that implements public health projects within countries. For close to 100 years, we have been leaders in the fight against some of the world's biggest killers, including tuberculosis, lung diseases and tobacco use.

KNOW.

We conduct research to provide evidence for public health policy and practice.

SHARE.

We disseminate scientific knowledge to strengthen public health programmes.

ACT.

We deliver services and conduct advocacy to safeguard people's health.

43,000

Myanmar
43,000 people screened and referred for tuberculosis testing

190,000

India
190,000 sputum samples collected and transported

48,942

Zimbabwe
48,942 people from high-risk populations were screened for TB

GLOBAL IMPACT IN 2017



UNION
MEMBER
NETWORK

Union members in 147 countries collaborated on global lung health issues within seven scientific sections and sub-sections and several working groups. Their work contributed to technical publications, the scientific programme of the Union World Conference and advocacy efforts, among other activities.



UNION
OFFICES

The Union's 880 staff and consultants based out of 11 offices around the world conducted and published research, provided health services, convened conferences and consultations and provided training and technical assistance in 63 countries.



TECHNICAL
ASSISTANCE
LOCATIONS

The Union provided technical assistance to 43 countries in 2017. The MDR-TB programme assisted 30 countries with the transition to the short course regimen. The Department of Tobacco Control issued grants to 21 countries.



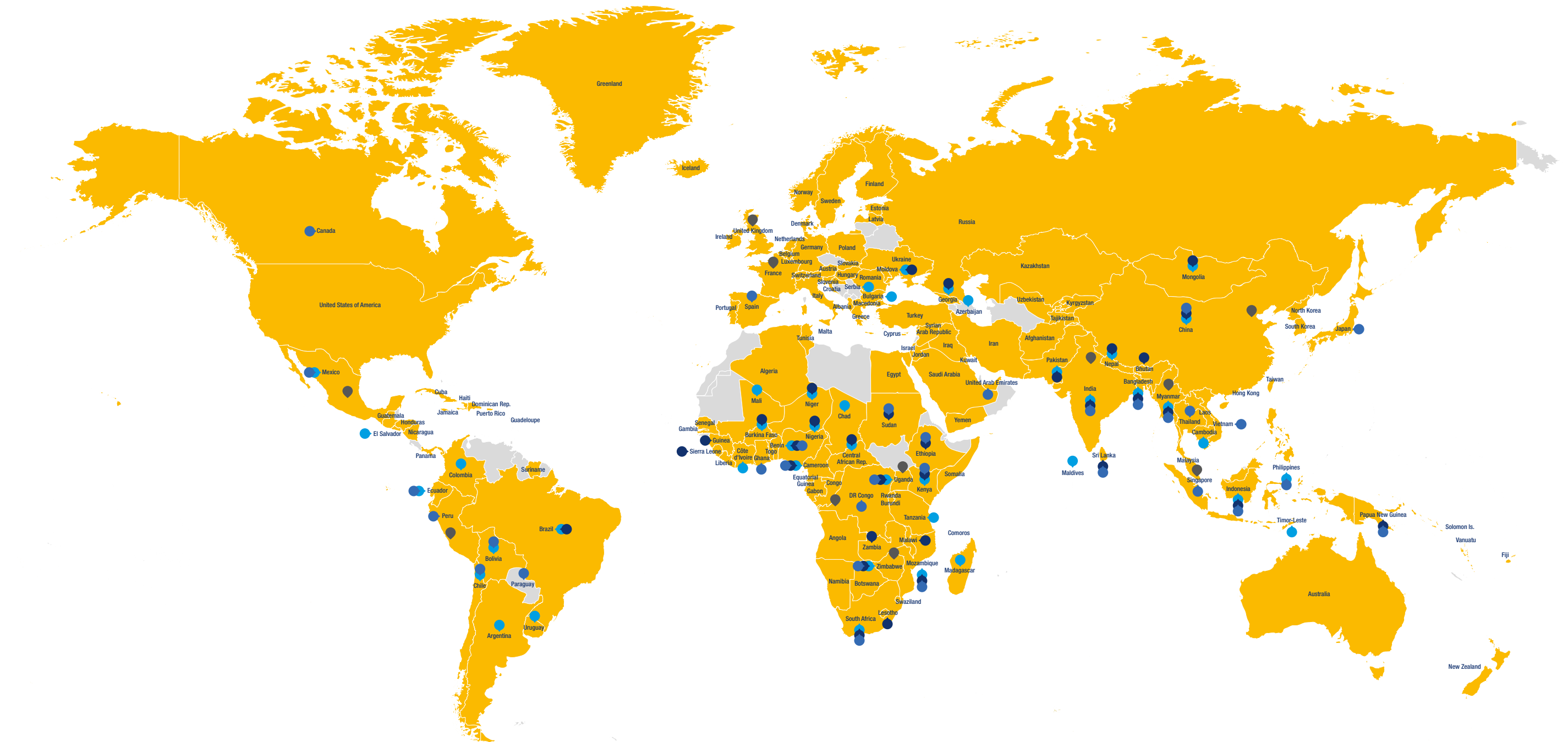
RESEARCH
LOCATIONS

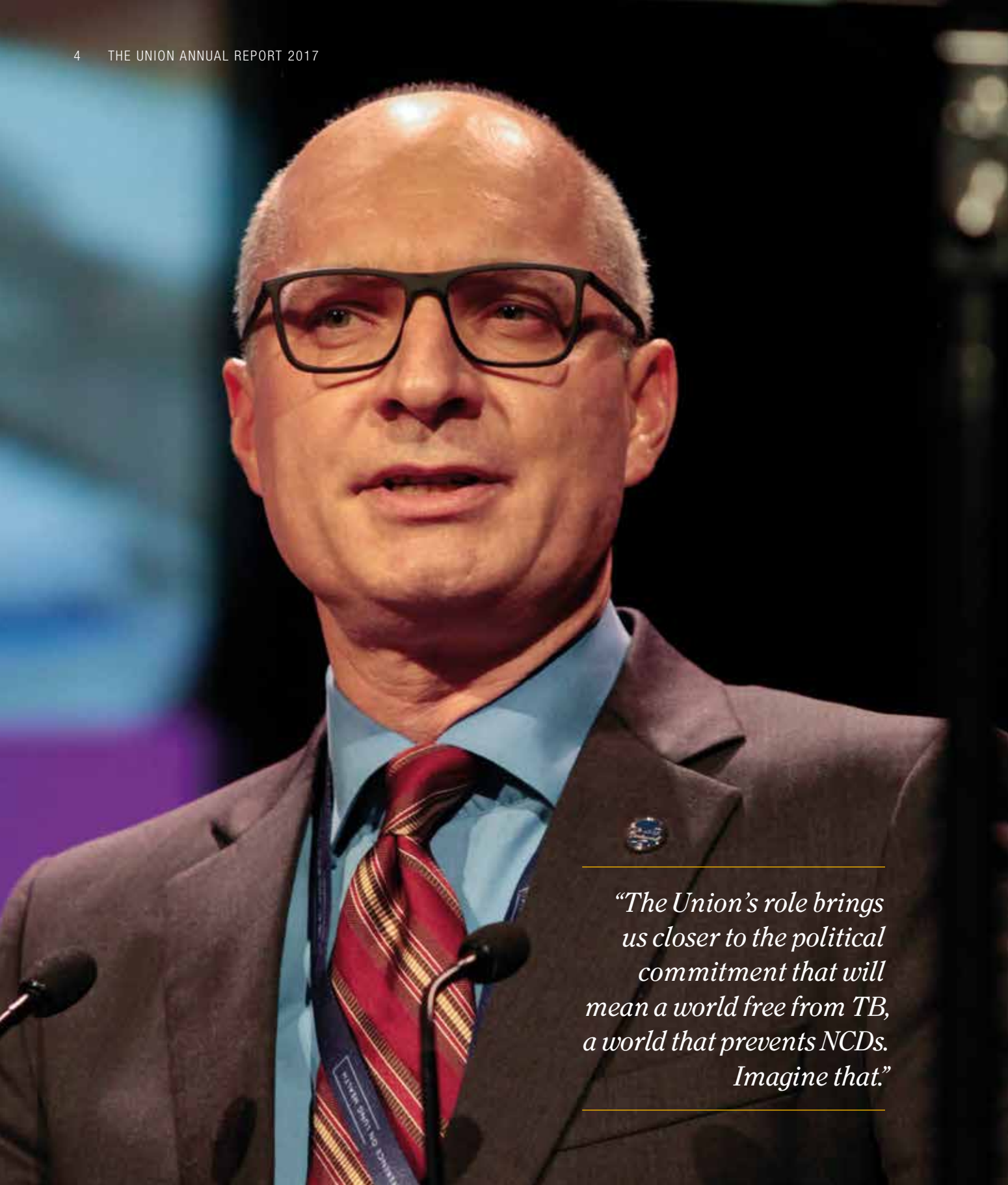
The Union conducted research in 32 countries and developed 104 research studies in 2017. Eleven operational research fellows worked in Africa and Asia. Of the 150 scientific papers or documents published, 114 of them were research projects.



COURSE AND
CONFERENCE
LOCATIONS

The Union delivered courses and convened conferences in 31 countries in 2017. The Union delivered 46 courses on international management development and clinical and operational management of TB, TB-HIV and MDR-TB, attended by 1,164 participants from 81 countries. Operational research training was delivered to 64 participants from 16 countries who attended six SORT IT courses.





“The Union’s role brings us closer to the political commitment that will mean a world free from TB, a world that prevents NCDs. Imagine that.”

MESSAGE FROM THE EXECUTIVE DIRECTOR

I am very proud to share with you The Union’s Annual Report for 2017, which presents updates on our most recent project work and documentation of our impact around the world.

With members in 147 countries, and operations led by staff and consultants in 63 countries, The Union is working to alleviate the world’s most debilitating lung conditions, from the deadly effects of tuberculosis (TB), a curable disease that still kills 1.7 million people annually, to combating the worst excesses of the tobacco industry. For every highlight mentioned in this report, there are hundreds of other activities that are helping the world’s most vulnerable live their best lives.

But what strikes me most forcibly is how the energy and commitment of our people, often working in inhospitable, sometimes hazardous areas, combine with the latest science to deliver on a very clear goal – that of improving public health in the communities in most need.

In these pages, you will see examples of innovations in TB treatment regimens and critical research and guidance that enable clinicians and healthcare workers to make a difference to their communities.

This year, we continued our commitment to research with the release of preliminary results from Stage 1 of the STREAM randomised clinical trial. We stepped up our advocacy work, delivering a TB-Free India Summit that galvanised support from government, politicians, the media and Indian celebrities for increasing momentum to end TB on the continent by 2025. We enabled countries like Indonesia to implement 100 percent smoke-free laws and tobacco advertising bans, facing down the relentless bullying from a tobacco industry that continually seeks new markets to exploit. And we worked with our partners at the Forum of International Respiratory Societies (FIRS) to establish the first ever dedicated World Lung Day.

This wide-ranging body of work creates the building blocks of evidence we need to influence policy at its highest level, including those attending the first ever United Nations High-Level Meeting (UN HLM) on TB and the third UN HLM on non-communicable diseases (NCDs).

If we are to genuinely create the momentum that makes a difference, the world’s leaders must make concrete commitments on delivering greater investments into prevention and treatment. We need guarantees that new tools and resources will be provided to meet these challenges head-on. Not promises or empty declarations but timely, accountable, real pledges to act.

Reviewing our work in 2017, I am convinced that The Union – thanks to the efforts of all our members, staff and collaborators – has played a major role in bringing us closer to getting the commitments that will mean a world finally free from TB, a world that prevents NCDs. Imagine that.

José Luis Castro

JOSÉ LUIS CASTRO
EXECUTIVE DIRECTOR

MESSAGE FROM THE PRESIDENT

During my first year as President of The Union – and the 97th of the organisation's existence – I was struck by the commitment of our members and staff to its founding principles, and how these ambitious goals still resonate and drive us today.

In 1920, when the world's leading TB experts came together to form a united front to tackle a global epidemic, TB was not treatable, not curable, not widely preventable. Thanks to the herculean efforts of scientists and advocates over the last century, TB is now all of these things.

Then and now, The Union, with its members at the heart, have frequently led the charge, pushing science and policy into brave new territory to protect and promote lung health – from developing new medicines to treat TB, to new laws that reduce tobacco use. We remain united in our dedication to improving health among people living in poverty around the world.

Huge progress has been made, and is being made. Yet as I write this, huge challenges remain. TB is the leading cause of death by an infectious disease, and in 2016 alone, 10.4 million people fell ill with it. Tobacco use is the leading preventable cause of death worldwide, killing more than seven million people each year. And rates of NCDs are sky-rocketing around the world.

Now is the time for The Union to take a stand, and to call on others to join this fight to end TB. 2018 offers a unique opportunity to take this challenge to the highest political levels, with the first ever UN HLM on TB. I urge Union members, staff and consultants to use their expertise, wisdom and compassion to build on the momentum around this event, and as the founders of this great organisation did almost one hundred years ago – to unite, and act.

Our 2017 Annual Report is a testament to the progress we are making through unwavering commitment to advancing lung health, with significant developments across all areas of our work. Members published the second edition of *'Best practices for the care of patients with TB: a guide for low-income countries'*, established a TB and ethics working group, and launched a zoonotic TB roadmap.

Our work continues on the frontline. And it is with keen anticipation that we look forward to breaking significant new ground in 2018, and the years to come.

Chakaya

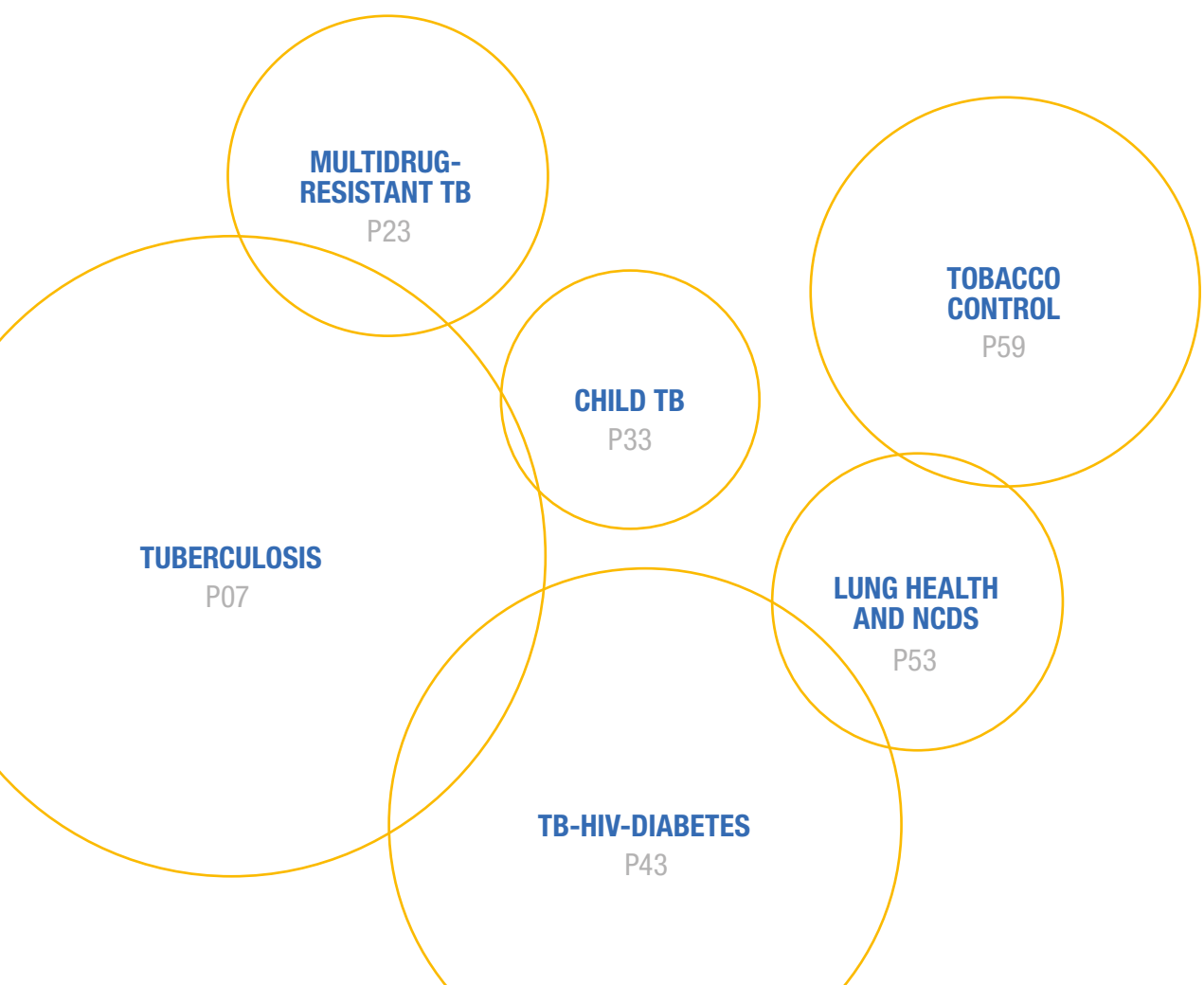
DR JEREMIAH CHAKAYA MUHWA
PRESIDENT



“The Union and its members have frequently led the charge, pushing science and policy into brave new territory to protect and promote lung health.”

OUR WORK

The Union works across the areas of lung health below, drawing from the best scientific evidence and expertise to advance solutions to public health challenges that affect people living in poverty. We conduct research to provide evidence for public health policy and practice, we disseminate scientific knowledge to strengthen public health programmes, and we deliver services and conduct advocacy to safeguard people’s health.

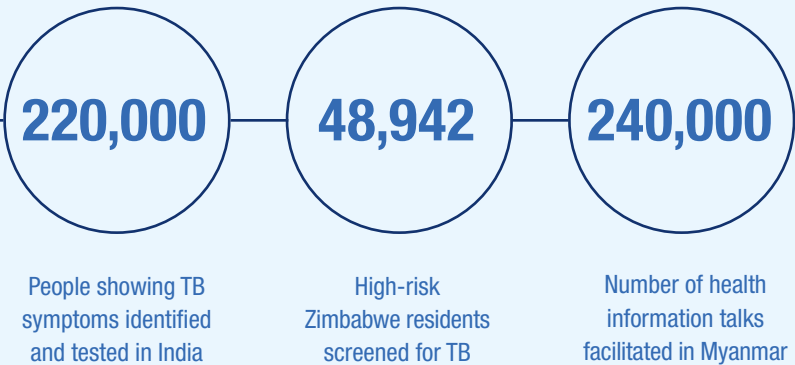


TUBERCULOSIS

TB is a curable and treatable disease – yet it is the leading infectious disease killer worldwide, accounting for 1.7 million deaths in 2016 alone according to the 2017 Global TB Report. An additional 10.4 million people fell ill with TB in 2016. Many of those people struggle – for reasons ranging from gaps in research and development and insufficient or underfunded health services, to long and difficult treatments and stigma – to receive the treatment they need.

OUR WORK WITH TUBERCULOSIS

The Union works to accelerate progress towards the global elimination of TB. We do this by supporting high-quality, accessible prevention and care, contributing to and expanding the evidence base, disseminating research, and assisting in the implementation of new knowledge into policy and practice. We advocate for the policies and actions that lead to the elimination of TB – and drive others to do the same.





A nurse at The Union's Integrated HIV Care clinic, Mandalay General Hospital, distributes anti-retroviral therapy to patients, as well as medicines to treat opportunistic infection.

NEW PROJECT IN MYANMAR AIMS TO DOUBLE TB DETECTION RATES

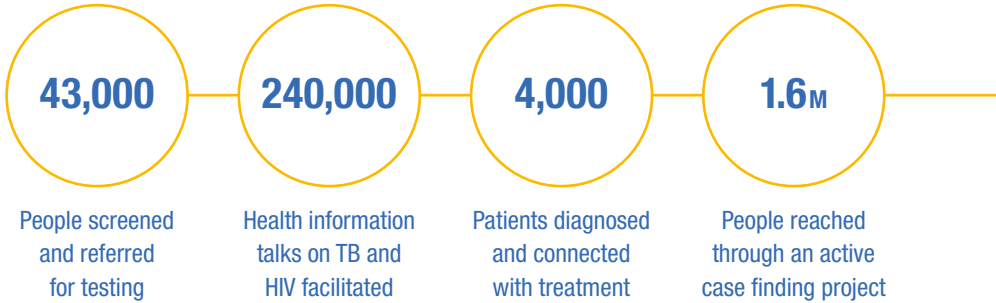
Through the Challenge TB project, launched March 2017 in Myanmar, The Union is working to bolster and empower community-led TB efforts while providing technical assistance to the National TB Programme (NTP).

The project aims to double case detection rates and to achieve and maintain a treatment success rate of above 85 percent by the programme's end in September 2018. Activities focus around active case finding through a trained network of volunteers and community healthcare workers to improve coverage and patient access. The Union also works with NTP staff to improve contact tracing and to ensure HIV testing and counselling is provided to all TB patients in the treatment centres.

The Union is leading implementation in collaboration with a network of community health workers and volunteers in eight townships in Myanmar's remote northern region of Sagaing, where healthcare services are insufficient and hard to reach.

Challenge TB is funded by the United States Agency for International Development (USAID) and is implemented in Myanmar by a partnership between The Union and FHI 360, in collaboration with the NTP / Township Public Health Department and community volunteers.

THE UNION'S TB PROGRAMMES IN MYANMAR



TARGETED SCREENING CAMPAIGN AIMS TO REDUCE TB IN MINING POPULATIONS IN ZIMBABWE

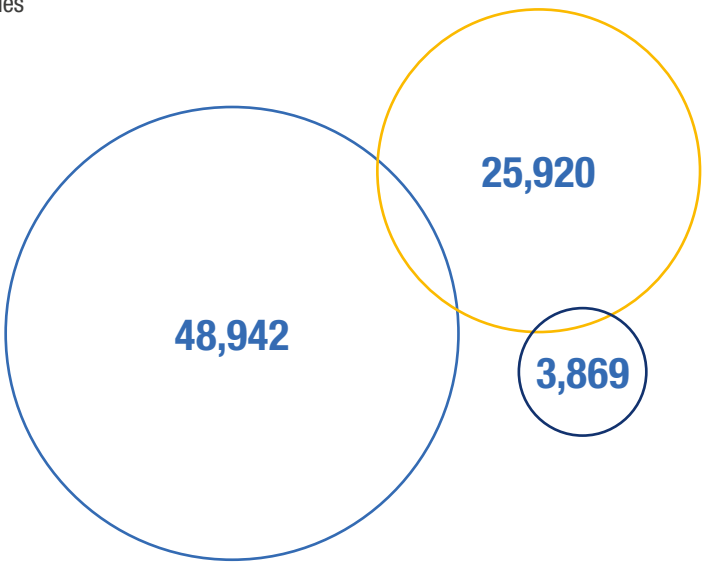
More than 48,000 people in high-risk communities, including miners, were screened for TB, HIV and diabetes as part of a Union-led active screening campaign in 15 districts in Zimbabwe. The campaign targets mining groups, who have some of the highest incidences of TB in the world, as well as people living with HIV and diabetes.

Screening took place from March to December 2017 and resulted in the diagnosis of 882 people with active TB who were then connected with appropriate treatment. In that same group, screening led to 25,920 people tested for HIV (of whom 1,002 tested positive) and 3,869 showed at least two symptoms of diabetes and were given a blood glucose test (of whom 537 were referred for treatment).

The project works with traditional community leaders including chiefs, headmen, councillors and religious leaders to inform them about TB. The community leaders learn about signs and symptoms, treatment and stigma and support the efforts by educating their communities and encouraging open dialogue.

Leaders have committed to support the targeted screening campaign by encouraging members of their communities to take advantage of the services provided, which include chest X-rays, medical check-ups, HIV testing and diabetes screening, as well as informative workshops and meetings.

These activities are part of Challenge TB in Zimbabwe, USAID's flagship TB programme. The programme will be expanded to an additional 21 districts in 2018.



Of 48,942 people from high-risk communities screened for TB, 25,920 were also tested for HIV and 3,869 were tested for diabetes.



Dr Paula I Fujiwara, Scientific Director, presenting the zoonotic TB roadmap at a press conference in October.

TB PARTNERS LAUNCH FIRST ROADMAP TO ADDRESS TRANSMISSION OF BOVINE AND ZOONOTIC TB

The Union and partners launched the first-ever roadmap to combat zoonotic TB during the 48th Union World Conference on Lung Health.

The roadmap identifies 10 essential action points which include improving the evidence base, reducing transmission between animals and humans, looking at areas of food safety and identification of key populations, and strengthening intersectoral collaboration.

As a precursor to the Union World Conference, The Union took a group of invited international journalists to a cheese factory and a slaughterhouse

as an opportunity to see first-hand the rigorous production processes and health and safety measures that these industries must adhere to, in order to minimise the risk to human health through consumption of contaminated untreated meat or dairy products from diseased animals.

The Zoonotic TB Roadmap is a collaboration between four partners in health: the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and The Union.

MOANARAOLA NEW DELHI, INDIA

Moanaraola, known as 'Naro', 38, plays with her daughter at home in New Delhi. Naro is a doctor who leads a community development project that serves to empower people living in poverty. After being cured of TB, she lives a normal life with her husband Abhijeet and their children, Astera and Aden.

India has the highest number of people with TB in the world, accounting for 25 percent of the global burden. The Union works through several projects in India to support efforts to reduce that burden. Activities include operational research to improve health systems, community outreach efforts to support patients with treatment, access to care and information, and advocacy work to rally commitment from both the government and the private sector.



GLOBAL FUND AND THE UNION DEEPEN PARTNERSHIP TO FIGHT TB

The Global Fund to Fight AIDS, Tuberculosis and Malaria and The Union announced a partnership agreement in which both organisations will explore innovative financing instruments to galvanise resources among the private sector to reach the global goal of ending the TB epidemic by 2030.

The joint project will also entail a fundraising campaign to encourage individuals, corporations, foundations and other private entities to make contributions to support efforts to eliminate TB. The key benefitting countries of the fundraising will be India, Myanmar and Zimbabwe, which are among WHO's list of 30 high TB burden countries.

THE UNION BRINGS HEALTH LEADERS TOGETHER TO DISCUSS LATENT TB INFECTION IN ASIA

The Union organised two high-level consultations to discuss methods for tackling latent TB infection (LTBI) in Beijing, China, and Chennai, India, in 2017. The meetings brought together researchers, healthcare workers and other experts in TB.

According to WHO estimates, one-fourth of the world's population is infected with *M. tuberculosis*, which causes no symptoms and is not contagious. Approximately five to 10 percent of persons with LTBI will develop active TB. That risk is higher in lower immune function, such as children and people living with HIV, or those in regular contact with persons with TB. Testing for LTBI among these high-risk populations is an essential preventive method to reduce TB incidence.

The Beijing event was organised by The Union and the National Center for Tuberculosis Control and Prevention of China CDC, with support from QIAGEN. The Chennai meeting was organised by The Union in collaboration with the Indian Council for Medical Research, Central TB Division, Ministry of Health and Family Welfare, National Institute for Research in TB and supported by USAID.

PROJECT AXSHYA FACILITATES DIAGNOSIS OF 25,000 TB PATIENTS IN 2017

The Union's Project Axshya, working in partnership with seven sub-recipient partners, a network of local non-governmental organisations (NGOs) and nearly 15,000 community volunteers, continued to provide innovative TB interventions designed to serve traditionally hard-to-reach and at-risk populations in India in 2017. These efforts led to the diagnosis of 25,000 TB patients who were linked with treatment services.

Axshya implements a host of outreach initiatives to increase awareness of TB, facilitate TB testing, and transport sputum samples in 285 districts across 19 states in India. Initiatives in 2017 included: TB 'kiosks', or small, decentralised TB service centres with extended visitors' hours where volunteers administer treatment, collect sputum samples and provide drop-in consultations; counselling services to support people with multidrug-resistant TB (MDR-TB); and a vast volunteer network mobilised throughout the country to address the needs of vulnerable populations with regards to TB information, screening, treatment and support.

The project was established in 2010 with support from the Global Fund.

PROJECT AXSHYA FACILITATES
ACCESS TO TB SERVICES IN INDIA

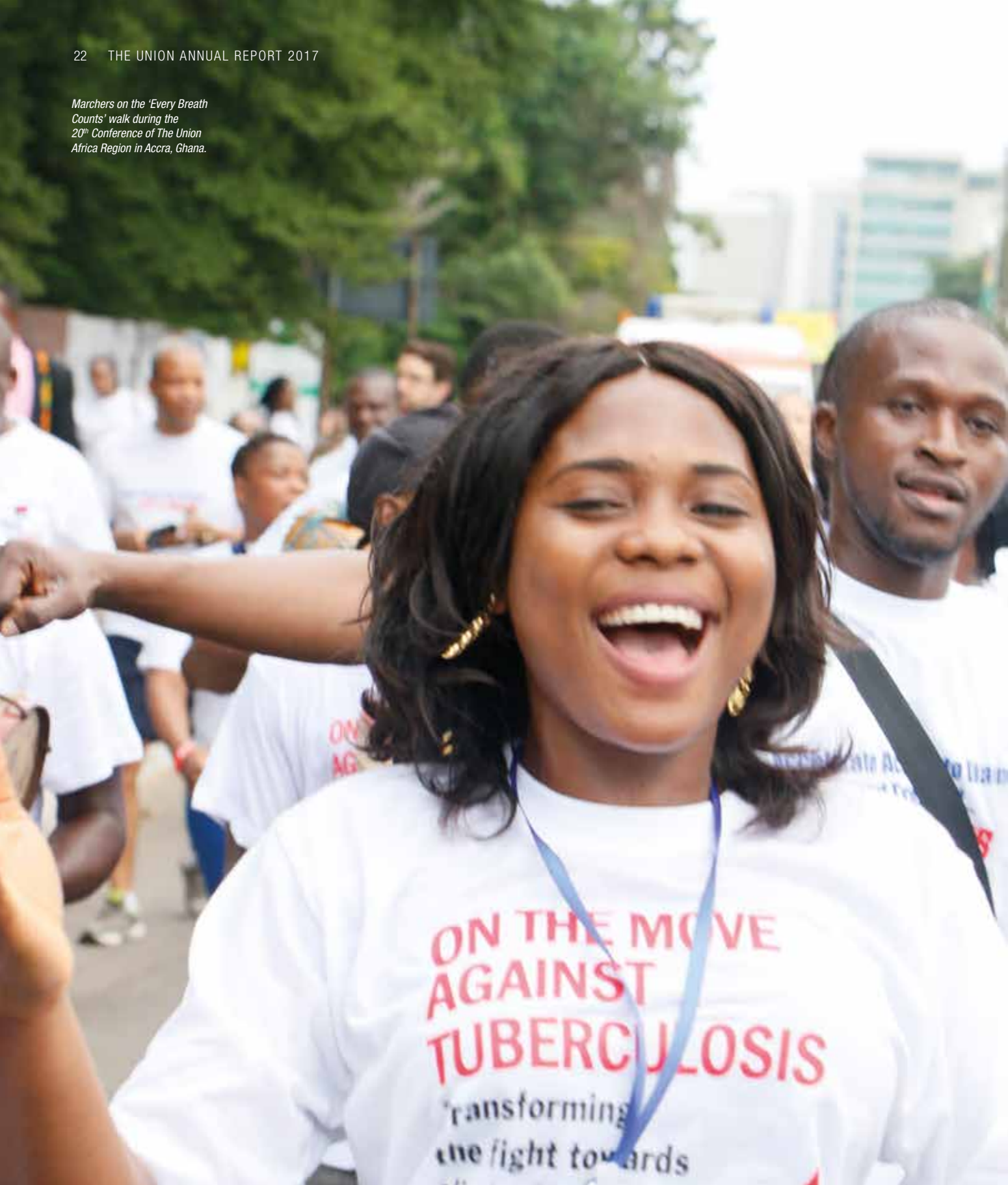
220,000

190,000

5,000

Through The Union's Project Axshya in 2017, 220,000 people showing TB symptoms were identified and tested, 190,000 sputum samples collected and transported, and 5,000 qualified private practitioners, private hospitals and private laboratories were trained to ensure quality TB services at all points of care.

Marchers on the 'Every Breath Counts' walk during the 20th Conference of The Union Africa Region in Accra, Ghana.



MEMBERSHIP NEWS

UNION REGION CONFERENCES UNITE EXPERTS TO FOCUS ON TOPICS OF IMPORTANCE TO PUBLIC HEALTH IN THE REGION

In 2017, Union members collectively assembled nearly 2,000 participants at three conferences to discuss regional solutions to health problems. Union members are affiliated by region, and they work together to organise and host official Union Region Conferences on TB, lung health and related topics.

The Union Africa Region celebrated its 50-year anniversary with the 20th Conference of The Union Africa Region, held in Accra, Ghana. The conference featured daily panel discussions, a regional capacity-building workshop that looked at the role of TB champions and the 'Every Breath Counts' walk, with more than 100 conference participants walking in solidarity against the toll of TB in the region.

The 21st Conference of The Union North America Region took place in Vancouver, Canada, and centred discussion around TB in minority populations. Stephen Lewis, the co-founder and co-director of AIDS Free World, presented the keynote lecture in which he examined the present state of TB, drawing comparisons with the HIV/AIDS pandemic, and forecasting the future of global public health in the current era.

The 6th Conference of The Union Asia Pacific Region was held in Tokyo, Japan, and covered subjects that reflected wider global concerns for which accelerated progress is essential. The opening address by Dr Nishikawa from the Japan Anti-Tuberculosis Association presented an overview of Japan's contribution to global TB control from the 1950s to the present day, from advancing technologies that underpin national TB programmes, to mass screening techniques and the development of essential TB drugs.

NURSES AND ALLIED PROFESSIONALS SUB-SECTION

Published the second edition of *'Best practices for the care of patients with tuberculosis: a guide for low-income countries'* in English (with translations into Spanish, Russian and Chinese planned). The sub-section held an education and training discussion session during the Union World Conference.

ZOONOTIC TB SUB-SECTION

Launched the zoonotic TB roadmap along with WHO, OIE and FAO and organised two symposia and a meet the expert session during the Union World Conference.

GLOBAL INDIGENOUS STOP TB INITIATIVE WORKING GROUP

Secured indigenous representation in the plenary session and two symposia.

INFECTION CONTROL WORKING GROUP

Cooperated with the End TB Transmission Initiative and coordinated a post-graduate course and oral abstract sessions.

TB AND MIGRATION WORKING GROUP

Participated in five sessions at the Union World Conference.

TB AND ETHICS WORKING GROUP

Established in 2017 to encourage broader engagement with ethical issues in TB research and practice, particularly in relation to the End TB strategy and its implementation.

TB-FREE INDIA SUMMIT RALLIES SUPPORT FOR ENDING TB BY 2025

The Call to Action for a TB-Free India culminated in April 2017 during a two-day event that brought top government officials and members of parliament (MPs) together with big name Indian celebrities to raise awareness and increase momentum in the fight against TB. The Summit came at the end of a two-year campaign to engage all stakeholders – public, private and civil society – to work collaboratively towards ending TB.

The event brought national focus to the issue of TB and galvanised support, with commitments from government, politicians, corporate partners and donors to pool resources to end TB in India.

The summit was organised by The Union as a part of the Call to Action for a TB-Free India campaign supported by Challenge TB (the flagship TB control programme of USAID, implemented by The Union in India), the Global Fund and WHO, in association with the Government of India, Ministry of Health and Family Welfare and the Himachal Pradesh Cricket Association.

“For the TB treatments of the future we need a healthy drug pipeline, adequate investment, collaboration and treatments available to all. Unfortunately this is not the case currently.”

DR GRANIA BRIGDEN
LIFE PRIZE LEAD

THE UNION CAMPAIGNS FOR NEW MECHANISM TO INCENTIVISE FUNDING INTO RESEARCH AND DEVELOPMENT FOR TB

The Life Prize aims to unite researchers to collaborate and develop a one-month (or shorter) treatment regimen for all types of TB which works for everyone, everywhere.

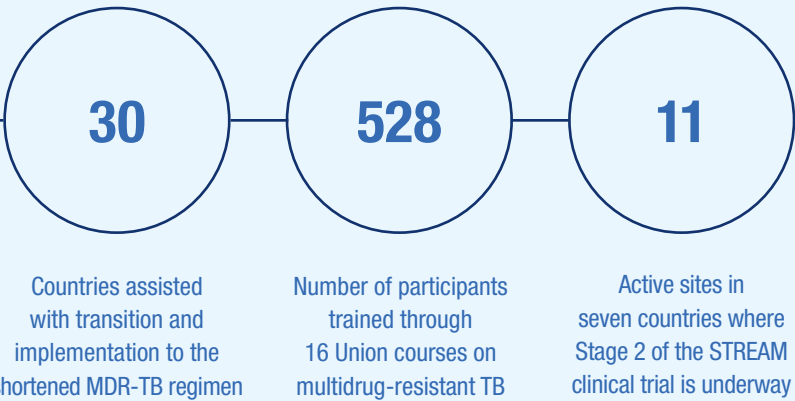
The Life Prize (formerly the 3P Project) advocates for the development of TB regimens of the future. This mechanism calls for the delinkage of research and development (R&D) financing from the potential sales revenues, thus promoting access and affordability of the resulting products.

MULTIDRUG-RESISTANT TUBERCULOSIS

Drug-resistant strains of TB are on the rise, accounting for an estimated 600,000 new cases in 2016 alone. Treatment for MDR-TB is long, comes with side effects that are difficult for patients to endure and is expensive. WHO estimates show that only one in five people needing treatment for MDR-TB actually receive it and only half of those treated are cured.

OUR WORK WITH MULTIDRUG-RESISTANT TUBERCULOSIS

The Union provides practical and experience-based support to national TB programmes. We advocate for increased research and development, conduct clinical trials to reduce treatment time and improve outcomes for patients in countries with the highest burdens of disease.



UNION TECHNICAL ASSISTANCE HAS AIDED 30 COUNTRIES WITH IMPLEMENTATION OF THE SHORT COURSE REGIMEN

Since the launch of The Union's MDR-TB programme in 2016, it has been integral in the transition to and implementation of the short course regimen in 30 countries in high-burden Asia and Africa.

The programme is based on the real and practical experience of The Union's work at the forefront of research into the shortened MDR-TB treatment regimen in Bangladesh and the countries in the Union-coordinated West and Central Africa francophone study. The short course regimen reduces treatment time for MDR-TB from up to two years to just nine months.

In addition, Union technical assistance in 43 countries in 2017 provided support and training to ensure national health programmes worldwide are operating to the highest standard and employing best practices for all aspects of TB management and care, as well as supporting tobacco control efforts.

“The Union’s technical assistance is indispensable. In many parts of the world, there is simply nowhere medical professionals can go for dedicated support in TB. For many TB programme and service providers, the only place to access this information is The Union.”

DR VALÉRIE SCHWOEBEL
PROGRAMME MANAGER FOR FRANCOPHONE AFRICA

STREAM CLINICAL TRIAL RESULTS PROVIDE VITAL INSIGHT INTO NINE-MONTH TREATMENT REGIMEN FOR MDR-TB

Preliminary results from Stage 1 of the STREAM randomised clinical trial, released at the 48th Union World Conference on Lung Health in Guadalajara, Mexico, showed that the nine-month treatment regimen achieved favourable outcomes in almost 80 percent of those treated.

The results suggest the nine-month regimen is very close to the effectiveness of the 20–24 month regimen recommended in the 2011 WHO guidelines, when both regimens are given under trial conditions.

Stage 2 of the STREAM trial is testing an additional nine-month, all-oral treatment regimen for MDR-TB that eliminates the painful injections that can cause severe side effects.

The STREAM trial is the result of a unique collaboration between The Union, Vital Strategies and several key partners with funding from USAID and Janssen Research & Development.

Prof Andrew Nunn, STREAM co-chief investigator, presenting Stage 1 results at the Union World Conference.



UNION COURSES TACKLE CRITICAL UPDATES IN DRUG-RESISTANT TB TREATMENT AND DIAGNOSIS

National and international MDR-TB courses equipping TB doctors with the latest and best practices were held in Bolivia, Cameroon, Chile, Ecuador, Mozambique, Peru, the Philippines, South Africa and Viet Nam in 2017.

One such course entitled ‘XIV International Course of Clinical and Operational Management of Drug-Resistant Tuberculosis’ was held in Peru and attracted nearly 25 participants from healthcare management, clinical and governmental backgrounds, representing countries from across the Latin America region, including Panama, Guatemala, Nicaragua and Brazil.

Participants on the course received training in new advances on the diagnosis, treatment, prevention and control of MDR and XDR-TB in Latin America and the Caribbean. Attendees were also updated on the recommendations of the new WHO MDR-TB shortened treatment regimen.

MDR-TB PROGRAMME IN MYANMAR PROVIDES COMPREHENSIVE SUPPORT TO PATIENTS AND COMMUNITIES

The Community Based MDR-TB Care Programme trained 24 health workers from the Ministry of Health in Myanmar in clinical management of MDR-TB as part of a larger effort to strengthen health systems and improve infrastructure.

The programme is active in 33 townships and works in close collaboration with the Department of Public Health, the NTP and local health departments under the Ministry of Health and Sports to reduce the burden and improve treatment outcomes for MDR-TB patients, in line with the National Strategic Plan for TB.

A team of volunteers provides comprehensive MDR-TB care, both to the communities and patients. Services include community mobilisation activities, assistance with referrals to expedite the enrolment process, counselling for patients and their families, treatment delivery and contact screening. Each township has a dedicated healthcare worker who administers financial support to all the MDR-TB patients, provides nutritional support and HIV testing when needed, and monitors treatment and side effects through regular home visits.

The Community Based MDR-TB Care Programme is supported by the Global Fund and the 3MDG.

“The challenges of MDR-TB are well known, but I must underline that, for the moment, we have an extraordinary tool with the short treatment regimen. The MDR-TB community must be aware of its potential.”

DR ALBERTO PIUBELLO
MDR-TB PROGRAMME COORDINATOR

TIMOTHÉ COTONOU, BENIN

Timothé, his brother and three nephews were all treated – and cured – using the shortened nine month treatment regimen for MDR-TB that was the focus of the observational study led by The Union in nine countries in francophone Africa.

The shortened regimen brought not only a more manageable treatment to the patients but also afforded countries the ability to provide MDR-TB treatment – as previous regimens were too costly and difficult to procure.

A sixth family member, Timothé's oldest brother, fell ill with TB before the country had rapid diagnostic tools and sufficient and affordable stock of medicines for treatment. After several rounds of first-line drugs, he passed away. By the time the next member of the Danon family showed symptoms of TB, MDR-TB diagnosis was available in Benin and The Union's observational study was underway.

Timothé has made a complete recovery and has returned to his work as a tailor. He lives in Cotonou with his wife and children.



THE UNION SUCCESSFULLY CAMPAIGNS FOR TB'S INCLUSION ON THE WHO'S PRIORITY PATHOGENS LIST

The WHO released its Priority Pathogen Report in September, revising its guidelines to include TB, following an earlier release of the priority pathogen list for antimicrobial resistance (AMR) that excluded it. The Union successfully campaigned alongside international organisations and civil society entities for WHO to revisit its decision.

The list, which outlined the drug-resistant bacteria for which new antibiotics are urgently needed, was intended to guide the flow of research funding and set global priorities. By excluding TB from this list, The Union argued that WHO sent a false and misleading message about the urgency of drug-resistant strains of TB, which account for over 25 percent of all AMR-related deaths.

MEMBERSHIP NEWS

TB AND PRISONS WORKING GROUP

Developed a compendium titled *'Good practices in prevention and care of tuberculosis and drug-resistant tuberculosis in prisons'* with 31 examples from 15 countries.

TB AND MENTAL HEALTH WORKING GROUP

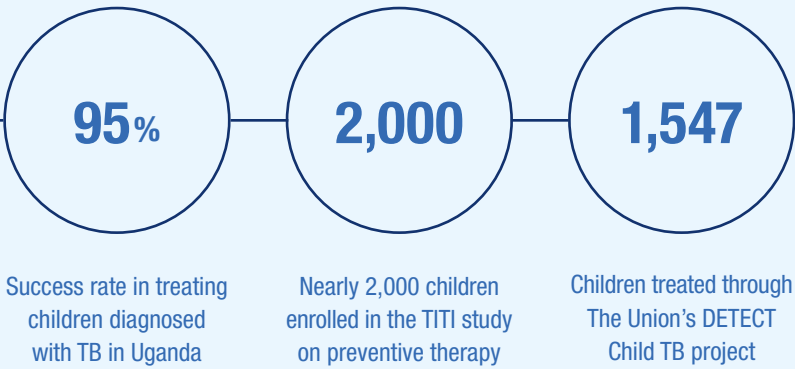
Published a new chapter in the WHO Companion Handbook for drug-resistant TB (DR-TB) titled *'Addressing mental health in the management of DR-TB'*. The group also hosted a webinar on *'TB and mental disorders: challenges and opportunities'* and published an article in the *International Journal of Tuberculosis and Lung Disease* on World Health Day on *'Addressing the TB-depression syndemic to end the TB epidemic'*.

CHILD TUBERCULOSIS

An estimated one million children under the age of 15 become sick with TB each year. Of those, 239,000 – nearly one in four – die. Children with TB rarely die when they receive standard treatment for the disease, but 90 percent of children who died from TB worldwide went untreated.

OUR WORK WITH CHILD TUBERCULOSIS

The Union aims to reduce the burden of child TB, particularly in high-burden settings and among those living in poverty. We develop, test, implement and scale up routine screening of child contacts of people with TB for case finding and for provision of preventive therapy to eligible children. We run observational studies and ensure children are included in clinical trials that target diagnostics, vaccines and treatment of disease and latent infection.



Esther is living with HIV and was diagnosed with TB during her pregnancy. She and her son are both on treatment through The Union's DETECT Child TB project.

CHILD TB SUCCESS RATES IMPROVE IN UGANDA THANKS TO UNION MODEL

The Union's DETECT Child TB project, which created a decentralised model of care for diagnosing and treating children with TB, continued to show that children do not need to die from this curable and preventable disease.

The DETECT Child TB model uses online training and a mobile smartphone app to educate and empower frontline health workers to provide TB screening at the community level, with volunteers identifying potential people with TB based on symptoms. Strengthening diagnosis of child TB at primary and secondary care levels with simple symptom-based screening for child TB household contacts yielded a major increase in detection and treatment of child TB.

Where children made up nine percent of all TB notifications in Uganda before DETECT Child TB, they represented 16 percent of people with TB diagnosed during the initiative, with both test districts

more than doubling their total number of child TB diagnoses over this period. The initiative achieved 95 percent success in treating children diagnosed with TB, up from 65 percent, and 72 percent of at-risk children received preventive treatment with isoniazid, up from less than five percent previously. Following implementation, case detection was successfully decentralised with the majority of children with TB diagnosed in secondary and primary levels of care.

DETECT Child TB was funded through April 2017 by the ELMA Foundation and an anonymous donation. The project will continue into 2018 thanks to a generous personal donation from Professors Jeffrey Starke and Joan Shook.

“I envisage a future where this very innovative decentralisation of child TB management can be scaled up nationally and also adapted for all resource-limited settings globally. It's a big aim but I don't see any other option.”

JOHN PAUL DONGO
PROJECT COORDINATOR, DETECT CHILD TB

UNION STUDY IN FRANCOPHONE AFRICA COMBATS CHILD TB

A Union-led observational study evaluating systematic investigation and preventive therapy for children within the NTP framework reached target enrolment of close to 2,000 children in four countries in francophone Africa. Staff conducted contact tracing in participating health centres, in which they surveyed patients with active TB and conducted home visits to find out if the patient shared a home with any children under five years of age. Through this process, 90 percent of the children enrolled were started on preventive therapy. Approximately five percent of the children were diagnosed with active TB and treated.

The preventive treatment is based on a three-month regimen using the new paediatric formulations combining isoniazid and rifampicin recommended by the WHO in three of the four participating countries (Burkina Faso, Cameroon and Central African Republic) and a six-month isoniazid treatment in the fourth (Benin). The children with active TB were treated according to the directives of each country's NTP.

The study, Investigated Transmission of Child Tuberculosis (TITI, for its initials in French), was conducted with funding from Initiative 5%/Expertise-France. Preliminary results are expected to be presented in 2018.

MEMBERSHIP NEWS

MATERNAL-CHILD TB WORKING GROUP

Continued to promote awareness and support funding for research into issues of maternal and child TB. The group developed advocacy materials, coordinated symposia at the Union World Conference and hosted a webinar titled '*TB across the Life Cycle*'.



90%

The percentage of children enrolled in the TITI study who started preventive therapy



SAFOUNATOU COTONOU, BENIN

Safounatou was photographed while visiting the National TB Programme in Benin as part of The Union's TITI study, an observational study on preventive therapy for children under five years of age who are in close contact with people with active TB. Children like Safounatou are particularly vulnerable to TB. However, strong evidence points to the effectiveness of TB prevention and treatment in children.

The TITI study took place in four countries in francophone Africa where staff visited the homes of every TB patient in their care to identify young children living in close proximity. Children identified then came to the NTP for initial screening, health checks and a TB skin test and, depending on the results, were placed on either TB treatment or preventive care.

UNION JOURNALS EXPAND THE EVIDENCE BASE

The Union publishes two scientific peer-reviewed journals, the *International Journal on Tuberculosis and Lung Disease* (IJTLD), a monthly publication in both print and digital versions and *Public Health Action* (PHA), a quarterly, open-access, online journal. In 2017, the journals published research and opinion articles on a broad range of subjects, including several studies on child TB. Some examples include:

A community-based isoniazid preventive therapy for the prevention of childhood tuberculosis in Ethiopia Datiko, D G; Yassin, M A; Theobald, S J; Cuevas, L E (IJTLD)

Care seeking and treatment related delay among childhood tuberculosis patients in Delhi, India Kalra, A (IJTLD)

Survey of health care worker knowledge about childhood tuberculosis in high-burden centers in Botswana Arscott-Mills, T; Masole, L; Ncube, R; Steenhoff, A P (IJTLD)

Barriers to the treatment of childhood tuberculous infection and tuberculosis disease: a qualitative study Chiang, S S; Roche, S; Contreras, C; del Castillo, H; Canales, P; Jimenez, J; Tintaya, K; Becerra, M C; Lecca, L (IJTLD)

Stool Xpert® MTB/RIF test for the diagnosis of childhood pulmonary tuberculosis at primary clinics in Zimbabwe Chipinduro, M; Mateveke, K; Makamure, B; Ferrand, R A; Gomo, E (IJTLD)

Childhood tuberculosis in Mauritania, 2010–2015: diagnosis and outcomes in Nouakchott and the rest of the country Aw, B; Ade, S; Hinderaker, S. G; Dlamini, N; Takarinda, K C; Chiaa, K; Feil, A; Traoré, A; Reid, T (PHA)

Integration of childhood TB into guidelines for the management of acute malnutrition in high burden countries Patel, L N; Detjen, A K (PHA)

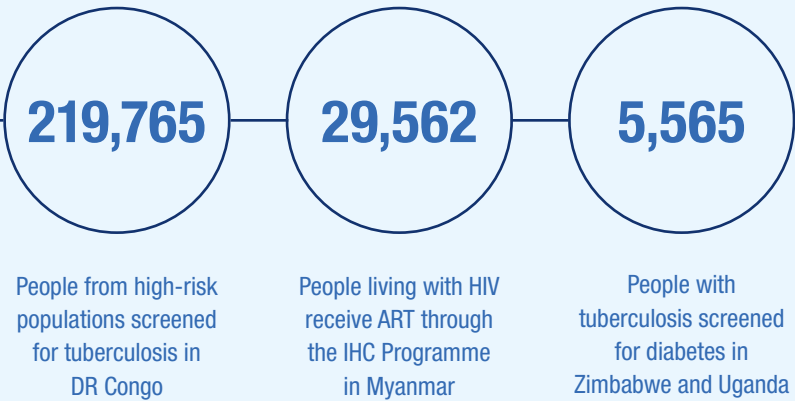
Operational implementation and impact of The Union’s online childhood TB training course in South Africa du Plessis, L; Black, F; Detjen, A; Hesselings, A. C; du Preez, K (PHA)

TB-HIV-DIABETES

TB is an opportunistic infection that affects those with reduced immune function at much greater rates. Diabetes triples a person’s risk of developing TB. People living with HIV are 16–27 times more likely to develop TB than a person without. TB accounts for nearly 40 percent of deaths among people with HIV.

OUR WORK WITH TB-HIV-DIABETES

The Union develops, tests, implements and scales up models of care for co-morbid conditions that increase the risk of developing TB, are prevalent in high TB burden settings, or that adversely affect TB treatment outcomes. The Union’s work into TB co-infections is particularly focused on HIV and diabetes.



ANNUAL TB DETECTION RATE IN HIGH-RISK COMMUNITIES INCREASES BY OVER 17% IN UNION-SUPPORTED PROVINCES OF DR CONGO

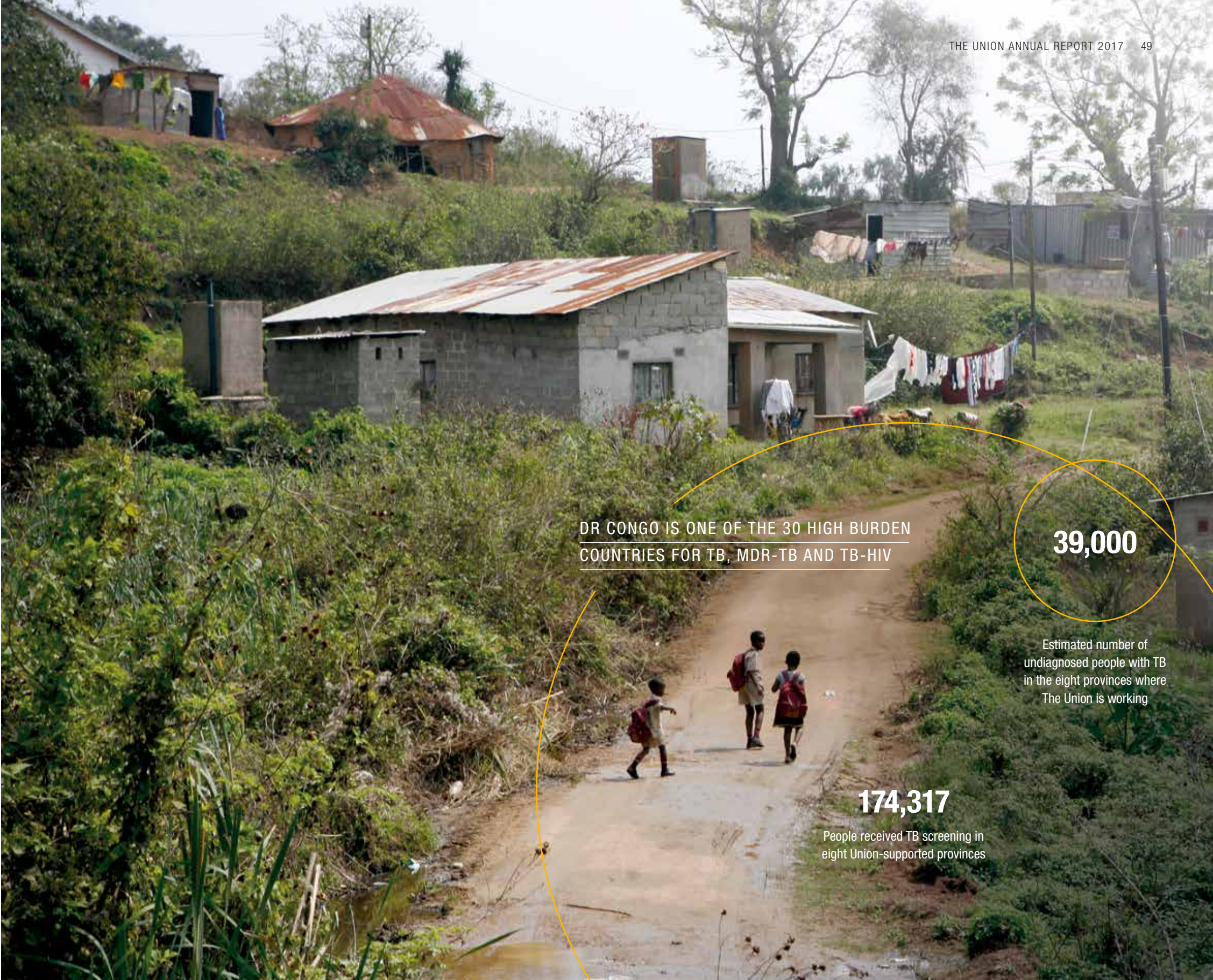
Compared to the previous year, in 2017, TB case detection rates in the eight Union-supported provinces increased by 17 percent compared to 13 percent in the rest of the country. The outreach efforts have resulted in TB diagnoses of 47,697 patients in 2017 – a 39 percent increase from 2014 when The Union began its work. In provinces not covered by The Union, an increase of 26 percent was recorded.

The Union-led Challenge TB project conducts active searches for people with TB within high-risk communities, with a focus on people living with HIV, miners and those living in prisons (communities where rates of TB are higher than average), and children under the age of five years.

The Union DR Congo Office implements these efforts through a locally owned approach that engages four local NGOs and eight provincial TB coordination centres, accounting for more than 30 percent of the country's population. The local organisations work as partners to carry out outreach activities, TB awareness programmes, contact investigation and the transportation of sputum samples.

The Union and partners also coordinate with clinics in the private sector to improve TB screening and diagnosis through technical assistance, financial support and staff training to staff, and connect them to the NTP.

Challenge TB is funded by USAID with The Union as lead partner in DR Congo.



DR CONGO IS ONE OF THE 30 HIGH BURDEN
COUNTRIES FOR TB, MDR-TB AND TB-HIV

39,000

Estimated number of
undiagnosed people with TB
in the eight provinces where
The Union is working

174,317

People received TB screening in
eight Union-supported provinces

THE UNION SCALES UP 'ONE STOP SHOP' INTEGRATED TB-HIV CARE IN ZIMBABWE

The Union Zimbabwe Office has scaled up patient-centred services for integrated TB-HIV care to 46 high-volume primary facilities across the country under Challenge TB. Integrated care, where persons seeking treatment for either TB or HIV are screened and tested for the other to identify co-infection, is essential for infection control and proper treatment in Zimbabwe, which ranks on the WHO's list of high-burden countries for both.

This intervention has led to an increase in the number of people co-infected with TB-HIV on antiretroviral therapy (ART) from 74 percent in December 2013 to 93 percent in June 2017 in the areas covered by this project.

Challenge TB is funded by USAID. The model of care established under the Challenge TB programme has since been adopted by the Ministry of Health and Child Care and will be scaled up to all health facilities in the country with additional support from the Global Fund.

TB-DIABETES PILOT PROJECT HIGHLIGHTS BURDEN OF CO-INFECTION IN UGANDA AND ZIMBABWE

The first of its kind in the two countries, the two-year pilot project provided active screening and care for chronic diabetes in 20 urban health facilities where rates were known to be high and lifestyle factors that are established diabetes risks prevalent. All people diagnosed with TB, including children, were tested for diabetes at these facilities as part of the screening process.

Since its inception in January 2016, the programme has screened 5,565 TB patients for diabetes, 206 of whom were diagnosed and provided with ongoing chronic care in the two countries. In Zimbabwe, 816 people with diabetes were also screened for TB, 27 of whom were diagnosed and connected to treatment.

The programme strengthened capacity for diabetes screening and care among TB patients by training health workers and providing supervision, technical guidelines and support. As a result of this project, diabetes screenings have increased and quality of care has improved within the involved TB clinics.

The project ran from January 2016 through September 2017 with funding from the World Diabetes Foundation in both Uganda and Zimbabwe. The Union implemented this programme in partnership with Uganda's Ministry of Health Non-communicable Disease Programme, the National TB and Leprosy Programme and the Kampala City Health Authority, and Zimbabwe's Ministry of Health and Child Care, the National TB Programme and the Department of Health Services of the City of Harare.

IHC PROGRAMME IN MYANMAR ENROLS AN AVERAGE OF 394 PATIENTS PER MONTH IN 2017

The Union's Integrated HIV Care (IHC) Programme provides ART to more than 29,000 people living with HIV across five regions of the country, as of the end of 2017. The programme, which began in 2005 from small beginnings (treating 190 in one year), has become a key component of Myanmar's national HIV strategy. The programme also increased access to care for over one-third of its patients by establishing 17 decentralised treatment centres and tested 99 percent of all TB patients in townships with established IHC clinics for HIV. Nine percent of those tested were HIV positive.

IHC patients receive ART and medicines to treat opportunistic infection free of charge at clinics that screen for TB, monitor CD4 count and HIV viral load, and provide expert counselling.

The IHC Programme is supported by grants from Total E&P Myanmar and the Global Fund.

MEMBERSHIP NEWS

HIV SCIENTIFIC SECTION

Organised a meet the expert session in Guadalajara on the utility of GeneXpert MTB/RIF for diagnosing TB and increasing case detection, and facilitated the TB-HIV late-breaker session which featured six presentations from diverse geographical backgrounds and clinical and programmatic perspectives of TB-HIV and TB-diabetes.



KO MYINT THEIN PLHIV NETWORK VOLUNTEER LEADER, MYANMAR

Ko Myint Thein received treatment, support and counselling for TB and HIV through The Union's IHC clinic in Chauk, Myanmar. He now lives a healthy life and volunteers at the clinic to support other people living with HIV.

In 2005, Myanmar's HIV epidemic was recognised as one of the most serious in Asia. There was little funding for HIV treatment or prevention. That same year, The Union began to treat people co-infected with TB-HIV in Mandalay. This became the IHC Programme. From small beginnings – treating 190 people in the first year – the IHC model has become a key component of Myanmar's national HIV strategy. There are now 44,000 people enrolled in the programme, across five regions of the country.

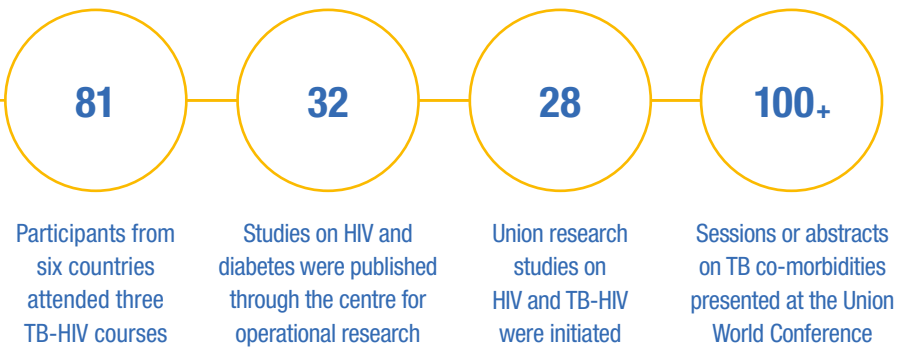
THE UNION CONTINUES TO BRING TB-DIABETES RESEARCH TO A WORLD STAGE

The Union continued to provide a platform for essential research on TB-diabetes in 2017, building on the conversations that started with the launch of The Union's 'Call To Action on the Looming Co-epidemic of TB-diabetes' and the subsequent Summit and Bali Declaration which united more than 100 global health officials and experts behind an international campaign to fight the twin scourge of TB and diabetes.

The Union World Conference on Lung Health highlighted a population-based study – the first of its kind – to investigate whether there is a relationship between TB infection and diabetes. The study concluded that poorly controlled diabetes presents a higher risk for latent TB and that this may be a group to target for latent TB testing and consideration of latent TB therapy.

In addition, The Union's scientific journals, IJTLD and PHA, published several research articles on TB-diabetes including 'Diabetes and poor tuberculosis treatment outcomes: issues and implications in data interpretation and analysis'; 'Diabetes increases the risk of recent-transmission tuberculosis in household contacts in São Paulo, Brazil'; 'Diabetes and abnormal glucose tolerance in subjects with tuberculosis in a South African urban center'.

UNION COURSES, CONFERENCES AND RESEARCH HIGHLIGHT TB, HIV AND DIABETES



LUNG HEALTH AND NON-COMMUNICABLE DISEASES

Every year, 65 million people suffer from chronic obstructive pulmonary disease and three million die from it, making it the third leading cause of death worldwide. In addition, 1.6 million people die from lung cancer, more than any other cancer, 334 million people suffer from asthma, the most common chronic disease of childhood, and pneumonia kills millions of people, making it a leading cause of death in the very young and very old.

OUR WORK WITH LUNG HEALTH AND NON- COMMUNICABLE DISEASES

The Union calls for policies and actions that contribute to improved lung health globally. We provide a global platform for the latest research on all aspects of lung health through the Union World Conference on Lung Health, Region Conferences and two scientific, peer-reviewed journals. We promote the importance of poverty reduction and address the social determinants of health to improve health outcomes worldwide.

1,400+

More than 1,400 abstracts and sessions presented at the 48th Union World Conference on Lung Health

32

Abstracts and articles on lung health and NCDs were published in Union journals

9

Research and opinion papers on lung health and NCDs authored or co-authored by Union experts



THE 48TH UNION WORLD CONFERENCE: DEFINED BY GROUND-BREAKING SCIENCE FOR ADVANCING LUNG HEALTH

The 48th Union World Conference on Lung Health held in Guadalajara, Mexico, was distinguished by some of the most innovative science for combating TB and its co-infections seen in recent years – supporting the conference theme ‘Accelerating Toward Elimination’. Delegates from more than 100 countries attended the four-day scientific programme of plenaries, symposia and abstracts presented by global experts.

Plenary sessions looked ahead to the first UN HLM on TB, to be held in September 2018, the tobacco industry’s corporate abuse on economically disenfranchised groups, and new approaches and methods to collectively progress the fight against TB.

Scientific highlights included preliminary results from Stage 1 of the STREAM clinical trial, ‘wireless observed therapy’, a digital, ingestible alternative to directly observed therapy which offers remote monitoring for drug adherence, and a simple new test using oral swabs rather than gastric tests that could revolutionise TB detection in children.

The conference community space ‘Encuentro’ contained a packed programme of debates, workshops and networking sessions focused on the vital role of civil society in advancing lung health.

As the TB community moved toward a critical moment to bring TB to centre stage, the Union World Conference created a forum for collaboration and progress into the next era.

“The Union World Conference is absolutely central to how evidence around TB and lung health is disseminated.”

STACIE C STENDER
CHAIR, COORDINATING COMMITTEE
OF SCIENTIFIC ACTIVITIES



THE UNION AT THE 70TH WORLD HEALTH ASSEMBLY, GENEVA

The Union called for faster and more innovative approaches to ending all forms of TB, as well as redoubled efforts to tackle NCDs, foster collaboration in tobacco control and push for a right to health for everyone at the 70th World Health Assembly (WHA) in Geneva.

At an official side event co-hosted by the Ministry of Health of the Russian Federation and the Department of Health of the Republic of South Africa, a panel discussed the urgent need to accelerate TB R&D. The Union briefed over 100 representatives of delegations attending the event on the need for a healthy drug pipeline, adequate investment, increased collaboration and treatments available to all.

At a side event sponsored by FIRS, of which The Union is a member, and other partners, José Luis Castro, Executive Director, launched the world’s first Global Charter for Lung Health.

In his role as Executive Director of The Union and President of the NCD Alliance, José Luis Castro spoke at a number of events highlighting the global threat to health from NCDs.

Throughout WHA, The Union presented several interventions to the Assembly urging for rapid adoption of WHO guidance to accelerate delivery of new tools for TB, the inclusion of TB in the global AMR response, quality and timely health care for migrants and refugees, and strengthening synergy between the WHA and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

THE UNION CELEBRATES FIRST EVER WORLD LUNG DAY

The Union supported FIRS in celebrating the first ever World Lung Day, a day of advocacy for all those affected by, and working to end, respiratory disease.

The Union called for action against the global burden caused by respiratory diseases, which, without significant awareness-raising and improvement to the prevention and treatment of these diseases, pose a significant threat to the UN Sustainable Development Goals.

FIRS published a report, *The Global Impact of Respiratory Disease*, urging better advocacy for lung health in order to convince policy makers and governments to scale up prevention and control programmes worldwide. And a *Charter for Lung Health* was launched, outlining principles such as the right to clean air and lung health for all.

MEMBERSHIP NEWS

AIR POLLUTION AND LUNG HEALTH WORKING GROUP

Organised three sessions at the 48th Union World Conference on Lung Health and worked on preparations for a one-day air pollution training for clinicians to take place during the 2018 Pan-African Thoracic Society Meeting.

ASTHMA WORKING GROUP

Prepared and submitted an application to have a budesonide/formoterol combination inhaler added to the WHO Essential Medicines List. Subsequently, the WHO Expert Committee on Selection and Use of Essential Medicines recommended its inclusion, which will increase availability and accessibility to patients in low-income countries.

UNION INFLUENCE ON GLOBAL POLICY AND PRACTICE

Union staff and consultants are shaping global public health policy and practice through their service on national, regional and international committees, boards and steering groups.

Examples from 2017 include:

Agence Autonome de l'Inserm (ANRS) STATIS Trial Scientific Advisory Board Chair

Comité National de Lutte contre le Tabagisme (CNCT) Board of Directors

Forum of International Respiratory Societies (FIRS) Organisational Member

Indian Council of Medical Research TB Implementation Research Working Group

Indian Council of Medical Research TB Vaccines Working Group

Leeds University Communicable Diseases Health Service Delivery Consortium Advisory Group Chair

London School of Hygiene and Tropical Medicine Urine Stamp Trial Steering Committee Chair

Non-Communicable Disease (NCD) Alliance Chair

Regional Green Light Committee (rGLC) for the Africa Region

Regional Green Light Committee (rGLC) for the South-East Asia Region

Stop TB Partnership Board of Directors

Stop TB Partnership Global Drug-resistant TB Initiative (GDI) Core Group

TB Alliance Paediatric TB Advisory Board

WHO Child and Adolescent TB working group

WHO Global Task Force on Latent TB Infection

WHO Guideline Development Group member

WHO Western Pacific Region Task Force on Child TB

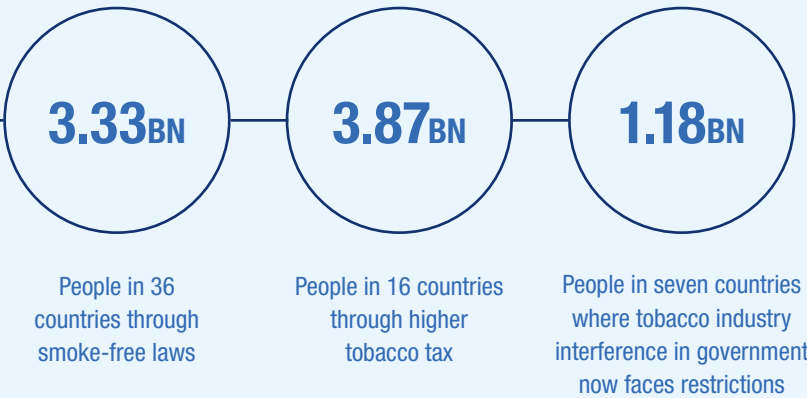
TOBACCO CONTROL

Tobacco is a primary driver of today's dramatic rise in chronic non-communicable disease, killing seven million people per year, a figure that is expected to rise to eight million by 2030, mostly in low- and middle-income countries. Unless urgent action is taken to reverse this trend, tobacco related disease is forecast to result in one billion premature deaths worldwide during the 21st century.

OUR WORK WITH TOBACCO CONTROL

The Union works with a network of grantees in 21 countries to reduce the prevalence of tobacco use in high-burden countries and among people living in poverty. We assist countries with the adoption and implementation of tobacco control policies recommended by WHO and we support prevention efforts focused on stopping individuals from initiating use of all forms of tobacco products.

UNION SUPPORT FOR TOBACCO CONTROL HAS IMPACTED:



BANGLADESH'S HEALTH DEVELOPMENT SURCHARGE BUILDS A SUSTAINABLE FUND FOR A NEW NATIONAL TOBACCO CONTROL PROGRAMME

The government of Bangladesh has secured sustainable funding for tobacco control and NCD prevention with a new policy to manage funds levied on tobacco products, equivalent to US\$ 31 million per year.

Funds from the Health Development Surcharge – a one percent levy on all tobacco products, manufactured or imported – must now pass entirely to the health ministry for development of a new national programme to reduce tobacco use, and other interventions to prevent NCDs. The Union provided technical support and training on sustainable funding during the evolution of this innovative policy, as part of the Bloomberg Initiative to Reduce Tobacco Use.

Bangladesh's Health Development Surcharge raises around Tk 250 crore per year (US\$ 31 million). Before the new management policy came into force in October 2017, this money had been passing to other government projects since the surcharge was introduced in 2015.

"This new policy is a big win for public health here. With reliable long-term funding, life-saving programmes can be scaled-up and rolled out nationwide. It has the potential to be transformative," said Syed Mahbubul Alam, The Union's technical advisor in Bangladesh. "It will also help us hold the tobacco industry to account – its products cause ruinous harm and misery for many individuals, families and communities across this country."

Bangladesh has one of the highest burdens of tobacco use in the world – in 2016 nearly 55 percent of adult males were smokers while 29 percent used smokeless tobacco.

The country's new national tobacco control programme will include tobacco control law implementation, mass media campaigns on the health harms of tobacco use, and capacity-building. WHO's MPOWER package – a series of six measures proven to reduce tobacco use – will be the programme's foundation.

"Bangladesh is becoming a regional leader for progressive tobacco control policy. Because the surcharge is sustainable, it allows health experts to plan ambitiously for the future impact of tobacco control and NCD prevention programmes."

DR GAN QUAN

DIRECTOR OF THE DEPARTMENT OF TOBACCO CONTROL



A tobacco control enforcement team distributes literature about the health harms of tobacco use to crowds in Dhaka, Bangladesh.

UNION EXPERTS ADVISE THE PRECAUTIONARY PRINCIPLE ON HEATED TOBACCO PRODUCTS

The Union published an official position statement on a new generation of tobacco products that are being aggressively marketed by the tobacco industry as 'reduced risk'.

The statement's key message for countries developing legislation on heated tobacco products is that there is no long-term evidence on health impacts. It strongly advises application of the precautionary principle until there is legitimate and objective research.

The paper sets heated tobacco products in the decades-long context of tobacco industry operations around harm reduction products and the so-called 'research' it has generated to support these claims and promote their vested interests.

GEORGIA PUSHES AHEAD WITH SIGNIFICANT UPGRADE TO NATIONAL TOBACCO CONTROL PROGRAMME

Georgia's Parliament passed comprehensive new legislation to reduce tobacco use in May 2017 – to ensure all enclosed public spaces are 100 percent smoke-free; introduce plain tobacco packaging; ban all forms of tobacco advertising; protect health policymaking from any tobacco industry influence and ban 'drive-through' tobacco sales outlets.

It also undertook pioneering work to reform tobacco taxes – the most powerful measure for reducing tobacco use – using a ground-breaking multi-stakeholder approach. Ministries of health, finance and agriculture worked together towards the common goal of reducing tobacco use.



TANIA CAVALCANTE
NATIONAL CANCER INSTITUTE,
BRAZIL

Tania Cavalcante, who leads Brazil's commission for WHO FCTC implementation as part of the National Cancer Institute, led her organisation's efforts to uphold a national ban on flavours and additives in tobacco products. This ground-breaking regulation – which was a world first – came under a five-year legal attack from the tobacco industry, as it reduces the appeal of tobacco products to young people and first-time users.

“Thanks to support from The Union and collaborative work with the attorney general and colleagues at ANVISA and ACT Brazil, we were delighted that in January 2018, the Supreme Court ruled in favour of public health, and threw out the tobacco industry challenge.”

INDONESIA'S MAYORS AND MINISTRY OF HEALTH TAKE A NATIONAL STAND ON TOBACCO CONTROL – AND GALVANISE REGIONAL MOMENTUM

New commitments to advance evidence-based tobacco control measures were made by Indonesia's sub-national leaders in 2017, at a series of events supported by The Union.

In June, the Mayors Alliance representing 48 jurisdictions agreed to significant tobacco control reforms in their cities – including 100 percent smoke-free and tobacco advertising bans.

In July, Indonesia's third Tobacco or Health conference was opened by Health Minister Professor Nila Moeloek with public rejection of a bill then before parliament, which would have rolled back interventions to reduce tobacco use nationwide.

Indonesia's health ministry then organised a conference for the Asia Pacific Mayors Alliance, representing 10 countries, to work together to advance tobacco control across the region.

MEMBERSHIP NEWS

COUNTERING TOBACCO INDUSTRY INTERFERENCE IN PUBLIC HEALTH POLICIES WORKING GROUP

Organised a session on success stories from Latin America and Africa on countering the tobacco industry at the Union World Conference and was involved in developing the scientific programme in preparation for the World Conference on Tobacco or Health, to be held in March 2018.

TB, HIV AND TOBACCO WORKING GROUP

Developed an mHealth programme called mTB-Tobacco in collaboration with the WHO that provides clear guidance on how to integrate mobile text messages on tobacco cessation within TB care. It is currently being piloted in two countries. The group organised a workshop and short oral presentation at the Union World Conference and a joint symposium at the Society for Research on Nicotine and Tobacco 2017 Annual Meeting.

COUNTERING TOBACCO INDUSTRY INTERFERENCE IN PUBLIC HEALTH WORKING GROUP

Contributed to The Union's position statement on the industry's global promotion of heated tobacco products as alternatives, which advised a precautionary principle. The working group also collaborated on a symposium and a plenary session at the Union World Conference in Guadalajara.

MPOWER RESEARCH GROUP ON TOBACCO CONTROL WORKING GROUP

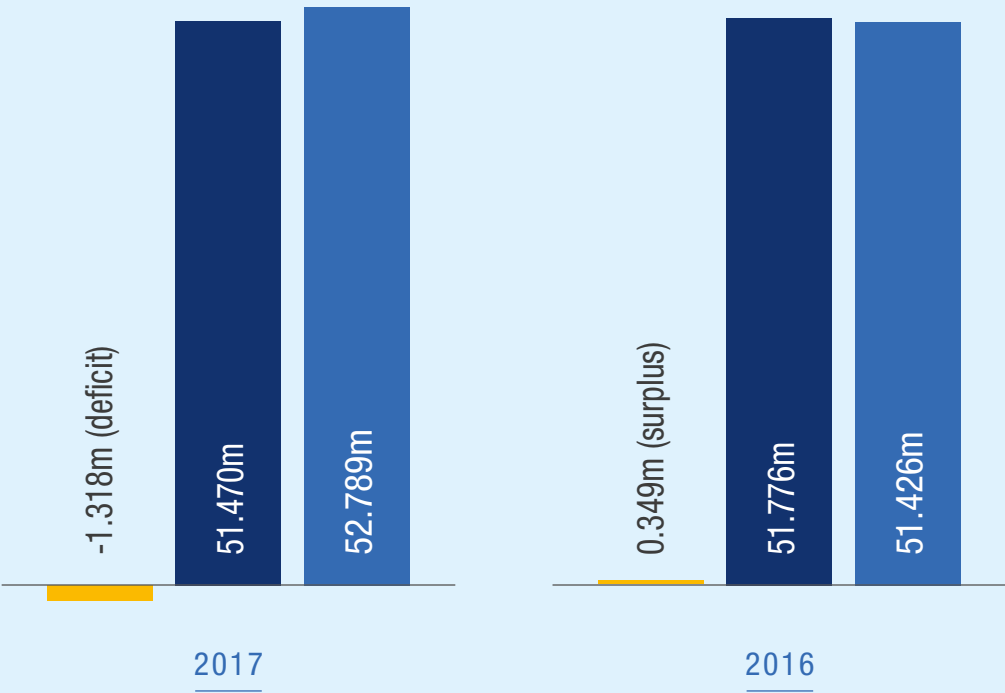
Formed in 2017. Members met to establish objectives and plans for the coming year, which include a research study that aims to assess research priorities in tobacco control.



FINANCIAL REPORT

FISCAL YEAR 2017 HIGHLIGHTS

- Total net result for the year 2017 was a deficit of 1.318 million euros compared to a surplus of 0.349 million euros in 2016.
- Total revenue was 51.470 million euros compared to 51.776 million euros in 2016.
- Total expenditures was 52.789 million euros compared to 51.426 million euros in 2016.
- Revenue from grants, gifts and operating grants amounted to 39.5 million euros compared to 42.8 million euros in 2016.



TREASURER'S REPORT

I am pleased to submit the annual report of the Treasurer of the International Union Against Tuberculosis and Lung Disease (The Union) for the fiscal year ended 31 December 2017.

The Union in 2017 continued to focus its efforts in the core areas of its mission. It conducted more than 30 projects on TB, tobacco, HIV, operational research and NCDs. It organised more than 50 high level technical, management and operational research courses. These courses took place in 28 countries worldwide and hundreds of public health professionals and doctors were trained. Three region conferences were organised in addition to the 48th Union World Conference on Lung Health, which took place in Guadalajara, Mexico. Those conferences brought together thousands of technical experts and doctors from around the world.

2017 was a challenging year for The Union as donors, while continuing to fund technical activities, reduced funding towards operational support of the organisation. This has resulted in the organisation recording a net loss for the year 2017. The Union will pursue all measures in line with the strategic plan 2015–2020 voted by the general assembly in 2014 to ensure the financial sustainability of the organisation. These measures will seek to ensure that the organisation functions more efficiently, satisfies the requirements of our donors and our banks, and improves the financial health indicators of The Union.

The organisation needs to continue its efforts to diversify its funding and increase substantially its unrestricted revenue. It will continue to invest in lung health through the Union World Conference, develop courses with a high level of expertise that The Union has acquired through almost one hundred years of work on TB and lung health, and significantly increase the number of its members in the coming years.

To secure its competitiveness, The Union will continue to invest in information technology, human resources and fundraising, and will further develop its field offices. The organisation intends to strengthen its relationships with existing donors and bring in new partners and new projects. All of these activities are intended to ensure the prudent management of The Union's financial resources and meet the commitment outlined in its strategic plan.

FISCAL 2017 HIGHLIGHTS

- Total net result for the year 2017 was a deficit of 1.318 million euros compared to a surplus of 0.349 million euros in 2016.
- Total revenue was 51.470 million euros compared to 51.776 million euros in 2016.
- Total expenditures was 52.789 million euros compared to 51.426 million euros in 2016.
- Revenue from grants, gifts and operating grants amounted to 39.5 million euros compared to 42.8 million euros in 2016.

The key to The Union's success and to maintaining a leadership position in global health will be a keen focus on our areas of strength. We will need to adjust budgets prudently. It is imperative that The Union focuses on those areas in which it has expertise and resources so that it continues to provide its beneficiaries with high quality products.

With the breadth of resources entrusted to The Union by donors, government agencies, members and other supporters, the need for prudent fiscal oversight is great. Working closely with our Board of Directors and our auditors, we continue to review and improve our financial policies, procedures and practices.

FINANCIAL STATEMENTS

This report describes the financial position of The Union. The document on the following pages consists of the audited financial statements for Fiscal Year 2017 audited by KPMG.

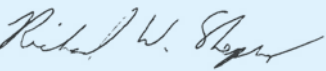
The audited financial statements present a snapshot of The Union's entire resources and obligations at the close of the fiscal year. A complete Audit Report, including detailed comments and notes to supplement the Balance Sheet and the Income and Expenditure Accounts, is available upon request. We have presented the accounts in euros and US dollars in order to facilitate comparison of accounts.

The financial statements and the accompanying notes of The Union include all funds and accounts for which the Board of Directors has responsibility. These statements illustrate The Union's formal financial position presented in accordance with generally accepted accounting principles.

The auditor, KPMG, provides an independent opinion regarding the fair presentation in the financial statements of The Union's financial position. Their opinion is attached to this report. Their examination was made in accordance with generally accepted auditing standards and included a review of the system of internal accounting controls to the extent they considered necessary to determine the audit procedures required to support their opinion.

I would like to thank you, the members of The Union, and our donor agencies for your confidence and continued support of The Union.

Thank you.



RICHARD SHEPRO
TREASURER

AUDITOR’S REPORT

International Union Against Tuberculosis and Lung Disease Charitable Organisation

Registered office: 68 boulevard Saint-Michel – 75006 Paris

Statutory auditor’s report on the financial statements for the year ended 31 December 2017

To the General Assembly of the International Union Against Tuberculosis and Lung Disease,

Opinion

In compliance with the engagement entrusted to us by your General Assembly, we have audited the accompanying financial statements of the International Union Against Tuberculosis and Lung Disease for the year ended 31 December 2017.

In our opinion, the financial statements give a true and fair view of the assets and liabilities and of the financial position of the Company as of 31 December 2017 and of the results of its operations for the year then ended in accordance with French accounting principles.

Basis for opinion

Audit framework

We conducted our audit in accordance with professional standards applicable in France. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our responsibilities under those standards are further described in the Statutory Auditor’s Responsibilities for the Audit of the Financial Statements section of our report.

Independence

We conducted our audit engagement in compliance with rules of independence as they apply to us, for the period from 1 January 2017 to the date of our report and specifically we did not provide any prohibited non-audit services referred to in the French Code of Ethics for statutory auditors.

Justification of assessments

In accordance with the requirements of Articles L 823-9 and R 823-7 of the French Commercial Code relating to the justification of our assessments, we inform you of the following matters that, in our professional judgment,

were of most significance in our audit of the financial statements of the current period.

These matters were addressed in the context of our audit of the financial statements as a whole, as in forming our opinion thereon, and we do not provide a separate opinion on specific items of the financial statements.

Accounting estimations

Dedicated funds

Your organisation sets up dedicated funds, such as presented in note n°3.2.3 of the financial statements, external funding received and allocated to a specific projects meets the criteria laid down by the French accounting rules and principles.

Our audit includes a review by sampling of the calculations made and validates the coherence of variation in dedicated funds of the balance sheet and those in the income statement.

Contingencies and loss provisions

Your organisation sets up provisions against exchange losses and provisions for disputes, such as mentioned in note n°3.2.2 of the financial statements.

Our audit includes the evaluation of the appropriateness of the data and the hypotheses on which these estimations are based, to review by sampling the calculations made by the organisation, to compare the accounting estimations of the previous periods with the corresponding realisations.

These assessments were made as part of our audit of the financial statements, taken as a whole, and therefore contributed to the opinion we formed which is expressed in the first part of this report.

Verification of the management report and of the other documents provided to the General Assembly

We have also preformed, in accordance with professional standards applicable in France, the specific verifications required by French law.

We have no matters to report as to the fair presentation and the consistency with the financial statements of the information given in the management report of the Board of Directors and in the other documents addressed to the General Assembly with respect to the financial position and the financial statements.

Responsibilities of the management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with French accounting principles and for such internal control as the management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the management is responsible for assessing the organisation’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is expected to liquidate the organisation’s or to cease operations.

The financial statements were approved by the Board of Directors.

Statutory auditor’s responsibilities for the audit of the financial statements

Our role is to issue a report on the financial statements. Our objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement. Reasonable assurance is a high level of assurance, but it is not a guarantee that an audit conducted in accordance with professional standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As specified in Article L 823-10-1 of the French Commercial Code (code de commerce), our statutory audit does not include assurance on the viability of the organisation or the quality of management of the affairs of the organisation.

As part of an audit conducted in accordance with professional standards applicable in France, the statutory auditor exercises professional judgment throughout the audit and furthermore:

- Identifies and assesses the risks of material misstatement of the financial statements, whether due to fraud or error, designs and performs audit procedures responsible to those risks, and obtains audit evidence considered to be sufficient and appropriate to provide a basis for this opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- Obtains an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control.
- Evaluates the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management in the financial statements.
- Assesses the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organisation’s ability to continue as a going concern. If the statutory auditor concludes that a material uncertainty exists, there is a requirement to draw attention in the audit report to the related disclosures in the financial statements or, if such disclosures are not provided or inadequate, to modify the opinion expressed therein.
- Evaluates the overall presentation of the financial statements and assesses whether these statements represent the underlying transactions and events in a manner that achieves fair presentation.

Paris La Défense, 25 July 2018

KPMG S.A.


BERNARD BAZILLON
PARTNER

The below is a free translation into English of the Auditor’s Report on the financial statements. The original document was issued in French and can be accessed online at 2017.theunion.org

ASSETS

	31.12.2017		31.12.2016	
	€	US \$	€	US \$
FIXED ASSETS				
Software	42,706	51,217	26,779	28,228
Land	1,896,033	2,273,912	1,896,033	1,998,608
Buildings	1,334,351	1,600,287	1,456,198	1,534,978
Fixtures and equipment	313,917	376,481	407,850	429,915
Other tangible fixed assets	81,106	97,270	294,735	310,680
Financial fixed assets	39,744	47,665	39,744	41,894
TOTAL FIXED ASSETS	3,707,857	4,446,832	4,121,339	4,344,303
CURRENT ASSETS				
Constituent members	9,108	10,923	114,935	121,153
Suppliers advance	713,642	855,871	603,641	636,298
Managed funds receivable	3,834,269	4,598,439	903,713	952,604
Receivable on committed grants	2,909,511	3,489,377	0	0
Inter-offices accounts	1,009,095	1,210,208	1,499,241	1,580,350
Other receivables	157,630	189,046	129,695	136,711
Sundry debtors	740,439	888,008	764,927	806,310
TOTAL FIXED ASSETS	9,373,694	11,241,872	4,016,152	4,233,426
BANK & CASH				
TOTAL BANK & CASH	7,790,952	9,343,689	7,965,644	8,396,585
PREPAID EXPENSES				
TOTAL PREPAID EXPENSES	67,198	80,591	53,845	56,758
FOREIGN EXCHANGE UNREALISED LOSSES				
TOTAL EXCHANGE LOSSES	1,105,804	1,326,191	1,295,525	1,365,613
GRAND TOTAL	22,045,505	26,439,174	17,452,505	18,396,684

Exchange Rate

2017: 1 euro = 1.1993 USD

2016: 1 euro = 1.054 USD

LIABILITIES

	31.12.2017		31.12.2016	
	€	US \$	€	US \$
EQUITY				
Reserves	2,287,820	2,743,783	2,287,820	2,411,591
Result carried forward	-3,153,002	-3,781,395	-3,502,992	-3,692,504
Result from the fiscal year	-1,318,573	-1,581,364	349,991	368,926
Restatement reserve on premises	1,887,396	2,263,554	1,887,396	1,989,504
TOTAL EQUITY	-296,359	-355,422	1,022,215	1,077,517
CONTINGENCY RESERVES (CONTINGENCY LIABILITY)				
TOTAL CONTINGENCY RESERVES	988,305	1,185,274	1,220,546	1,286,578
DEDICATED FUNDS				
TOTAL DEDICATED FUNDS	6,930,860	8,312,180	9,125,054	9,618,719
DEBTS				
Grants to be paid	812,104	973,956	502,260	529,432
Committed grants related to future budget years	2,909,511	3,489,377	0	0
Inter-offices accounts	3,702,471	4,440,373	5,446	5,741
Borrowing from credit institutions	820,581	984,123	948,611	999,931
Current bank advances	3,266,533	3,917,553	1,807,608	1,905,400
Suppliers and similar accounts	437,688	524,919	118,448	124,856
Tax and social security	519,687	623,261	730,140	769,641
Charges to be paid (accrued expenses)	150,708	180,744	133,937	141,183
Other creditors	892,338	1,070,180	1,049,260	1,106,025
TOTAL DEBTS	13,511,621	16,204,486	5,295,710	5,582,209
DEFERRED INCOME				
TOTAL DEFERRED INCOME	94,557	113,402	120,935	127,478
FOREIGN EXCHANGE UNREALISED GAINS				
TOTAL EXCHANGE GAINS	816,521	979,254	668,044	704,183
GRAND TOTAL	22,045,505	26,439,174	17,452,505	18,396,684

INCOME STATEMENT (€)

	31.12.2017			31.12.2016
	GENERAL FUNDS €	MANAGED FUNDS €	TOTAL €	TOTAL €
OPERATING INCOME				
Contributions	591,564	0	591,564	786,875
Operating grant	4,607,980	-4,580,719	27,262	2,008
Grants and gifts	554,580	38,982,645	39,537,225	42,765,721
Write back of provisions and transferred charges	218,947	22,343	241,290	423,294
Other income	1,775,730	50,165	1,825,895	1,880,520
TOTAL INCOME	7,748,801	34,474,434	42,223,236	45,858,419
OPERATING EXPENSES				
Purchases	-248,146	-1,457,166	-1,705,312	-1,006,088
External charges	-3,336,420	-12,354,986	-15,691,406	-15,645,745
Taxes	-37,477	-2,000	-39,477	-47,735
Wages and salaries	-2,164,664	-6,056,455	-8,221,118	-7,314,248
Social contributions	-937,470	-1,030,361	-1,967,831	-1,762,830
Depreciation charges and addition to provisions	-668,709	0	-668,745	-449,714
Other expenses	-1,322,506	-15,676,225	-16,998,732	-20,396,301
TOTAL OPERATING EXPENSES	-8,715,392	-36,577,193	-45,292,621	-46,622,661
Write back of dedicated funds	0	8,473,665	8,473,664	4,349,485
Obligations for projects	-2,822	-6,450,298	-6,453,086	-3,114,614
OPERATIONS ON DEDICATED FUNDS	-2,822	2,023,367	2,020,578	1,234,871
TOTAL OPERATING RESULT	-969,413	-79,392	-1,048,807	470,629
FINANCIAL RESULT				
Foreign exchange difference	-696,045	-147	-696,191	48,239
Interest and financial income	-72,160	78,019	5,860	35,551
Financial provisions	422,257	0	422,257	-138,571
TOTAL FINANCIAL RESULT (GAIN/LOSS)	-345,948	77,872	-268,074	-54,781
EXCEPTIONAL RESULT	-2,888	1,520	-1,367	-63,996
INCOME TAX	-324	0	-324	-1,861
NET RESULT FOR FISCAL YEAR	-1,318,573	0	-1,318,573	349,990
Aid in kind (drugs)			1,106,260	364,244
Free use of goods and services			-1,106,260	-364,244

INCOME STATEMENT (US \$)

	31.12.2017			31.12.2016
	GENERAL FUNDS \$	MANAGED FUNDS \$	TOTAL \$	TOTAL \$
OPERATING INCOME				
Contributions	709,463	0	709,463	829,445
Operating grant	5,526,350	-5,493,656	32,695	2,117
Grants and gifts	665,108	46,751,886	47,416,994	45,079,346
Write back of provisions and transferred charges	262,583	26,796	289,379	446,195
Other income	2,129,633	60,163	2,189,796	1,982,256
TOTAL INCOME	9,293,137	41,345,189	50,638,327	48,339,359
OPERATING EXPENSES				
Purchases	-297,602	-1,747,579	-2,045,181	-1,060,517
External charges	-4,001,369	-14,817,335	-18,818,703	-16,492,180
Taxes	-44,946	-2,399	-47,345	-50,317
Wages and salaries	-2,596,082	-7,263,506	-9,859,587	-7,709,949
Social contributions	-1,124,308	-1,235,712	-2,360,020	-1,858,199
Depreciation charges and addition to provisions	-801,983	0	-802,026	-474,044
Other expenses	-1,586,081	-18,800,497	-20,386,579	-21,499,741
TOTAL OPERATING EXPENSES	-10,452,370	-43,867,028	-54,319,440	-49,144,947
Write back of dedicated funds	0	10,162,466	10,162,465	4,584,792
Obligations for projects	-3,384	-7,735,842	-7,739,186	-3,283,114
OPERATIONS ON DEDICATED FUNDS	-3,384	2,426,624	2,423,279	1,301,678
TOTAL OPERATING RESULT	-1,162,617	-95,215	-1,257,835	496,090
FINANCIAL RESULT				
Foreign exchange difference	-834,767	-174	-834,942	50,849
Interest and financial income	-86,541	93,568	7,028	37,474
Financial provisions	506,413	0	506,413	-146,067
TOTAL FINANCIAL RESULT (GAIN/LOSS)	-414,893	93,393	-321,501	-57,744
EXCEPTIONAL RESULT	-3,464	1,823	-1,640	-67,458
INCOME TAX	-389	0	-389	-1,962
NET RESULT FOR FISCAL YEAR	-1,581,364	0	-1,581,364	368,926
Aid in kind (drugs)			1,204,385	383,950
Free use of goods and services			-1,204,385	-383,950

GENERAL ASSEMBLY

THE FEDERATION AGREES DIRECTION FOR THE UNION'S 98TH YEAR

The General Assembly is held in conjunction with the Union World Conference and is attended by the Federation – the governing body of The Union. It is an opportunity for Union members to review the past year and the plans for the coming one, elect new members and officers to the Board of Directors, and to conduct other business.

The General Assembly 2017 was held in Guadalajara, Mexico, on Friday, 13 October. Dr Jeremiah Chakaya Muhwa, The Union's President, welcomed heritage, organisational, honorary and individual members, and scientific section chairs to the proceedings.

THE PRESIDENT'S REPORT

The President emphasised the need for The Union to function as one entity that embraces regional and sectional priorities. He reported that the Board of Directors has committed to harmonise activities across the organisation and between the Institute and the Federation. The Board of Directors has created several committees to further those objectives, covering finance, governance, membership, journals and affected communities. He presented The Union's six strategic goals and shared highlights and achievements from each one, placing particular focus on the need for The Union to increase efforts in lung health activities.

ELECTIONS

The Nominating Committee received seven applications for the three vacant seats for individual member representatives on the Board of Directors. This year's elections included electronic voting for both organisations and individuals in an effort to increase voter turnout. This voting method proved effective, seeing the highest participation in many years (with 12–14 percent of the total membership voting). The Union will continue to work towards improving member participation in this regard.

The General Assembly elected the following individual member representatives: Jeremiah Chakaya Muhwa (Kenya), Rick Shepro (USA) and Ivan Solovic (Slovakia).

The General Assembly validated the nomination of two regional representatives: Victoria Cook (Canada) for the North America Region and Ral Antic (Australia) for the Asia Pacific Region.

RESOLUTIONS

The General Assembly unanimously approved the Annual Report, treasurer's report and audited accounts for the period of 1 January to 31 December 2016 and the budget for 2018.

The General Assembly approved the renewal of the auditor's mandate for a period of six years, and the addition of an amendment to Article 6 of the Bye-Laws and Article 8 of the Constitution allowing members of the Bureau and the Board to participate in meetings and vote via teleconference.

Union President Dr Jeremiah Chakaya Muhwa addressing the General Assembly.



DISCHARGE AND POWER

The General Assembly, having read the reports, gave full discharge to the President and the Board of Directors for the management of that period.

The Assembly gave power to the Board of Directors or its President by delegation, to fulfil all the formalities of distribution/diffusion relative to the aforementioned adopted resolutions.

UNION WORLD CONFERENCES 2018 AND 2019

The Union World Conference locations for 2018 (The Hague, The Netherlands) and 2019 (Hyderabad, India) were selected through an open bid process and approved by the Board of Directors. Bids for the 2020 location have been received and a decision will be confirmed at a later date.

AWARDS AND HONOURS

Dr Joseph Amolo Aluoch, Kenya, was made an Honorary Member of The Union.

Dr Dean Schraufnagel announced the winners of the 2017 Christmas Seals Contest:

1st Prize: Japan Anti-Tuberculosis Association

2nd Prize: Korean National Tuberculosis Association

3rd Prize: The Hong Kong Tuberculosis, Chest and Heart Diseases Association

THANK YOU

Dr Jeremiah Chakaya Muhwa thanked the General Assembly and adjourned the meeting.

CENTENNIAL DINNER

GUADALAJARA HOSTS THE 6TH PRESIDENT'S CENTENNIAL DINNER

The 6th President's Centennial Dinner took place at Hospicio Cabañas on Tuesday, 10 October. Around 150 Union supporters gathered to celebrate its 97-year history and to admire the beauty and grandeur of the UNESCO World Heritage site. Famous for its murals by renowned artist, José Clemente Orozco, Hospicio Cabañas has been a hospice, an orphanage, a school and now a museum.

Guests of the Centennial Dinner included Members of Parliament from around the world, doctors, nurses and researchers at the heart of the fight against TB and lung disease, and partner organisation representatives and friends of The Union.

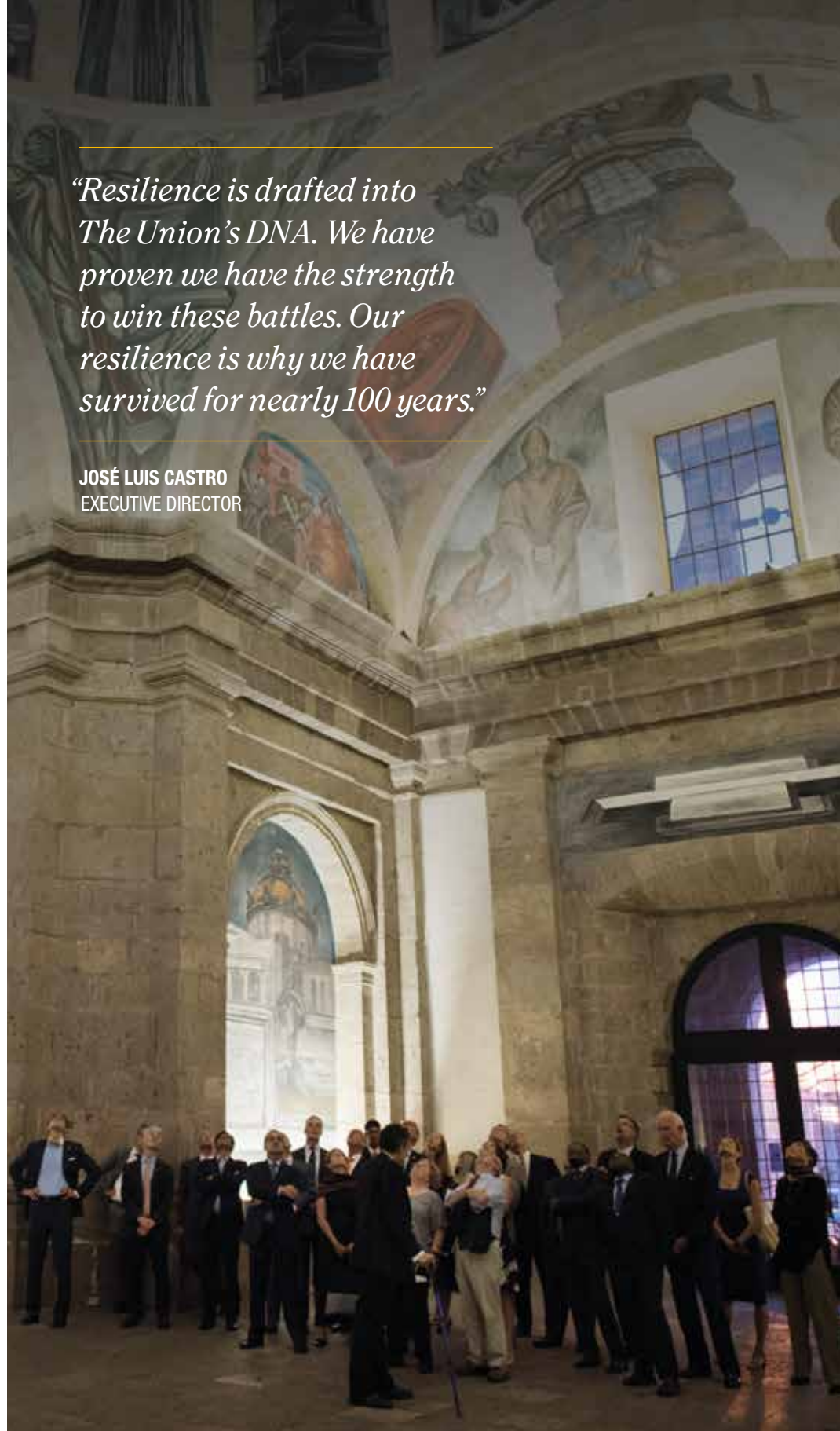
José Luis Castro spoke about the history of The Union and the resilience of the organisation, highlighting the people whose work now so greatly honours the intentions of the founders.

Dr Chakaya thanked guests for being “part of The Union family”, saying of the challenges ahead for the TB and lung health community that “we are not close to where we want to be, but we have the opportunity to make a difference.”

The President's Centennial Dinner raises funds for The Union's Centennial Campaign. Held each year in conjunction with the Union World Conference on Lung Health, the dinners have raised more than one million US dollars to date.

“Resilience is drafted into The Union's DNA. We have proven we have the strength to win these battles. Our resilience is why we have survived for nearly 100 years.”

JOSÉ LUIS CASTRO
EXECUTIVE DIRECTOR



HONOURS AND AWARDS

2017 AWARDS HONOUR BOTH LIFETIME ACHIEVEMENT AND YOUNG RESEARCHERS

Each year The Union presents awards at the Union World Conference on Lung Health. In 2017, six awards were presented, honouring contributions to TB and lung health.

The Karel Styblo Public Health Prize acknowledges a health worker or a community organisation for contributions to TB control over a period of 10 years or more. This year's prize was awarded to Dr Rohit Sarin for his key contribution to DOTS and MDR-TB treatment both nationally and internationally.

The Union Scientific Prize went to Dr Sarita Shah for her outstanding collaborative and broad-reaching work on drug-resistant TB in Africa, including describing the geographic spread of extensively drug-resistant TB (XDR-TB), and treatment outcomes of patients co-infected with HIV and MDR/XDR-TB.

The first Stephen Lawn TB-HIV Research Leadership Prize went to Dr Leonardo Martinez for his research and leadership that embodies the knowledge, commitment and spirit portrayed by the award's namesake. The prize acknowledges young researchers under 40 years of age who are conducting promising work focused on reducing the disease burden of TB and HIV/AIDS in Africa. It was established in 2016 through a global partnership between the TB Centre in London, the Desmond Tutu HIV Centre in Cape Town and The Union.

The Young Investigator Prize was awarded to Dr Alberto Garcia-Basteiro for his efforts and success in revealing the huge TB burden in Mozambique.

The Princess Chichibu Global Memorial TB Award was presented to Dr Armand Van Deun in recognition of his achievement in the field of global TB control. Dr Van Deun worked in Bangladesh as Medical Director of the Damien Foundation's TB/leprosy project. In collaboration with the Bangladesh Damien Foundation Project and the Institute of Tropical Medicine, Antwerp, he initiated a research project that resulted in the developing of the nine-month treatment regimen for MDR-TB.

Dr Joseph Amolo Aluoch from Kenya was made an Honorary Member of The Union. The title of Honorary Member of The Union is granted to a person who has become distinguished through active participation in The Union's activities and the fulfilment of its goals.

Dr Aluoch has been active in The Union since the mid-1970s when he was the Coordinator of the National TB Control Programme in Kenya. He has been a long-term friend to The Union and an advocate for its mission.

MEMBERS

The Union is a federation of members shaping global lung health. We rely on our members – both organisations and individuals – to provide leadership, influence and support to reach our common goal.

HERITAGE MEMBERS

Heritage members are recognised for their contribution as long-standing member organisations. They play a vital leadership role in the federation.

- Australia**
Australian Respiratory Council
- Austria**
Verein Heilanstalt Alland
- Bangladesh**
National Anti TB Association of Bangladesh
- Benin**
Ministère de la Santé, Programme National Contre la Tuberculose
- Chad**
Ministère de la Santé, Programme National de Lutte Contre la Tuberculose
- Chile**
Ministerio de la Salud
- China**
Chinese Anti-Tuberculosis Association
- Congo, Democratic Republic of**
Ministère de la Santé, Programme National de Lutte Contre la Tuberculose
- Côte D'Ivoire**
Comité Antituberculeux de la Côte d'Ivoire
- El Salvador**
Ministerio de Salud Pública y Asistencia Social, Programa Nacional de Tuberculosis
- Estonia**
Tartu University Hospital
- Finland**
Finnish Lung Health Association
- Germany**
DZK-German Central Committee Against Tuberculosis e.V.
- Ghana**
Ghana Society for Prevention of Tuberculosis and Lung Disease

- Hong Kong**
Hong Kong Tuberculosis Chest and Heart Diseases Association
- Iceland**
Reykjavik Health Care Services
- India**
The Tuberculosis Association of India
- Indonesia**
The Indonesian Association Against Tuberculosis
- Israel**
Israel Lung and Tuberculosis Association
- Japan**
Japan Anti-Tuberculosis Association
- Kenya**
Kenya Association for Prevention of Tuberculosis and Lung Disease
- Korea, Republic of**
Korean Institute of Tuberculosis
- Luxembourg**
Ligue de Prévention et d'Action Médico-Sociale
- Malawi**
Ministry of Health and Population
- Malaysia**
Malaysian Association for the Prevention of Tuberculosis
- Mongolia**
Mongolian Anti-Tuberculosis Association
- Nepal**
Nepal Anti-Tuberculosis Association
- Netherlands**
KNCV Tuberculosis Foundation
- Norway**
Norwegian Health Association
- Pakistan**
Pakistan Anti Tuberculosis Association
- Philippines**
Philippine Tuberculosis Society, Inc
- Saudi Arabia**
Ministry of Health

- Singapore**
SATA CommHealth
- South Africa**
South African National Tuberculosis Association
- Sri Lanka**
Ceylon National Association for the Prevention of Tuberculosis
- Sudan**
Epi-Lab
- Sweden**
Swedish Heart-Lung Foundation
- Switzerland**
Ligue Pulmonaire Suisse
- Syrian Arab Republic**
Syrian Association for the Protection Against Tuberculosis and Respiratory Diseases
- Taipei, China**
Taiwan Anti-Tuberculosis Association
- Tanzania, United Republic of**
Ministry of Health
- Thailand**
The Anti-Tuberculosis Association of Thailand
- Viet Nam**
National Lung Hospital, National Tuberculosis Programme

ORGANISATIONAL MEMBERS

Any not-for-profit organisation may apply to join The Union as an organisational or associate organisational member.

- Canada**
British Columbia Lung Association
- France**
Fondation du Souffle

- Germany**
Kuratorium Tuberkulose in der Welt e.V.
- Guatemala**
Liga Nacional Contra la Tuberculosis
- Nepal**
SAARC Tuberculosis and HIV/AIDS Center
- Norway**
LHL International Tuberculosis Foundation
- Philippines**
Tropical Disease Foundation, Inc
- Singapore**
International Union Against Tuberculosis and Lung Disease, Asia Pacific Ltd
- Sweden**
King Oscar II Jubilee Foundation
- United Kingdom**
TB Alert
- United Kingdom**
International Union Against Tuberculosis and Lung Disease, United Kingdom
- United States of America**
American Thoracic Society
- United States of America**
Project HOPE
- United States of America**
Vital Strategies
- Brazil**
Alliance for the Control of Tobacco Use
- Congo, Democratic Republic of**
Equilibre International
- India**
Association for Rural Area Social Modification, Improvement and Nesting (ARASMIN)
- India**
LEPRA India, Blue Peter Public Health and Research Centre
- Israel**
Rehovot Tuberculosis and Lung Association

BENEFACTOR AND 15-YEAR MEMBERS

PLATINUM
Louis-James de Viel Castel, Switzerland

GOLD
Philip Hopewell, USA
Lee Reichman, USA
Max Salfinger, USA
Dean Schraufnagel, USA

SILVER
Nobukatsu Ishikawa, Japan
Seiya Kato, Japan
Thomas Matte, USA
Bess Miller, USA
Jeremiah Chakaya Muhwa, Kenya
Edward Nardell, USA
Charles M Nolan, USA
Richard O'Brien, USA
S Bertel Squire, UK

15-YEAR MEMBERS
Frank Adae Bonsu, Ghana
Didi Bang, Denmark
Nils Billo, Switzerland
E Jane Carter, USA
Chen-Yuan Chiang, Taiwan
Asma El Sony, Sudan
Donald Enarson, Canada
Anne Fanning, Canada
Jean-William Fitting, Switzerland
Paula Fujiwara, United States of America
Ludwing Greseley Sud, Ecuador
Anthony D Harries, United Kingdom
Joseph Ntaganira, Rwanda

HONORARY MEMBERS
Dr Joseph Alouch, Kenya
Prof Margaret Becklake, Canada
Prof Nulda Beyers, South Africa
Dr Matthijs Bleiker, The Netherlands
Dr H Chum, Tanzania
Dr Valentin Cuesta Aramburu, Uruguay
Prof Elif Dagli, Turkey
Dr Abbas Hassan El Masry, Sudan
Prof Asma El Sony, Sudan
Prof Donald Enarson, Canada
Prof Anne Fanning, Canada
Prof Victorino Farga, Chile
Prof Martin Gninafon, Benin
Prof Earl Hershfield, Canada
Prof Michael Iseman, USA
Dr James Kieran, USA
Dr Arata Kochi, Switzerland
Prof Christopher Kuaban, Cameroon
Prof Robert Loddenkemper, Germany
Prof David Miller, UK
Prof Denis A Mitchison, UK
Prof John Murray, USA
Prof Andrew Nunn, UK
Dr Richard O'Brien, USA
Dr Frances R Ogasawara, USA
Dr Antonio Pio, Argentina
Prof Francoise Portaels, Belgium
Prof Lee Reichman, USA
Dr Rodolfo Rodriguez Cruz, USA
Dr A Samy, Egypt
Prof Hendrik Simon Schaaf, South Africa
Dr Tadao Shimao, Japan
Dr Sonkgram Supcharoen, Thailand
Mr James Swomley, USA
Dr Thelma Tupasi, Philippines
Prof Hans Waaler, Norway
Prof Li-Xing Zhang, China

ACKNOWLEDGEMENTS

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CORPORATIONS

Boehringer Ingelheim
Cepheid
Eli Lilly
Janssen Pharmaceuticals
Johnson & Johnson del Perú S.A.
Otsuka
Qiagen
Silanes
Total via the Yadana consortium

GOVERNMENTS AND AGENCIES

3MDG programme in Myanmar with funds from seven major donors (Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America)
Agence Française de Développement (AFD)
City of Guadalajara
Commune de Prémierfait, France
CDC Foundation
Department for International Development (DFID) of the British Government
Economic Development Board, Singapore
FHI 360 with funds from the United States Agency for International Development (USAID)
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) via Central Tuberculosis Division, Ministry of Health and Family Welfare, India
Global Fund through a grant managed by the United Nations Office for Project Services (UNOPS) in Mozambique
Global Fund through a grant managed by UNOPS in Myanmar

Global Fund through a grant managed by UNOPS in Zimbabwe
Government of Mexico
Japan Anti-Tuberculosis Association (JATA)/Research Institute of Tuberculosis (RIT)
Johns Hopkins Bloomberg School of Public Health
Ligue Pulmonaire Suisse
The 5% Initiative, implemented by Expertise France, who acts as the Secretariat, under the oversight of France’s Ministry of Foreign Affairs
Médecins Sans Frontière (MSF) Access Campaign
Ministry of Health of Mozambique
Omkar Foundation, India
National TB Programme, Viet Nam
National Institutes of Health (NIH)
Norwegian Association of Heart and Lung Patients (LHL)
Pan American Health Organization (PAHO) / World Health Organization (WHO), Washington DC
Representation of PAHO / WHO in Ecuador
CHALLENGE TB implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds USAID
Stop TB Partnership Global Drug Facility
Tobacco Free Kids
United Nations Development Programme (UNDP Iraq)
United States Agency for International Development (USAID)
US Department of Health and Human Services Centers for Disease Control and Prevention (CDC)
WHO, Stop TB Partnership and TB REACH
WHO Special Programme for Research and Training in Tropical Diseases (TDR)

FOUNDATIONS AND OTHER ORGANISATIONS

Anonymous
American Cancer Society
American Cancer Foundation
Bloomberg Philanthropies
ELMA Foundation
London School of Hygiene & Tropical Medicine
Mayer Brown LLP, Richard W Shepro, Partner (Pro bono legal support)
University of Melbourne
University of New South Wales
University of Pretoria
Vital Strategies
Vital Strategies with financial support from Bloomberg Philanthropies
Vital Strategies with financial support from Schwab Charitable Fund
Vital Strategies with financial support from the Bill and Melinda Gates Foundation
World Diabetes Foundation

INDIVIDUALS

Harry Lando
Wael Almahmeed
Jeffrey Starke and Joan Shook

CENTENNIAL CAMPAIGN

PRESIDENT’S CIRCLE

E Jane Carter, USA
José Luis Castro, France
Louis James De Viel Castel, Switzerland
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ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
CCSA	Coordinating Committee for Scientific Activities
CDC	Centers for Disease Control and Prevention
DETECT Child TB	Decentralise tuberculosis services and engage communities to transform lives of children with tuberculosis
DOTS	Directly observed treatment, short course
DR-TB	Drug-resistant tuberculosis
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FIRS	Forum of International Respiratory Societies
Global Fund	Global Fund to Fight HIV, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HLM	High-Level Meeting
IHC Programme	Integrated HIV Care Programme
IJTLD	International Journal of Tuberculosis and Lung Disease
LTBI	Latent TB infection
MDR-TB	Multidrug-resistant tuberculosis
MP	Member of Parliament
NCD	Non-communicable disease
NGO	Non-governmental organisation
NTP	National Tuberculosis Programme
OIE	World Organisation for Animal Health
PHA	Public Health Action
R&D	Research and development
SORT IT	Structured Operational Research and Training Initiative
STREAM clinical trial	Standardised Treatment Regimen of Anti-TB Drugs for Patients with MDR-TB
TB	Tuberculosis
UN	United Nations
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

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Against Tuberculosis and Lung
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Roulatou and her mother were photographed in Cotonou, Benin, just before her first doctor's visit as part of The Union's observational study on TB prevention in children. The TITI study provided preventive therapy to children under the age of five years sharing a home with a person in treatment for active TB in four countries in francophone Africa.

