

# KNOW. SHARE. ACT.

## FROM EVIDENCE TO PUBLIC HEALTH ACTION

For nearly 100 years, The Union has drawn from the best scientific evidence and the expertise, experience and global reach of its staff, consultants and members to advance solutions to the most pressing public health challenges affecting people living in poverty around the world.

## CONTENTS

<b>A MESSAGE FROM THE UNION'S PRESIDENT</b>	<b>4</b>
<b>A MESSAGE FROM THE EXECUTIVE DIRECTOR</b>	<b>5</b>
<b>OUR IMPACT</b>	<b>6</b>
 <b>KNOW</b>	 <b>8</b>
Clinical study examining shortened MDR-TB treatment regimens enrolls first patients	10
Breakthrough study demonstrates shorter, more effective treatment for MDR-TB	12
Innovative new tool to assess sustainability of national tobacco control programmes launched by The Union	16
 <b>SHARE</b>	 <b>20</b>
Brazil launches first government-run tobacco industry observatory in the Latin America region with support from The Union	23
TB takes centre stage at International AIDS Conference in South Africa	24
Highly effective and low-cost method for reducing child TB proves successful in Uganda	26
 <b>ACT</b>	 <b>39</b>
IHC programme achieves 99% testing of TB patients for HIV	41
Web-based software facilitates TB notification and treatment adherence in India	42
Confronting TB drug resistance at the World Health Assembly	46
 <b>THE FEDERATION</b>	 <b>52</b>
<b>FINANCIAL REPORT</b>	<b>65</b>
<b>ACKNOWLEDGEMENTS</b>	<b>74</b>
<b>UNION OFFICES</b>	<b>78</b>



## A MESSAGE FROM THE UNION'S PRESIDENT

The 2016 Annual Report is my fifth (and final) one to prepare. Writing these introductory remarks is always a time of reflection, looking back on all the work done, lives touched and advances made within the previous year.

I would like to take this opportunity to underscore several of the milestones of 2016 that I think will 'Change Everything'. Of course, there is the adoption by the World Health Organization (WHO) of the nine-month short course MDR regimen – clearly pushed by the result of The Union's work in the observational cohort in Francophone Africa and the STREAM trial. The focus on child TB in both Uganda's Detect TB Project, as well as the online paediatric training, brings children to the forefront in the fight against TB. Zoonotic TB moved into the spotlight due to the small committed sub-section of The Union. TB co-morbidities are now clearly the way we will drive efforts to build cross-cutting resilient health systems to address TB and non-communicable diseases. Tobacco control remains the major global prevention effort in the development of lung disease.

One other milestone of 2016 to highlight is the vote at the Assembly to restructure the membership categories and voting structure of The Union. This vote was the culmination of an 18 month initiative to modernise both the governance structure of The Union as well as update the membership categories; this was the first comprehensive initiative of its type in the history of our organisation.

Alongside the activities carried out by The Union in the past five years, we have also transformed the organisation with an eye to the next 100 years. We have been through leadership and membership reorganisations. We built a communications team and developed our communications strategy while embracing the digital world with a new website and activity on social media. With the Forum for International Respiratory Societies and the NCD Alliance, we have forged partnerships for advocacy in lung health. Following the Barcelona Declaration and the development of the TB Parliamentary Caucus, we moved into new advocacy realms. There is so much more – too much to list here.

The work of The Union impacts lives every day in almost every country of the world. Thank you all for the work that you have done – and continue to do. It has been the greatest honour of my career to be your president.

**Dr E Jane Carter**  
President  
The Union

*“We have been through leadership and membership reorganisations – and transformed the organisation with an eye to the next 100 years.”*

## A MESSAGE FROM THE EXECUTIVE DIRECTOR

Ninety-seven years ago, when representatives from 31 countries came together and founded The Union as a means to wage a global fight against tuberculosis, they were still decades away from the discovery of streptomycin – the world's first antibiotic-based TB therapy.

How fearless they were, to commit themselves to the purpose of eliminating TB long before a clinical treatment even existed. Yet they did – and not only that. They also helped to create a worldwide movement of passionate citizens devoted to that same purpose – a movement whose most dramatic and resolute slogan was *Il faut vaincre la tuberculose comme le plus malfaisant des reptiles*. We will vanquish TB like the most venomous of reptiles.

This audacious vision, of a world in which no person will ever again suffer TB's debilitating and deadly effects, has driven the work of The Union since its earliest days. It remains our guiding light.

In the pages that follow, you'll find evidence of both the breadth and the depth of The Union's impact. You will read about scientific studies completed, health workers trained, public health policies enacted and more. Most importantly, you will read about individual lives that have been touched as a result.

The Union works every day both with and from within communities most severely affected by TB and lung disease. Our work begins there, but that's not where it ends. We take the experience we gather from working on the frontlines of public health, and the evidence we generate through scientific research, and use it as the basis for influencing public health priorities at the highest levels, globally and within countries. Through this approach, The Union plays a vital role in shaping the global agenda for solving some of the world's most urgent global health challenges – from TB and antimicrobial resistance, to tobacco use and the growing burden of NCDs.

All of this is possible only because of the unyielding commitment of every person within The Union – our members, our staff and technical consultants and our board of directors. These individuals are not only among the world's leading health experts, managers and advocates. They are among the most dedicated and tireless leaders working on any issue, anywhere. Every day I see how people benefit from the guidance and collective wisdom of The Union team, as well as from the leadership and ingenuity of our people working in the field.

Their efforts are documented in the following report. As you read, I hope they will inspire you to press on – or to join us – in fulfilling the bold vision to which our founders committed The Union so many years ago.

**José Luis Castro**  
Executive Director  
The Union



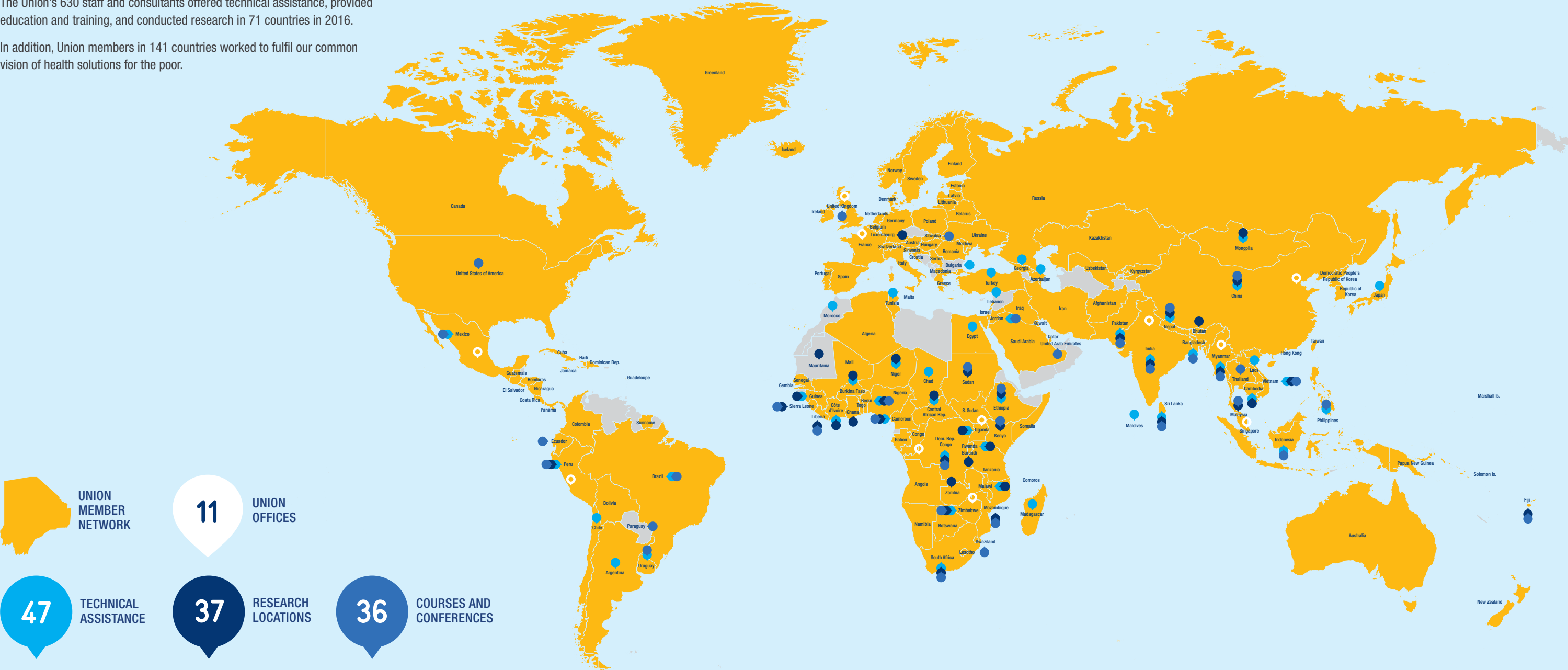
*“Every day I see how people benefit from the guidance and collective wisdom of The Union team, as well as from the leadership and ingenuity of our people working in the field.”*

# OUR IMPACT

## Health solutions for the poor: global activities 2016

The Union’s 630 staff and consultants offered technical assistance, provided education and training, and conducted research in 71 countries in 2016.

In addition, Union members in 141 countries worked to fulfil our common vision of health solutions for the poor.







# KNOW.

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

The Union conducts research that advances knowledge and leads to changes in public health policy and practice that strengthens health systems and saves lives. Our clinical research contributes to the development of new treatments and our operational research provides solutions for the programmatic challenges in limited-resource settings.



# CLINICAL STUDY EXAMINING SHORTENED MDR-TB TREATMENT REGIMENS ENROLS FIRST PATIENTS

The first patients were enrolled in the STREAM Stage 2 clinical study at a site in Mongolia, in April, 2016. The trial is the first large-scale, multi-country clinical trial to examine shortened regimens for multidrug-resistant tuberculosis (MDR-TB).

The trial evaluates a number of shorter, more tolerable alternatives to the standard 20–24 month treatment, including a treatment that lasts nine months and eliminates the painful injections that can cause severe side effects. It is also the first phase III trial to test the effectiveness and safety of bedaquiline within a shortened regimen.

Recruitment also began in trial sites in South Africa and Ethiopia and will continue rollout in additional sites in 2017 and 2018 including Georgia, India, Moldova and Uganda.

STREAM Stage 2 incorporates significant community engagement to ensure those involved and affected understand the trial and its objectives. This is to facilitate open communication between the community and trial implementers and to encourage information sharing among all those involved.

STREAM is the result of a unique collaboration between the United States Agency for International Development (USAID), Janssen Pharmaceuticals, The Union and Vital Strategies.

UP TO  
**14**

TRIAL SITES IN  
AFRICA, ASIA AND  
EASTERN EUROPE

TARGET ENROLMENT  
OF UP TO  
**1,000**  
PATIENTS

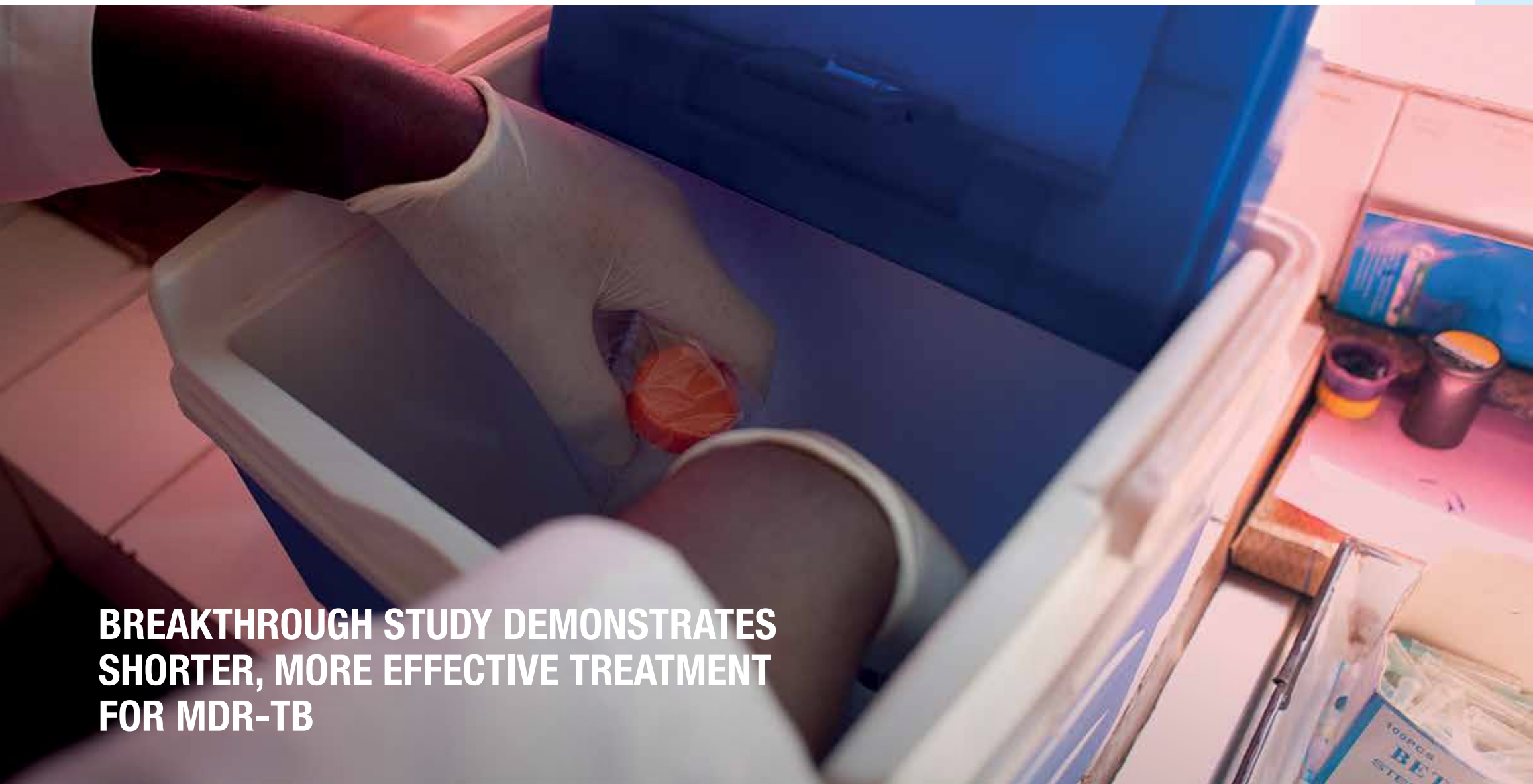


*“The Stage 2 results will play an important role in the development of future treatment guidelines for MDR-TB globally.”*

**Dr ID Rusen**

Director of Research and Development, The Union





# BREAKTHROUGH STUDY DEMONSTRATES SHORTER, MORE EFFECTIVE TREATMENT FOR MDR-TB

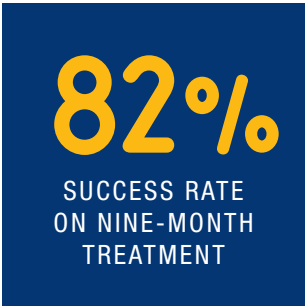
The Union presented the final results from an observational cohort in Francophone Africa during the Union World Conference, in Liverpool, in October. The shortened regimen for MDR-TB, which reduces treatment time to just nine months from the previous standard treatment of over 20 months, has shown a success rate of 82 percent. The previous regimen had a success rate of below 55 percent.

Data from this study contributed to the World Health Organization (WHO) issuing revised MDR-TB treatment guidelines in May. The WHO now recommends the treatment regimen tested by The Union.

Following the success of this study and the recommendation from the WHO, The Union is advocating for countries to adopt this shorter, more effective

and less toxic treatment regimen and is providing technical assistance to support the rollout in countries worldwide.

The observational cohort was carried out among MDR-TB patients in Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Niger and Rwanda by researchers from The Union, together with the Institute of Tropical Medicine of Anvers (Belgium), the San Raffaele Scientific Institute of Milan (Italy) and the teams of each of the nine participating countries which included clinicians, national reference laboratories and national TB programmes.



*“With strong evidence now showing that this regimen is the most effective available for treating multidrug-resistant forms of TB, the next step is for countries to begin widely implementing this new approach.”*

**Dr Arnaud Trébuq**  
Senior Consultant, The Union



## UNION LAUNCHES NEW STUDY ON PREVENTION AND TREATMENT OF CHILDHOOD TB

The Union launched an observational study to examine the effectiveness of preventive measures and active case finding in combatting childhood TB. Childhood TB is one of the most urgent challenges facing the lung health community and is particularly complicated due to difficulties in diagnosis and the fragile immune systems of the patients.

The study, Investigated Transmission of Childhood TB (TITI, for its initials in French), works with nurses and clinic staff in participating health centres in Benin, Burkina Faso, Cameroon and the Central African Republic. Local staff survey TB patients to find out if the patient shares a home with any children under five years of age. The healthcare workers then conduct home visits to check the children for symptoms, bring them to the clinic for further tests and examination and, when necessary, place them on the new preventive paediatric formulas recommended by the WHO. Children with active TB are treated according to the directives of each country's national TB programme.

In the first six months, 730 children were identified (of a target enrolment of 2,000) and 670 put on preventive treatment. Twenty-four children were diagnosed with active TB and received medication.

The TITI study is funded by Initiative 5%/Expertise-France.



## UNION RESEARCH PUBLISHED IN 2016

In 2016, The Union published 147 research studies and opinion papers in peer-reviewed journals including:

*Asian Pacific Journal of Tropical Disease*  
*BMC Complementary and Alternative Medicine*  
*BMC Health Services Research*  
*Bronconeumología*  
*Clinical Infectious Diseases*  
*Diabetes Research and Clinical Practice*  
*Economic and Political Weekly*  
*European Respiratory Journal*  
*Expert Review of Respiratory Medicine*  
*F1000Research*  
*Global Health Action*  
*Health and Human Rights Journal*  
*Indian Journal of Tuberculosis*  
*International Journal of Tuberculosis and Lung Disease*  
*Journal of Acquired Immune Deficiency Syndrome*  
*Journal of Epidemiology and Global Health*  
*Journal of Infection and Chemotherapy*  
*Journal of the International AIDS Society*  
*Journal of Thoracic Disease*  
*Journal of Tropical Pediatrics*  
*Journal of Tuberculosis Research*  
*Medical Journal of Australia*  
*Occupational and Environmental Medicine*  
*Paediatric Respiratory Review*  
*Pan American Journal of Public Health*  
*PLOS Medicine*  
*PLOS ONE*  
*Public Health Action*  
*Public Health Panorama*  
*The Lancet*  
*The Lancet Respiratory Medicine*  
*Transactions of the Royal Society of Tropical Medicine and Hygiene*  
*Tropical Medicine and International Health*  
*Tuberculosis Research and Treatment*  
*Western Pacific Surveillance and Response*

# 37

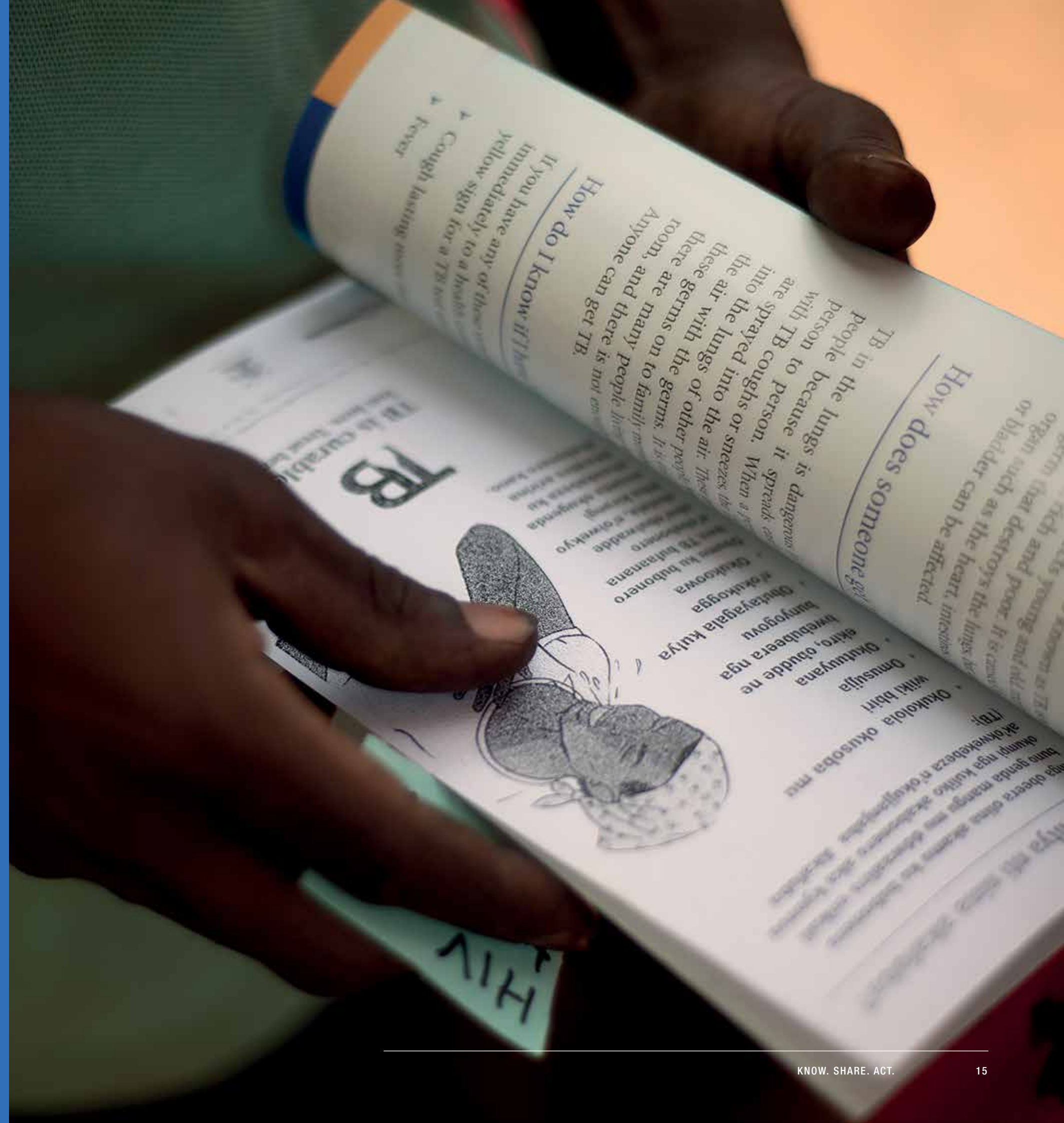
COUNTRIES  
WHERE RESEARCH  
WAS CONDUCTED

# 120

RESEARCH STUDIES  
UNDERTAKEN

# 147

PUBLISHED RESEARCH  
STUDIES AND OPINION  
PAPERS IN PEER-  
REVIEWED JOURNALS







A smoke-free taxi, Hue City, Viet Nam. Comprehensive smoke-free laws protect people from second-hand smoke in all enclosed public places. There is no safe level of exposure to second-hand smoke.

## INNOVATIVE NEW TOOL TO ASSESS SUSTAINABILITY OF NATIONAL TOBACCO CONTROL PROGRAMMES LAUNCHED BY THE UNION

The Index of Tobacco Control Sustainability (ITCS) has been developed by The Union to help countries assess and guide national tobacco control programmes to become sustainable. It is the first tool of its kind.

The ITCS comprises 31 indicators that identify which structures, policies and resources a country has in place for sustainable tobacco control. The indicators encompass a range of key infrastructures: national laws, financial mechanisms, human resource and capacity-building along with measures to insulate public health policy against tobacco industry interference. The ITCS was developed by Dr Angela Jackson-Morris and Dr Ehsan Latif, authors of *Index of Tobacco Control Sustainability: A Tool to Measure the Sustainability of National*

*Tobacco Control Programmes* (Jackson-Morris & Latif, 2016), which was published in BMJ's Tobacco Control Journal.

The ITCS has been developed to complement the established processes and supports of the WHO's Framework Convention on Tobacco Control – the world's only legally-binding international health treaty.

The Union's Department of Tobacco Control was well placed to develop this tool, having co-managed the Bloomberg Initiative to Reduce Tobacco Use grants programme for the last 10 years. To date, The Union has worked with governments and civil society in 43 countries to help introduce and implement measures proven to reduce tobacco use.

## VIET NAM AT TURNING POINT IN FIGHT AGAINST TOBACCO

The Union welcomed the results of a national survey in Viet Nam that indicated the start of a downward trend in the numbers of people smoking. It also highlighted a decrease in people exposed to second-hand smoke in their homes, particularly women and children, compared to a similar survey done in 2010. The Union has been working in Viet Nam since 2008, providing technical assistance for projects to reduce tobacco use.

## COMPREHENSIVE BAN ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP IN PAKISTAN

Following a protracted legal battle, Pakistan's Supreme Court upheld a 2014 law banning all tobacco advertising, promotion and sponsorship (TAPS) – a victory in the campaign to reduce tobacco use. Implementation of this legislation had been delayed after a legal challenge from Philip Morris Pakistan Ltd.

Union experts provided technical and legal evidence to support the ban. Comprehensive TAPS bans are proven to reduce tobacco consumption – some countries have reported up to 16 percent drops in use after bans were introduced.

## EXPERTS CALL FOR ACTION AGAINST FOOD- AND ANIMAL-BORNE TB

Members of the Zoonotic TB sub-section and The Union's technical staff jointly led efforts to publish the first ever call to action against zoonotic TB in *The Lancet Infectious Diseases*. Widely considered to be an under-reported disease, zoonotic TB is currently projected to affect more than one million people over the next decade according to WHO.

The commentary piece, which surveyed the available data on zoonotic strains of TB, concluded that zoonotic TB poses unique, unmitigated risks to public health, food supplies and to the animal production sectors of national and global economies. Moreover, the scale of the challenge is likely to be significantly underestimated by the currently available data.

The piece was authored jointly by authorities from public health agencies including WHO, the US Centers for Disease Control and Prevention, the Pan American Health Organization, the Stop TB Partnership and The Union. Participants from the veterinary sector included the World Organisation for Animal Health, the Food and Agriculture Organization of the UN and experts from the US Department of Agriculture, Colorado State University and the Royal School of Veterinary Studies of the University of Edinburgh.





## HALEEMA

Haleema was photographed with her husband at their home in Mumbai during a visit from Union staff. She had finished her treatment for MDR-TB only a few months prior. She now lives a healthy life.

India has the world's highest burden of TB with an estimated incidence of 2.8 million people. India has not yet begun implementing the new nine-month treatment regimen recommended by WHO in May 2016 and patients continue to receive treatment which lasts between 18 and 24 months and carries severe side effects.





# SHARE.

We disseminate scientific knowledge to strengthen public health programmes.

The Union shares scientific evidence and expertise worldwide by assisting governments and other agencies at their request; convening conferences, training professionals to develop their technical, management and research skills; and disseminating scientific knowledge by publishing peer-reviewed journals and technical guides.





## BRAZIL LAUNCHES FIRST GOVERNMENT-RUN TOBACCO INDUSTRY OBSERVATORY IN THE LATIN AMERICA REGION

The government of Brazil, in partnership with The Union, launched an online observatory to protect and strengthen tobacco control policies by monitoring tobacco industry interference – the first such government-run initiative in the region.

The centrepiece of the observatory is an online database available to all. The observatory collects and analyses documents and virtual data on tobacco industry strategies designed to undermine tobacco control policies across the region. It produces and disseminates information from tobacco industry surveillance to government officials, legislators and decision-makers. It will provide a model for similar efforts to monitor the food and alcohol industries.

The observatory is the first of seven to be opened – one for each WHO region – creating a global network to track tobacco industry activity. The initiative was launched by Dr Vera Luiza da Costa e Silva, Head of the Secretariat of the WHO Framework Convention on Tobacco Control.

< Brazil's Alliance for the Control of Tobacco  
Use during a public engagement campaign.  
Civil society plays a vital role ensuring tobacco  
control policies meet WHO guidelines.





# TB TAKES CENTRE STAGE AT INTERNATIONAL AIDS CONFERENCE IN SOUTH AFRICA

Panelist speaks to delegates at AIDS2016.

A TB pre-conference (TB2016) was held just prior to the International AIDS Conference (AIDS2016), in Durban, South Africa, in recognition of the desperate need to ensure the two communities work collaboratively to combat both public health crises.

José Luis Castro, Executive Director of The Union, welcomed delegates to the opening plenary of TB2016 by issuing a powerful plea for change. He called on the TB and HIV communities to stop seeing themselves as working for one disease or the other but as a united front working together to help people affected by the twin epidemic.

Prior to TB2016, The Union brought together nearly 80 religious leaders and faith healers from the surrounding province – which has the highest rate of TB and the highest incidence of TB-HIV in South Africa – to discuss what they, as trusted members of the community, could do to reduce stigma, encourage testing and treatment, and to spread awareness about TB and HIV within their congregations.

Continuing this momentum, The Union presented ideas from the religious leaders meeting during AIDS2016 at a discussion session where delegates shared their experiences working with faith communities.

Union delegations from Zimbabwe, India and Myanmar also participated in presentations, plenaries and abstract discussions on topics ranging from the shortened nine-month treatment regimen for MDR-TB, TB case-finding among people living with HIV and reaching the 90-90-90 targets for TB.

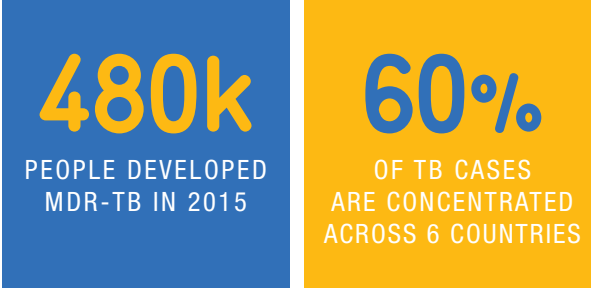
*“We must be bold  
and we must  
be visible and  
we must tell the  
world that TB is  
here, it affects all  
of us and we can –  
and must – end it.”*

**José Luis Castro**  
Executive Director, The Union

## THE UNION LAUNCHES MDR-TB PROGRAMME TO SUPPORT GOVERNMENTS’ ROLL OUT OF NINE-MONTH REGIMEN

WHO’s recommendation of a new MDR-TB regimen that shortens the length of treatment from 24 to nine months requires significant changes to national TB programmes worldwide. To support implementation of the new regimen and ensure patients have access to the improved treatment as quickly as possible, The Union has created an MDR-TB programme to help Governments roll out the new regimen.

The programme draws expertise from across The Union, including technical assistance, training and education, and operational research.



## 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 2016 include:

- 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
- Non-Communicable Disease (NCD) Alliance Chair
- Regional Green Light Committee (rGLC) for the Americas Region
- Regional Green Light Committee (rGLC) for the South-East Asia Region
- STAMP Trial Steering Committee Chair
- Stop TB Partnership Childhood TB subgroup member
- Stop TB Partnership Executive Committee of the Board of Directors
- Stop TB Partnership Global Drug-resistant TB Initiative (GDI) Core Group
- TB Alliance Pediatric Advisory Board
- TB2016 Coordinating Committee
- World Health Organization Global Task Force on TB Impact Measurement
- World Health Organization Strategic and Technical Advisory Group for Tuberculosis (STAG-TB)



# HIGHLY EFFECTIVE AND LOW-COST METHOD FOR REDUCING CHILD TB PROVES SUCCESSFUL IN UGANDA

The Union’s DETECT Child TB project (DEcentralise TB services and Engage Communities to Transform lives of Children with TB) used a simple and low-cost approach to address child TB in two districts of Uganda – Wakiso and Kabarole. The project doubled the proportion of child TB cases diagnosed in one district and increased it by more than five-fold in the other. The project also successfully implemented TB preventive therapy for the first time in these districts, significantly reduced the need to refer child TB cases to higher levels of the health system and improved treatment adherence rates.

DETECT Child TB decentralised diagnostic and treatment services and strengthened health systems by training existing healthcare workers and local volunteers to clinically diagnose TB in children, conduct household contact screening and provide preventive therapies.

The project ran from January 2015 until December 2016 and, in that time, 646 children were diagnosed with TB and put on treatment. Childhood TB detection rates at peripheral health facilities increased from five percent to 75 percent in Kabarole and 52 percent in Wakiso due to service decentralisation. Over 80 percent of children at risk of developing TB were placed on preventive therapy. Treatment success rates for children with TB similarly increased, from 45 percent in Kabarole and 65 percent in Wakiso, to 74 and 75 percent respectively.

The project provides a model that can be replicated in other settings, even in the absence of new diagnostic tests designed specifically for children.

DETECT Child TB was implemented by The Union Uganda Office in partnership with the Ministry of Health, two district local governments and two local partners. It was funded by the ELMA Foundation and an anonymous gift.



DETECT TB patient, Francoise Nandaka, 4, and her mother, Kasuubo Eunice, 35, at their home in Wakiso district, Entebbe, Uganda, following six months of TB treatment.

## UNION MEDIA MENTORSHIP RAISES PROFILE OF TB IN ZIMBABWE

The Union Zimbabwe Office, in partnership with the National TB Control Programme, conducted a six-month media mentorship programme in Zimbabwe to increase press coverage of TB and, thereby, increase public awareness and understanding of the disease.

Eight health journalists from print and broadcast media took part in the programme, which included workshops on TB diagnosis, treatment and advancements and which linked journalists with medical experts and TB programme implementers. The programme resulted in over 70 articles and broadcasts on a range of TB issues and patient experiences.

The mentorship programme was delivered as part of USAID’s Challenge TB programme. Following the success of the first cycle, The Union Zimbabwe Office will continue to run journalist mentorship programmes under Challenge TB.

## OVER 2,000 TB PATIENTS SCREENED FOR DIABETES IN UGANDA AND ZIMBABWE

The Union is providing technical assistance to Uganda and Zimbabwe to integrate screening and clinical management of diabetes mellitus into TB services, improve active case-finding for TB-diabetes co-infected patients and explore the effectiveness and feasibility of conducting routine screening.

The Union worked with healthcare workers to build capacity through training, supervision and provision of guidelines and technical support. In 2016, a total of 1,630 patients were screened in Kampala and an additional 661 in Harare in 10 health facilities in each city.

The programme is conducted in partnership with the Ministries of Health, Non-Communicable Disease and TB Control Programmes in Uganda and Zimbabwe, and is funded until 2017 under a grant from the World Diabetes Foundation.



## ANGELA

Angela became ill with MDR-TB when she was 35 years old. She struggled through treatment for three years due to the severe side effects and its longevity, which made treatment adherence extremely difficult.

She was photographed here with her niece and nephew in her home in Santo Domingo, Dominican Republic, during a visit from her family. She is now cured of TB and works as a child minder.





## UNION APPLAUDS BLOOMBERG'S US\$ 360 MILLION FUNDING BOOST FOR GLOBAL TOBACCO CONTROL

New funds totalling US\$ 360 million were committed by Bloomberg Philanthropies to its global initiative to reduce tobacco use in low-and middle-income countries, which have the largest numbers of smokers. Over the last 10 years, this strategic programme has changed the trajectory of the global tobacco epidemic by supporting the introduction and implementation of policies proven to reduce tobacco use.

The Union is a key partner in the Bloomberg Initiative to Reduce Tobacco Use (BI) and co-manages its flagship grants programme, which supports governments, civil society and academia

to advance tobacco control. It covers more than 110 countries. To date, laws and policies proven to reduce tobacco use have been passed in 59 countries, covering almost 3.5 billion people and preventing an estimated 30 million premature deaths.

BI focuses on the WHO's Framework Convention on Tobacco Control MPOWER package – a range of six practical measures to help countries implement effective tobacco control. They help smokers quit, prevent non-users from taking up smoking and reduce exposure to second-hand smoke.

*“Tobacco use is still the greatest preventable cause of premature death globally, claiming seven million lives each year.”*

**José Luis Castro**  
Executive Director, The Union

### UNION SUPPORT FOR TOBACCO CONTROL HAS IMPACTED:

**3.33bn**

PEOPLE IN  
35 COUNTRIES THROUGH  
SMOKE-FREE LAWS

**3.26bn**

PEOPLE IN  
29 COUNTRIES  
THROUGH GRAPHIC  
HEALTH WARNINGS

**822.4m**

PEOPLE IN 7 COUNTRIES  
WHERE TOBACCO INDUSTRY  
INTERFERENCE IN GOVERNMENT  
NOW FACES RESTRICTIONS

**4.12bn**

PEOPLE IN  
27 COUNTRIES THROUGH  
ADVERTISING BANS

**3.54bn**

PEOPLE IN  
15 COUNTRIES THROUGH  
HIGHER TOBACCO TAX



## THE UNION AND UNIVERSITY OF ABERDEEN LAUNCH NEW FREE TOOLKIT FOR MEASURING AIR QUALITY IN HOSPITALITY VENUES

A new toolkit designed for public health professionals to assess compliance with smoke-free laws in hospitality venues has been developed and made publicly available by The Union and the University of Aberdeen, Scotland.

It was compiled following publication of research in the journal, *Nicotine and Tobacco Research*, which tested whether air quality monitoring practices could be used in indoor public places in low- and middle-income countries where outdoor air pollution levels are high. Data from six participating cities around the world provided robust evidence to advocate for stronger smoke-free legislation and enforcement. Results were widely shared with policy makers, enforcement agencies and media.

The toolkit provides technical guidance on how to carry out smoke-free compliance assessments in cafés, restaurants and bars using a low-cost air quality monitoring device that gathers objective air quality data by

measuring fine particulate matter with a diameter less than 2.5 microns (PM2.5). It also includes simplified software for downloading data as well as templates for researchers to record any evidence of smoking observed in venues.

The WHO states that there is no safe level of exposure to second-hand smoke and detection of PM2.5 can be used to provide evidence of the health dangers where smoking is observed. Outside air PM2.5 in the vicinity is also measured during the same period so that non-smoking sources of air pollution can be taken into account.

Exposure to second-hand smoke causes cancers, heart disease and severe respiratory illnesses. Major progress has been made globally on banning smoking in public places but more needs to be done. Tobacco kills nearly seven million people globally every year.

*“At The Union we assist governments and civil society to put effective tobacco control laws in place and monitoring is vital to ensure legislation is well enforced. This toolkit is a practical part of this process.”*

**Dr Angela Jackson-Morris**  
Head of the Grants Programme  
for Tobacco Control, The Union



## UNION WORLD CONFERENCE 'CONFRONTS RESISTANCE' IN LIVERPOOL

The 47<sup>th</sup> Union World Conference on Lung Health centred conversation around the theme *'Confronting Resistance: Fundamentals to Innovations'* in Liverpool, UK, in October. Over 3,000 participants from 126 countries gathered to make the event the heart of the global drive to rid the world of TB and address issues relating to lung health.

Stephen Lewis, Co-Founder and Co-Director of AIDS-Free World, opened the inaugural ceremony with a fervent keynote address. He spoke of the resistance the community faces in the fight against TB, but also of his sense that change is imminent.

This sense was supported by numerous scientific developments announced at the conference. These included the release of the final results of The Union's observational study on the nine-month regimen for MDR-TB which presented a success rate of 82 percent – a breakthrough in defeating drug-resistant TB.

TB survivors shared their testimonies, reminding all present that TB is a curable fight that we must win. XDR-TB survivor, Phumeza Tisile, shared her long battle with TB and Jonathan Cranston, a British vet who contracted and was cured of zoonotic TB, spoke with the media about his experience to help raise awareness.

The will for political change was evident too. In a special ministerial session, ministers of health from Sri Lanka, the Philippines and Zimbabwe committed to implementing the nine-month regimen. And parliamentarians gathered for the first meeting of the Global TB Caucus Executive Committee.

The Community Common – the space where civil society, activists and researchers join forces – saw dynamic activities ranging from theatrical performances to interactive displays and resounded with voices from the community and local organisations.

The conference ended with the torch being passed to Guadalajara, Mexico, which will host the event in 2017.



*“There is not a tenable reason on earth why we should lose nearly two million people to TB annually.”*

**Stephen Lewis**  
Co-Founder and Co-Director  
AIDS-Free World

^ Ministers of health from Sri Lanka, the Philippines and Zimbabwe discussed their political commitments and actions in achieving the global targets of ending TB and tobacco use during a special session at the 47<sup>th</sup> Union World Conference.

*“We all know when a community tries something different, it encounters resistance. Change is not easy, especially in the face of resistance, but if we work together and support each other we can do it.”*

**José Luis Castro**  
Executive Director, The Union



# UNION TRAINING BUILDS CAPACITY FOR HEALTHCARE PROFESSIONALS WORLDWIDE

In 2016, The Union began training healthcare providers and national TB programme managers in the clinical management of the shortened MDR-TB treatment to assist countries in their rollout of the new regimen. The first course of this kind was taught in Cameroon with additional courses held in India, Indonesia, Peru and Thailand.

The Structured Operational Research and Training Initiative (SORT IT) courses, delivered by The Union and partner Médecins sans Frontières, continued to bolster health systems worldwide by mentoring researchers in topics including planning and research, publication in peer-reviewed journals and implementation into policy and health practices. SORT IT received another A+ rating from the funder, the UK government's Department for International Development.

Government officials from across Latin America attended a technical training course on tobacco industry interference in public health policy making, delivered by The Union in partnership with the Uruguay Ministry of Health. The Union also piloted a new course on sustainable funding for tobacco control, in Dhaka, Bangladesh.

An additional 67 courses and training programmes were held in 2016 addressing public health management, and clinical management and treatment of TB, MDR-TB, TB-HIV and tobacco control. The Union launched a comprehensive training and education website in October to provide one central resource allowing access to the full range of courses The Union offers, which have benefitted over 11,000 healthcare professionals from 95 countries since 2000.

## TECHNICAL TRAINING

87

PARTICIPANTS FROM 52 COUNTRIES TOOK 6 INTERNATIONAL TB AND MDR-TB COURSES

14

PARTICIPANTS FROM 5 COUNTRIES ATTENDED A TB-HIV COURSE

337

PARTICIPANTS FROM 10 COUNTRIES ATTENDED 9 NATIONAL TB, MDR-TB AND TB-HIV COURSES

441

PARTICIPANTS FROM 18 COUNTRIES ATTENDED 14 TOBACCO CONTROL TRAINING COURSES

## INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME (IMDP)

126

PARTICIPANTS FROM 39 COUNTRIES TOOK 7 CORE AND SPECIALISED IMDP COURSES

213

PARTICIPANTS FROM 6 COUNTRIES ATTENDED 10 COURSES WITH A TOBACCO CONTROL FOCUS





## EBOLA-AFFECTED WEST AFRICAN COUNTRIES USE OPERATIONAL RESEARCH TO REBUILD HEALTH SYSTEMS

Sierra Leone and Liberia are using an operational research approach to rebuild their health systems following the devastating Ebola outbreak in 2014 and 2015 which caused serious multi-sectoral setbacks to development. Health sectors already recognised as weak were particularly affected with a number of key services ceasing to function or functioning in a very limited way.

In response, the Special Programme for Research and Training in Tropical Diseases at the WHO, The Union and partners in the Structured Operational Research and Training Initiative (SORT IT), were awarded a US\$ 500,000 grant to assist in operational research capacity building.

The Union and partners led workshops on protocol development and data management, and worked with course participants on developing operational research proposals. As of December 2016, all 16 participants had submitted papers for publication, of which five had been accepted for publication.

Funding was provided by the UK's Department for International Development.



### OPERATIONAL RESEARCH

99

PARTICIPANTS FROM 34 COUNTRIES  
TOOK 11 OPERATIONAL RESEARCH COURSES

11

OPERATIONAL RESEARCH FELLOWS  
WORKING IN AFRICA AND ASIA

147

SCIENTIFIC PAPERS OR DOCUMENTS  
PUBLISHED, OF WHICH 123 WERE  
RESEARCH PROJECTS

117

PUBLISHED PAPERS AUTHORED  
OR CO-AUTHORED BY OPERATIONAL  
RESEARCH FELLOWS, OF WHICH 104  
WERE OPERATIONAL RESEARCH STUDIES

## UNION JOURNALS DISSEMINATE LATEST RESEARCH

The Union publishes two peer-reviewed journals from researchers around the world working in TB and other public health issues.

### IJTLD EXPANDS REACH TO BROADER AUDIENCE

In order to allow authors to reach the broadest possible audience and facilitate better sharing of knowledge, the *International Journal of Tuberculosis and Lung Disease* (IJTLD) launched an open-access system whereby all authors who wish to make their articles available to all online readers can do so for a fee. Online access to the IJTLD is also available to all Union members and subscribers and all articles become open-access six months after publication.

In addition to numerous regular articles on the diagnosis and treatment of MDR-TB, the IJTLD published a supplement based on key topics presented at the first global MDR-TB Clinical Trials Landscapes meeting organised by RESIST-TB and TREAT TB.

### PHA SEES SIGNIFICANT INCREASE IN READERSHIP

*Public Health Action* (PHA), The Union's online, open-access journal, saw increased submissions and an increase in article downloads in 2016.

PHA was deposited onto PubMed Central at the end of 2015. This visibility led to an eight-fold increase in full-text downloads in 2016, with some 16,000 downloads per quarter compared to a previous download rate of about 2,000.

14k

MEMBERS AND  
SUBSCRIBERS

64k

FULL TEXT  
DOWNLOADS  
OF PHA IN 2016



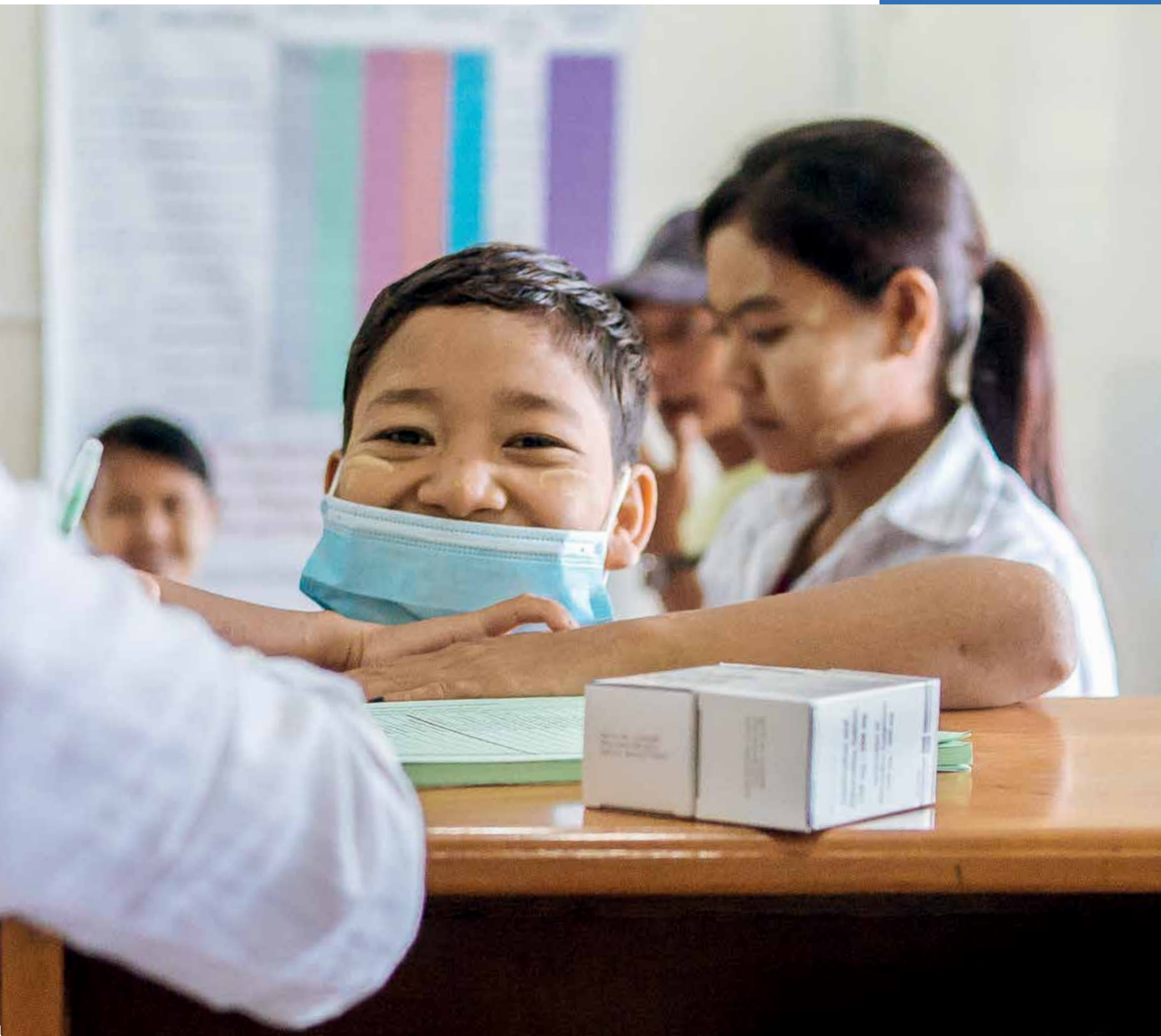


# ACT.

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

The Union delivers life-saving health services in areas of need, manages large-scale projects that improve the effectiveness of the public health sector, and advocates for policies and resources that safeguard people's health.





## IHC PROGRAMME ACHIEVES 99% TESTING OF TB PATIENTS FOR HIV

The Union's Integrated HIV Care (IHC) Programme continued to provide HIV testing, counselling and treatment in close collaboration with the National AIDS Programme, in Myanmar, through its integrated TB-HIV care method where patients are systematically screened for both diseases.

In 2016, 99 percent of TB patients registered in the townships where IHC clinics operate were tested for HIV. Of those tested, 12 percent were found to be HIV-positive and 72 percent of those who tested positive were initiated on HIV treatment.

The Union Office in Myanmar provides antiretroviral therapy (ART) to over 26,000 people living with HIV. The IHC Programme improved access to care for 30 percent of its patients by opening 17 new decentralised treatment centres.

The IHC Programme began in 2005 and is supported by grants from Total E&P Myanmar and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**26k**

PATIENTS ON ART

**445**

NEW PATIENTS  
ON AVERAGE PER  
MONTH RECEIVING  
TREATMENT IN 2016





## WEB-BASED SOFTWARE FACILITATES TB NOTIFICATION AND TREATMENT ADHERENCE IN INDIA

A Union-led pilot project in India used web-based software to provide real-time case reporting and treatment adherence support to patients receiving TB care through the private sector. The unique software automatically notifies TB cases to India's Revised National TB Control Program and sends patients daily text messages and twice-weekly interactive voice response calls reminding them to take their medication and schedule follow-up visits and tests. The pilot phase reported a 95 percent treatment adherence rate and 90 percent patient satisfaction.

In India, nearly 50 percent of TB patients rely on the private sector for treatment, which leads to incomplete data reporting at the government level and a higher incidence of incomplete treatment due to a lack of follow-up procedures. The software combats these issues and results showed it to be an efficient and cost-effective model to facilitate notification and treatment adherence. The software is open-source and can easily be adapted to integrate into other hospitals' information management systems. In addition, the total cost of the daily text messages and voice calls

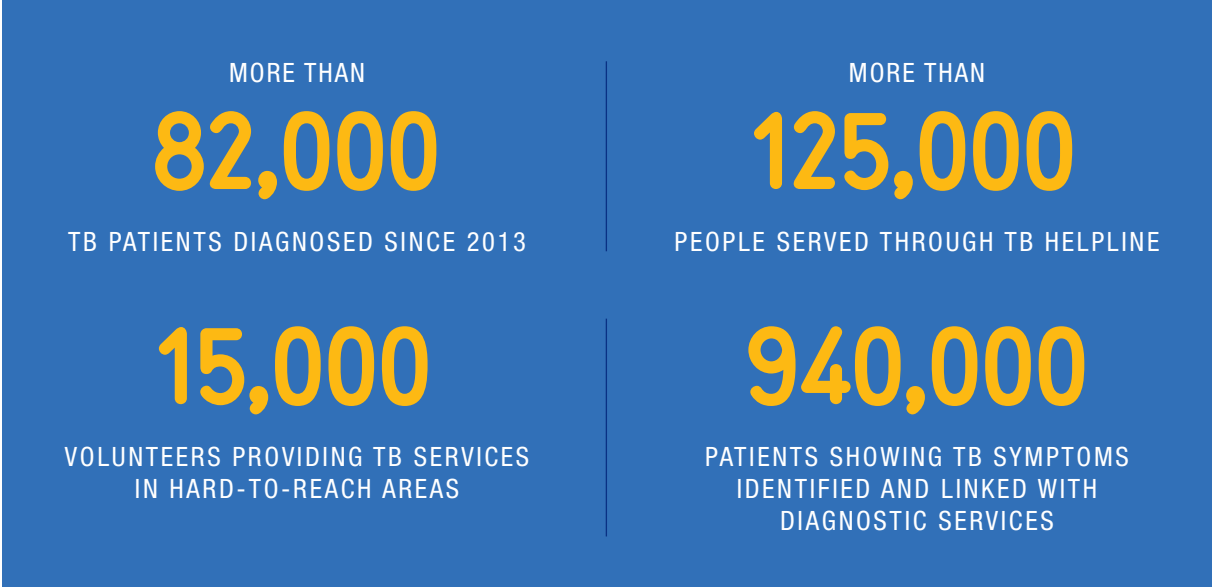
for a period of six months (the standard duration of TB treatment) is 120 Indian Rupees, or just under US\$ 2 per patient. The pilot was implemented in collaboration with Apollo Hospitals, one of the largest corporate hospital chains in India, with support from the Lilly MDR-TB Partnership. The Union's Project Axshya scaled up the service in 40 additional sites in India after the completion of the pilot phase.

< Laxmi is a cured TB patient who lives in the Anna Nagar shantytown, in New Delhi, India. She was photographed with her husband and children during a visit from The Union's Project Axshya, which works to end TB by implementing innovative solutions through a vast network of partners.

## PROJECT AXSHYA IMPLEMENTS INNOVATIVE SOLUTIONS TO INDIA'S WIDESPREAD TB CRISIS

Since 2013, The Union's Project Axshya in India – an extensive advocacy, communication and social mobilisation project – has reached 15 million households with TB information and services. It has also identified and facilitated the testing of 940,000 presumptive TB patients, resulting in the diagnosis and treatment of 82,000 people with TB. The project works through a vast network of civil society partners, community volunteers, private clinics and healthcare centres to implement patient-centred initiatives, raise awareness of TB and reduce stigma. Through its network of over 15,000 volunteers, Project Axshya facilitates TB testing in communities where, for reasons including distance, scarce financial resources, health concerns, or family or work commitments, residents would otherwise be unable to reach state clinics and diagnostic centres. In 2016, Project Axshya ran targeted initiatives to address various at-risk populations. These included a partnership with Muslim religious schools where trusted community leaders disseminated TB information; a community radio initiative that shared information and encouraged conversation about TB in over 2,000 hours of programming in nine languages and across 17 states; and a TB telephone helpline that reached over 125,000 people with easily accessible information, 12 hours a day, in regional languages across six states.

More than 25,000 rural healthcare providers collaborated with Project Axshya, helping to bring early diagnosis and treatment to hard-to-reach communities and nearly 13,000 'Axshya villages' – communities that assume ownership for controlling TB and becoming TB-free – have been established. An additional 97 small urban health centres with extended hours have opened to provide better TB care to the communities they serve. In addition, Project Axshya empowered patients through district TB forums, where community leaders, people affected by TB and members of civil society organisations, advocate on behalf of TB patients nationally. The forums also provide assistance to patients to help them access social welfare schemes and other support services. Project Axshya is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.







### YE WIN AUNG

Ye Win Aung was diagnosed with HIV at a private clinic in Myanmar in 2003. He was not offered any treatment, or much information. He just knew that the disease was incurable and that people with HIV often faced discrimination. When he was also diagnosed with TB, his clinician put him in touch with The Union's new Integrated HIV Care (IHC) Programme team and became the very first patient treated. He was first treated for TB. One month after completing this he began taking antiretroviral therapy supplied free of charge through the IHC.

Ye Win Aung now lives a healthy life. He returned to his job as a human resource manager and is supporting his nephew through a university degree.





## CONFRONTING TB DRUG RESISTANCE AT THE WORLD HEALTH ASSEMBLY

The Union co-hosted an official side event at the 69<sup>th</sup> World Health Assembly highlighting drug resistance and innovative treatments. Entitled ‘*Confronting Resistance: Innovation and Access to End TB*’, the session focused on how to create platforms for new thinking and new ideas necessary to end TB.

This meeting came at a pivotal moment for The Union to highlight the TB public health crisis and engage the support needed to confront it. Just prior to the event, Director General of the WHO, Dr Margaret Chan, declared antimicrobial resistance (AMR) ‘a danger of utmost urgency’ in response to the AMR Review – a ground-breaking report commissioned by the UK government.

The report projected that, if left unabated, MDR-TB will account for one-quarter of deaths from all drug-resistant infections globally by 2050.

The event highlighted the newly recommended shortened treatment regimen for MDR-TB, which the WHO included in their revised treatment guidelines in May 2016. Union-led research was pivotal in this advance and speakers emphasised the new treatment’s role in confronting MDR-TB.

The side event was co-organised by The Union with Medicines Patent Pool, the Republic of Korea, the USA, Viet Nam, Zimbabwe, the Stop TB Partnership, UNITAID and TB Alliance.

*“Antimicrobial resistance is a danger of utmost urgency. We have a global action plan. What we need now is the action.”*

**Dr Margaret Chan**  
Director General  
World Health Organization

MDR-TB WILL  
ACCOUNT FOR

**25%**

OF ALL DEATHS FROM  
DRUG-RESISTANT  
INFECTIONS BY 2050  
IF LEFT UNABATED

**2,300**

POLITICAL  
REPRESENTATIVES  
FROM 130 COUNTRIES  
COMMITTED TO  
ENDING TB

## PARLIAMENTARIANS WORLDWIDE CONFIRM COMMITMENT TO TB

Members of parliament (MPs) came together at national, regional and global levels in 2016 to show their firm commitment to ending TB.

The Union supported the formation of the Eurasian Parliamentary Group on TB. The group was formed by MPs from 12 European and Central Asian countries during the European TB Summit, held in Bratislava, Slovakia, following the 7<sup>th</sup> Conference of The Union Europe Region.

In Zimbabwe, MPs from 27 provinces representing different political parties met in Harare to launch the National TB Caucus, with support from The Union Zimbabwe Office. The event highlighted the importance of collaboration – across party lines, between government and non-profit organisations, and among public health institutions and private clinics.

And parliamentarians gathered for the first meeting of the Global TB Caucus Executive Committee in Liverpool, UK, during the 47<sup>th</sup> Union World Conference on Lung Health, where they discussed the strategy for the Global TB Caucus and the 2017 work plan.

## THE CALL TO ACTION FOR A TB-FREE INDIA GARNERS HIGH-LEVEL SUPPORT

The nationwide TB-Free India advocacy campaign continued to gather momentum in 2016. Support and action came from members of parliament, Bollywood celebrities, corporate partners and the media who committed to use their influence to work towards ending TB in India.

Legendary Bollywood actor and TB survivor Amitabh Bachchan continued to support the Call to Action for a TB-Free India as Ambassador to the campaign. Bachchan has played a key role in raising awareness about TB and addressing the issue of stigma and discrimination associated with the disease. He took part in a media campaign during which he featured in many radio and video outreach interviews. The media campaign was developed by The Union and launched by India’s Union Minister for Health and Family Welfare, Shri J P Nadda.

The TB-Free India campaign also garnered support from parliamentarians, who gathered in August 2016, and committed to work towards a unified political response to TB in India; academics and researchers, who recognised their role in encouraging new research and an interdisciplinary approach to TB; and corporate partners, who discussed ways their influence could reinforce government efforts against TB.

TB-Free India also worked with TB survivors to help them become better and more powerful advocates and created media partnerships to raise awareness through more extensive press coverage.

The Call to Action for a TB-Free India is funded by Challenge TB, the flagship TB control programme of the US Agency for International Development, and implemented by The Union South East Asia Office.





# PICTS CONTRIBUTES TO TB DIAGNOSIS OF MORE THAN 1,400 PATIENTS

The Union Office in Myanmar's active case-finding project known as the Programme to Increase Catchment of TB Suspects (PICTS), works to mobilise the community, provide health education sessions and conduct TB patient contact tracing and testing services. The programme is active in 15 townships within Mandalay, Sagaing, the Magway region and Shan State.

It has a network of over 200 volunteers who work in close collaboration with the National TB Programme and The Union to transport sputum samples, refer patients for testing and treatment and to lead TB information sessions.

In 2016, volunteers in Myanmar referred 13,635 people exhibiting TB symptoms for further testing, and 1,410 patients were diagnosed and put on TB treatment.

The volunteers also ran nearly 7,000 health information sessions in 2016 to raise awareness and increase understanding of TB among the 443,530 total participants in attendance.

PICTS is funded until 2020 by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

< A nurse distributes medicines at Mandalay Children Hospital.

337  
TRAINED  
COMMUNITY  
VOLUNTEERS

648  
PRESUMPTIVE  
TB CASES REFERRED  
BY VOLUNTEERS

3,498  
HEALTH EDUCATION  
SESSIONS RUN  
BY VOLUNTEERS

## THE UNION EXPANDS COMMUNITY-BASED MDR-TB CARE

The Union extended the Community-Based MDR-TB Care Project to 10 additional areas in 2016, bringing its total reach to 33 townships across Myanmar.

The project creates links between healthcare workers, nurses and community volunteers to establish an extensive network of people equipped to provide quality MDR-TB care and services. The Union works with the National TB Programme to deliver this project.

Support to MDR-TB patients includes community mobilisation through 337 trained volunteers, treatment delivery and adherence assistance, support groups and therapy sessions for patients and their families, and assistance with the clinical management of TB.

The project is working to directly combat health challenges in Myanmar with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Three Millennium Development Goal Fund.

*“Our goal is to eliminate mother to child transmission of HIV through this programme. Other countries have done it. I want this for Myanmar too.”*

**Dr Khaing Hnin Phyo**  
Union Medical Officer  
The Union Office in Myanmar

## HIV TRANSMISSION CUT FOR MORE THAN 1,000 MOTHERS AND CHILDREN IN MYANMAR

Since it began in 2011, the Prevention of Mother to Child Transmission programme has put 1,084 mothers on antiretroviral therapy and has prevented HIV infection in 888 children who were exposed to HIV in-vitro.

The programme conducts HIV testing on all women who come for antenatal care and provides comprehensive care and antiretroviral treatments for any woman who tests positive. Care and preventive methods continue for the child for up to 18 months after birth to ensure the child does not become HIV positive.

The Union Office in Myanmar runs these services in collaboration with the National AIDS Programme, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.





## STRONG GRAPHIC HEALTH WARNINGS NOW COMPULSORY ON TOBACCO PACKAGING IN MYANMAR

The health risks of tobacco use are now graphically displayed across 75 percent of the front and back of all tobacco packages in Myanmar. The new packaging features images of the health consequences of tobacco use across 50 percent of the surface area, along with text warnings in the local language across 25 percent. Old packaging became illegal on 1 September 2016.

The Union provided technical assistance for the development and implementation of this powerful policy.

Myanmar's Minister of Health and Sports has also committed to advancing other elements of the national tobacco control strategy, including smoke-free implementation, increasing tobacco taxes, and introducing plain packaging for tobacco products.

*“Many smokers are unaware of the specific harms caused by tobacco use and underestimate the risks. Graphic health warnings are proven to help smokers quit and discourage non-smokers from taking up the habit.”*

**Tara Singh Bam**  
Deputy Director, The Union Asia Pacific Office

## 85 PERCENT GRAPHIC HEALTH WARNINGS NOW COMPULSORY ON TOBACCO PACKAGING IN INDIA

After a two-year battle, graphic health warnings on tobacco packaging in India have quadrupled in size. Harrowing images of the health consequences of tobacco use must now be displayed across 85 percent of the surface area of all tobacco packs – a measure proven to help users quit and prevent others taking up the habit.

The move came after the High Court of Rajasthan ruled in favour of this directive, countering recommendations of a parliamentary committee that had concluded that the new packaging would negatively impact the economy and increase illicit trade.

The Union's India team provided pivotal support for this legislation since it was first announced in 2014, presenting expert evidence on pack warnings to parliament and the Prime Minister.

## ASIA PACIFIC MAYORS ALLIANCE UNITE TO EXPEDITE TOBACCO CONTROL ACROSS THE REGION

Mayors from the Asia Pacific region formed an alliance dedicated to curbing the tobacco epidemic during a two-day summit in Singapore. Organised by The Union and Indonesia's Ministry of Health, the goal was to build stronger political commitment for tobacco control.

Representatives from countries with some of the highest smoking rates in the world – Indonesia, Viet Nam, Philippines, Myanmar, Malaysia, Timor Leste, Laos and Cambodia – met to discuss how to overcome the considerable challenges to tobacco control faced by the region.

Attendees from 15 major cities formed the new Asia Pacific Cities Alliance for Tobacco Control during the event – a practical and public commitment to introducing measures to reduce tobacco use within their jurisdictions.

## URUGUAY WINS AGAINST PHILIP MORRIS IN GLOBALLY SIGNIFICANT LEGAL VICTORY

Uruguay won a six-year legal battle, launched by Philip Morris International (PMI) in 2010 when it came before the International Centre for Settlement of Investment Disputes (ICSID) – one of the world's smallest countries claiming a significant victory over one of the world's largest corporations.

The ICSID rejected all PMI's claims, which included brand and investment devaluation.

The ruling has international repercussions for tobacco control, setting a precedent that favours public health over commercial interests – a victory for the sovereign right of nations to protect the health of their populations, above and beyond the economic interests of the tobacco industry.

## LARGE GRAPHIC HEALTH WARNINGS NOW REQUIRED ON ALL TOBACCO PACKAGING IN CHAD

During the first quarter of 2016, new cigarette packaging was introduced in Chad. Large graphic health warnings, proven to encourage smokers to quit and to prevent others from starting smoking, now feature across 70 percent of the principal display area of all tobacco packs.

Chad's Minister of Health first decreed in March 2015 that tobacco packaging should feature large images of the health risks of smoking. It was the fifth African country to pass such a law. The tobacco industry was given nine months to comply with the legislation.

The Union supported development and implantation of this tobacco control measure through technical assistance.

78

COUNTRIES HAVE STRONG GRAPHIC HEALTH WARNINGS ON TOBACCO PACKS

3.5bn

PEOPLE LIVE IN COUNTRIES WITH GRAPHIC HEALTH WARNINGS ON TOBACCO PACKAGING





# THE FEDERATION

We are a federation of members  
shaping global lung health.

The 31 national lung associations that formed The Union in 1920 became the first 'constituent' members, charged with leading – and funding – their new organisation. Today, The Union relies on its members – both organisations and individuals – to provide leadership, influence and support to reach our common goal.



# CENTENNIAL CAMPAIGN 2012–2020

Since its founding in 1920, The Union has drawn from the best evidence, skills and expertise of its members, staff and consultants to advance solutions to the most pressing public health challenges around the world.

The first international conference on TB was held at the Sorbonne, in Paris, in 1920. At the opening ceremony on 17 October, representatives of 31 countries pledged to work together to fight TB. Three days later they founded the International Union Against Tuberculosis to support and coordinate their efforts.

As we approach our centennial, we commemorate our progress against TB and other diseases, and towards building capacity at every level of the health system. We have come far, but our work is not over.

The Centennial Campaign will support our next century of global impact.

*“The Centennial Campaign is vital to supporting the work of The Union, which in turn empowers countries around the world with the capacity and resources to fight lung disease.”*

**Dr E Jane Carter**  
President, The Union

## THE 5<sup>TH</sup> PRESIDENT’S CENTENNIAL DINNER HELD AT SPECTACULAR LIVERPOOL CATHEDRAL

Over 170 supporters gathered to celebrate The Union’s 96-year history and appreciate the classic beauty of the cathedral.

Union President, Dr E Jane Carter, and Executive Director, José Luis Castro, greeted the guests as they arrived. Attendees included ministers, members of parliament from 13 countries, doctors, nurses and researchers at the heart of the fight against TB and lung disease,

along with partner organisation representatives and friends of The Union.

The Rt Hon Nick Herbert, Member of Parliament, UK, delivered a rousing speech, calling for more political champions to get involved and bring high-level attention to the TB epidemic – a curable and treatable disease.

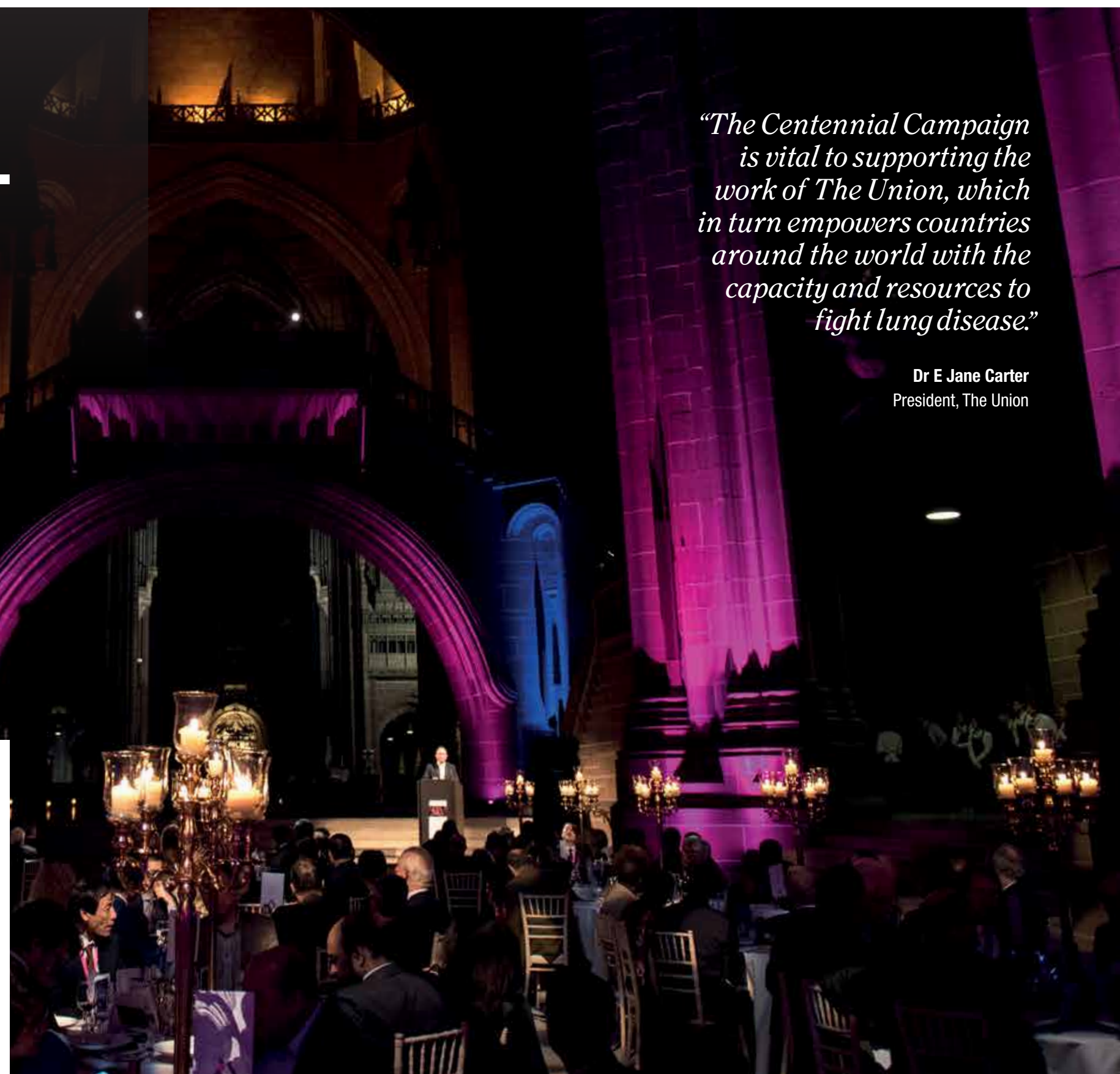
The President’s Centennial Dinner is the premiere fundraising event for The Union’s Centennial Campaign. Held each year in conjunction with the Union World Conference on Lung Health, the dinners have raised more than one million dollars to date.

## CENTENNIAL PARTNERS

The Centennial Campaign will support our next century of global impact. The following corporate partners generously supported the campaign in 2016.

**Cepheid** (Europe)

**Qiagen** (USA)





# HIGHLIGHTS FROM THE SCIENTIFIC SECTIONS

## HIV SECTION

The HIV section hosted a well-attended 'Meet the Expert' session during the Union World Conference, in Liverpool, UK. The session focused on the overwhelming evidence for the utility of preventive therapy with and without concurrent antiretroviral therapy for people living with HIV, and on the emerging co-epidemic of diabetes and TB.

## TB SECTION

The TB section hosted three webinars on TB in prisons, infection control and TB, and the scientific contributions of The Union. The webinars were open to members and non-members, and are available to view in the 'Members Only Space' on The Union's website.

## ADULT AND CHILD LUNG HEALTH SECTION

A new Air Pollution and Lung Health Working Group was formed in 2016 and met for the first time at the Union World Conference. The group focuses on linking environmental issues with the public health sector to emphasise the impact our surroundings have on health. Members also examine clean cookstoves and household air pollution and hope to present a symposium on the topic at the Union World Conference in 2017.

## TOBACCO CONTROL SECTION

Section members on the Board and the Coordinating Committee of Scientific Activities worked to ensure more visibility and focus on tobacco control at the Union World Conference. Members contributed to five symposia sessions, six poster presentations, one e-poster, four oral abstracts and one plenary session. Section members represented The Union at different tobacco control forums, including the Society for Research on Nicotine and Tobacco's annual scientific meetings, and the UK National Smoking Cessation Conference.

## TB BACTERIOLOGY AND IMMUNOLOGY SUB-SECTION

Members from the TB Bacteriology and Immunology sub-section contributed to four symposia, three oral abstract presentations, seven poster discussions, two e-poster sessions, one workshop and a meet-the-experts session during the Union World Conference, in Liverpool, UK.

Stella van Beers became sub-section Chair in October 2016, taking over from Tom Shinnick. Alaine Umubyeyi Nyaruhirira was elected as Programme Secretary.

## NURSES AND ALLIED PROFESSIONALS SUB-SECTION

Sub-section members completed a final draft of the updated Union technical guide, '*Best practice for the care of patients with tuberculosis*', to be republished in 2017. Updates include care for patients with complex needs, care for children, and infection control.

## ZOOONOTIC TB SUB-SECTION

Members of the sub-section working group to raise awareness of zoonotic TB, joined by international colleagues working in the field, published an article in *The Lancet Infectious Diseases* entitled '*Zoonotic TB in humans caused by Mycobacterium bovis: a call to action*'. The commentary piece concluded that zoonotic TB poses unique, unmitigated risks to public health, to food supplies, and to the animal production sectors of national and global economies and that the scale of the challenge is likely to be significantly underestimated by the current available data.

The sub-section, in collaboration with the Union technical staff, brought together key organisations addressing zoonotic and bovine TB at the WHO, in Geneva, to develop 10 key priorities for addressing the current challenges posed by the issue. The WHO's Strategic and Technical Advisory Group for TB approved the key priorities and plans for a roadmap.

141

COUNTRIES WITH  
ACTIVE UNION  
MEMBERS IN 2016

4

SCIENTIFIC  
SECTIONS

3

SCIENTIFIC  
SUB-SECTIONS

7

MEMBERSHIP  
REGIONS





◀ President of the Slovak Republic and conference patron, Andrej Kiska, addresses delegates at the Opening Ceremony of the 7<sup>th</sup> Conference of The Union Europe Region.

## HIGHLIGHTS FROM THE REGIONS

### JOINT CONFERENCE OF THE UNION NORTH AMERICA REGION AND THE NATIONAL TB CONTROLLERS ASSOCIATION HELD IN UNITED STATES

Nearly 500 participants from North America and further afield attended the annual Conference of The Union North America Region, this year held in partnership with the National TB Controllers Association in Denver, Colorado, USA. The programme included wide-ranging clinical, scientific and programmatic topics, with particular focus on paediatric TB, drug-resistant TB, TB genomics in public health practice, and various present day social issues, such as the migration of unaccompanied minors and homelessness.

The conference hosted the second Communications Training for TB Survivors during which participants shared their stories and inspired delegates to continue the fight to eliminate TB.

### EDUCATION AND TRAINING SUBSIDY PROGRAMME ESTABLISHED IN ASIA PACIFIC REGION

The programme creates a funding mechanism for outstanding medical staff, nurses, allied health professionals, management staff and other public health workers from low-income countries in the region to attend TB and lung health related training programmes or conferences. Asia Pacific Region Member Countries agreed to finance the training with the aim of retaining qualified and dedicated staff in the Asia Pacific Region and of fostering a sense of belonging and commitment.

### 18<sup>TH</sup> UNION CONFERENCE OF THE LATIN AMERICA REGION HELD IN PERU

The two-day conference, held in partnership with the Sociedad Peruana de Neumología, attracted some 400 researchers, public health workers and policy-makers, activists and leaders, to discuss topics related to TB, lung health and other issues that affect people living in poverty. Speakers from The Union included MDR-TB expert, Dr José Caminero, Board Member, Dr Jesús Felipe Gonzalez Roldan, and Union Executive Director, José Luis Castro.

### GOVERNMENT SUPPORT FOR REGIONAL APPROACHES TO TB AND LUNG HEALTH AT 3<sup>RD</sup> CONFERENCE OF THE UNION SOUTH EAST ASIA REGION

The 3<sup>rd</sup> Conference of The Union South East Asia Region, in Kathmandu, Nepal, brought together hundreds of delegates to formulate new strategies and inspire progress towards a common goal of TB prevention in the region. The conference was coordinated by the Nepal Anti-Tuberculosis Association with a theme of '*TB and Lung Health*'. Particularly noteworthy was a commitment to work towards a TB and tobacco-free society in Nepal from the Nepal Government, which sent a delegation of senior officials to the conference, including the Vice President and Minister for Health.

### THE 7<sup>TH</sup> CONFERENCE OF THE UNION EUROPE REGION HELD IN THE SLOVAK REPUBLIC

The three-day event attracted more than 600 delegates including government representatives, healthcare professionals, medical experts and public health workers. The President of the Slovak Republic opened proceedings by pledging to put healthcare at the top of his Government's agenda and gave his firm commitment to harness the skills within the European community to work towards the common good. The conference theme was '*Know – Share – Act in the Fight against TB and Lung Diseases*', which focused on the changing field of global public health and the new era of action within the framework of the Sustainable Development Goals.





# GENERAL ASSEMBLY

The General Assembly is held in conjunction with the Union World Conference and is attended by the governing body of The Union, the Federation. 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 2016 was held in Liverpool, United Kingdom, on Friday, 28 October. Dr E Jane Carter, The Union's President, welcomed constituent, organisational, honorary and individual members, and scientific section chairs to the proceedings.

### THE PRESIDENT'S REPORT

The President presented the joint proposal from the Membership Committee and the Board of Directors for a new membership structure that would make Union membership more accessible. The President also reported that The Union Community Advisory Panel continues to work to ensure that those from affected communities are involved at all levels of the organisation. The Finance Committee continues to assist and advise the Board of Directors on financial matters and the Journals Policy Committee looks at best practice for The Union's two journals. A new Conference Advisory Committee was created to advise on various issues related to the running of the Union World Conference.

The President announced the launch of a new President's Research Awards Programme, which will support one award per region as well as one award to the Nurses and Allied Professionals sub-section, and target members under 40 years of age.

### ELECTIONS

The Nominating Committee received 14 applications for three vacancies for individual member representatives on the Board of Directors. The Nominating Committee specifically targeted members of affected communities as well as candidates with expertise in finance, management sciences or law. Candidates who had been Union members for a number of years were given preference in the committee's recommendation.

The General Assembly elected the following individual member representatives: Blessina Kumar (India), Edward Nardell (USA) and Ingrid Schoeman (South Africa).

The General Assembly validated the nomination of two regional representatives: Dr Zohar Mor (Israel) for the Europe Region, and Chaudhary Muhammad Nawaz (Pakistan) for the South-East Asia 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 2015 and the budget for 2017.

The General Assembly also approved the adoption of the new membership structure, and related changes to the constitution and bye-laws, which includes revised membership categories and fees for organisations, and a new governance model that gives individual members equal voting power to organisations. Most Constituent Members will become Heritage Members and will continue to be recognised for their long-standing and loyal support.

### 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 2017 AND 2018

The Union World Conference locations for 2017 (Guadalajara, Mexico) and 2018 (The Hague, Netherlands) were selected through an open bid process and approved by the Board of Directors. The bid process for 2019–2020 will open in 2017.

### AWARDS AND HONOURS

Prof Lee B Reichman was awarded The Union Medal; and Prof Christopher Kuaban was made an Honorary Member.

Dr Dean Schraufnagel announced the winners of the 2016 Christmas Seals Contest:

- 1<sup>st</sup> Prize: Tuberculosis Association of India
- 2<sup>nd</sup> Prize: Taiwan Anti-Tuberculosis Association
- 3<sup>rd</sup> Prize: Japan Anti-Tuberculosis Association

### IN MEMORIAM

The following members who passed away in 2016 were remembered for their contributions to our common cause:

- Prof Stephen Lawn (1966–2016)
- Dr Pak Jan Voskens (1952–2016)
- Dr Reynard McDonald (1941–2016)

### OTHER BUSINESS

Discussion points included concerns with visas to attend the Union World Conference. The Union leadership confirmed that this issue is taken very seriously and that visa issuance is one of the criteria considered when choosing the conference site.

Members also raised the issue of lung health, which is highlighted as a priority in The Union's strategic plan, and asked for increased simultaneous interpretation into French to better include Francophone African delegates and members in the conference programme.

### THANK YOU

Dr E Jane Carter thanked the General Assembly.

# HONOURS

### THE UNION MEDAL

The Union Medal, the organisation's highest honour, is awarded to members who have made an outstanding contribution to the control of TB or lung health with their scientific work and/or actions in the field.

#### Prof Lee Reichman (USA)



Prof Reichman is a tireless advocate for TB patients and a highly respected expert on TB and lung health. He is Senior Advisor to the New Jersey Medical School Global Tuberculosis Institute, which he founded and directed until 2014.

Prior to joining Rutgers faculty in 1974, he served the New York City Health Department as Director, Bureau of Tuberculosis Control, and, prior to that, as Assistant Commissioner of Health. Prof Reichman has been involved with The Union for 45 years, serving as Vice Chair on the Executive Committee and Council, and as President of the North America Region.

### HONORARY MEMBER

The title of Honorary Member is granted to a person who has become distinguished through active participation in The Union's activities and the fulfilment of its goals.

#### Prof Christopher Kuaban (Cameroon)



Prof Kuaban has played a pioneering role in TB control for over 20 years. He was integral to the development of the National TB Programme in his home country of Cameroon in 1996, where drugs, diagnostics and reporting had previously been limited.

His work with The Union on a clinical trial testing a shortened treatment regimen of nine months for MDR-TB patients, contributed to one of the most significant breakthroughs in TB control in recent years, and led the WHO to change its treatment guidelines.

Prof Kuaban is Dean of Bamenda University and continues to work closely with both the National TB Programme and The Union.



# MEMBERS

## CONSTITUENT MEMBERS

Countries that belong to The Union may be represented by one constituent member which plays an important leadership role in the federation.

### Australia

Australian Respiratory Council

### Austria

Verein Heilanstalt Alland

### Bangladesh

National Anti-Tuberculosis Association of Bangladesh

### Benin

Ministère de la Santé

### Bolivia

Ministerio de Salud y Deportes

### Brazil

Fundação Ataulpho de Paiva

### Burkina Faso

Ministère de la Santé du Burkina Faso

### Chad

Programme National de Lutte Contre la Tuberculose

### Chile

Ministerio de Salud de Chile

### China

Chinese Anti-Tuberculosis Association

### Congo, Democratic Republic of

Programme National de Lutte Contre la Tuberculose

### Côte D'Ivoire

Comité National Antituberculeux de Côte D'Ivoire

### El Salvador

Ministerio de Salud Pública y Asistencia Social

### Estonia

Tartu University Hospital Lung Clinic

### Finland

Finnish Lung Health Association

### Germany

LungenClinic Grosshansdorf

### Ghana

Ghana Society for Prevention of Tuberculosis and Lung Disease

### Guatemala

Liga Nacional Contra la Tuberculosis

### Haiti

Programme National de Lutte Contre la Tuberculose

### Honduras

Programa Nacional de Tuberculosis

### Hong Kong

The 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

### Korea, Republic of

Korean Institute of Tuberculosis

### Luxembourg

Ligue de Prévention et d'Action Médico-Sociales

### Malawi

Ministry of Health and Population

### Malaysia

Malaysian Association for the Prevention of Tuberculosis

### Mongolia

Mongolian Anti-Tuberculosis Association

### Myanmar

Myanmar Medical Association

### Nepal

Nepal Anti-Tuberculosis Association

### Netherlands

KNCV Tuberculosis Foundation

### Norway

Nasjonalforeningen for Folkehelsen

### Pakistan

Pakistan Anti Tuberculosis Association

### Peru

Sociedad Peruana de Neumologia

### Philippines

Philippine Tuberculosis Society, Inc

### Rwanda

Rwanda Biomedical Center

### Saudi Arabia

Ministry of Health

### Senegal

Ministère de la Santé

### 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

### Taipei, China

National Tuberculosis Association

### Tanzania, United Republic of

Ministry of Health

### Thailand

The Anti-Tuberculosis Association of Thailand

### Tunisia

Ligue Nationale Contre la Tuberculose et les Maladies Respiratoires

### Turkey

Turkish Anti-Tuberculosis Association

### Viet Nam

National Hospital of Tuberculosis and Respiratory Diseases

## 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

### Germany

Kuratorium Tuberkulose in der Welt e.V.

### Nepal

SAARC Tuberculosis and HIV/AIDS Centre

### 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

Population Services International

### United States of America

Project HOPE

### United States of America

Vital Strategies

## ASSOCIATE ORGANISATIONAL MEMBERS

### Brazil

Alliance for the Control of Tobacco Use

### Congo, Democratic Republic of

Equilibre International

### India

Association for Rural Area Social Modification, Improvement and Nestling (ARASMIN)

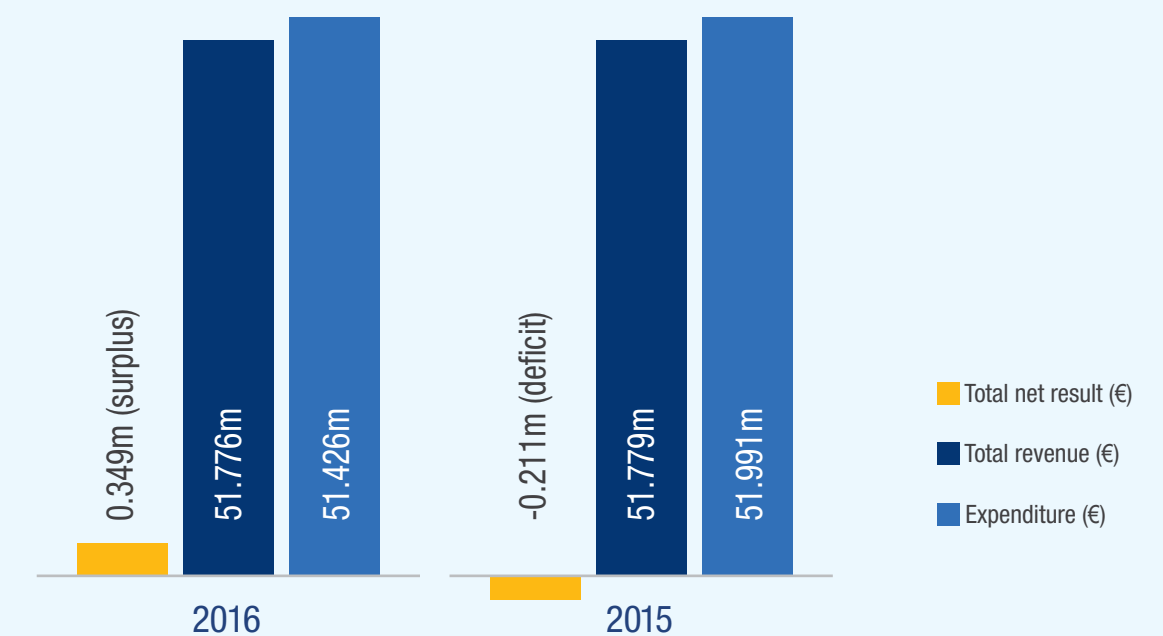
### India

LEPRA-India, Blue Peter Public Health and Research Centre



# FINANCIAL REPORT

## Fiscal Year 2016



### FISCAL 2015 HIGHLIGHTS

Total net result for the year was a surplus of 0.349 million euro compared to a deficit of 0.211 million euro in 2015.

Total revenue was 51.776 million euro compared to 51.779 million euro in 2015.

Total expenditure was 51.426 million euro compared to 51.991 million euro in 2015.

Total operating revenue was 45.9 million euro compared to 45.6 million euro in 2015.

Total operating expenditure was 46.6 million euro compared to 43.9 million euro in 2015.

Revenue from grants, gifts and operating grants amounted to 42.8 million euro compared to 42.3 million euro in 2015.



# 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 2016.

The Union in 2016 continued to focus its efforts on the core areas of its mission. It conducted more than 30 projects on TB, tobacco, HIV, operational research and non-communicable disease. It organised more than 60 high level technical, management and operational research courses. These courses took place in more than 30 countries worldwide and thousands of public health professionals and doctors were trained. Many regional conferences were organised along with the 2016 Union World Conference on Lung Health, which took place in Liverpool. Those conferences brought together thousands of technical experts and doctors.

While The Union has been able to maintain high quality technical expertise and rigour, which is seen by donors repeatedly investing funds in the organisation each year, it will be important to diversify the types of funding the organisation receives. Currently, the organisation is largely reliant on funding from institutional donors; however, it will need to explore raising funds from private donors as well. In order to successfully do this, a task force on developing new opportunities set up in the previous year is assisting in cultivating new opportunities.

In the years ahead, as The Union commits itself to its mission, it will need to actively seek resources, both financial and human, to ensure it is able to deliver on its goals. Nurturing of new talent and development of experts will be essential for us to meet the goals we would like to achieve. Operational efficiency will be a key area of improvement that the organisation is committed to. In order to support the technical units in the delivery of numerous projects, courses and conferences to its stakeholders, it will need to invest more in information technology.

In 2016, the General Assembly approved a new structure of fees for member organisations of The Union. It is anticipated that this change in fees will strengthen the membership by bringing on more members as well as increase revenues. Furthermore, it is expected that this change will help in reversing the falling trend in revenues from members over the past years and be beneficial to the finances of the organisation.

## FISCAL 2016 HIGHLIGHTS

- Total net result for the year was a surplus of 0.349 million euro compared to a deficit of 0.211 million euro in 2015.
- Total revenue was 51.776 million euro compared to 51.779 million euro in 2015.
- Total expenditure was 51.426 million euro compared to 51.991 million euro in 2015.
- Total operating revenue was 45.9 million euro compared to 45.6 million euro in 2015.
- Total operating expenditure was 46.6 million euro compared to 43.9 million euro in 2015.
- Revenue from grants, gifts and operating grants amounted to 42.8 million euro compared to 42.3 million euro in 2015.

The key to The Union's success and, essential to maintaining a leadership position in global health, will be maintaining a keen focus on our areas of strength. We will need to adjust budgets prudently and proactively, always aware of the need to protect our gains and ensuring pursuit of our strategic priorities. 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 in Fiscal Year 2016 and beyond.

## 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 2016 audited by KPMG.

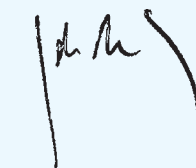
The audited financial statements present a snapshot of the Union's entire resources and obligations at the close of the fiscal year. A complete Audit Report, including detailed comments and notes to supplement the Balance Sheet and the Income and Expenditure Accounts, is available upon request. We have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



**Louis-James de Viel Castel**  
Treasurer



# AUDITOR'S REPORT

*This is a free translation into English of the statutory auditor's report on the financial statements issued in French and it is provided solely for the convenience of English-speaking users. The statutory auditor's report includes information specifically required by French law in such reports, whether modified or not. The information presented below is the audit opinion on the financial statements and includes an explanatory paragraph discussing the auditor's assessments of certain significant accounting and auditing matters. These assessments were considered for the purpose of issuing an audit opinion on the financial statements taken as a whole and not to provide separate assurance on individual account balances, transactions or disclosures.*

*This report also includes information relating to the specific verification of information given in the management report and in the documents addressed to shareholders.*

*This report should be read in conjunction with, and construed in accordance with, French law and professional auditing standards applicable in France.*



## 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 Year ended 31 December 2016

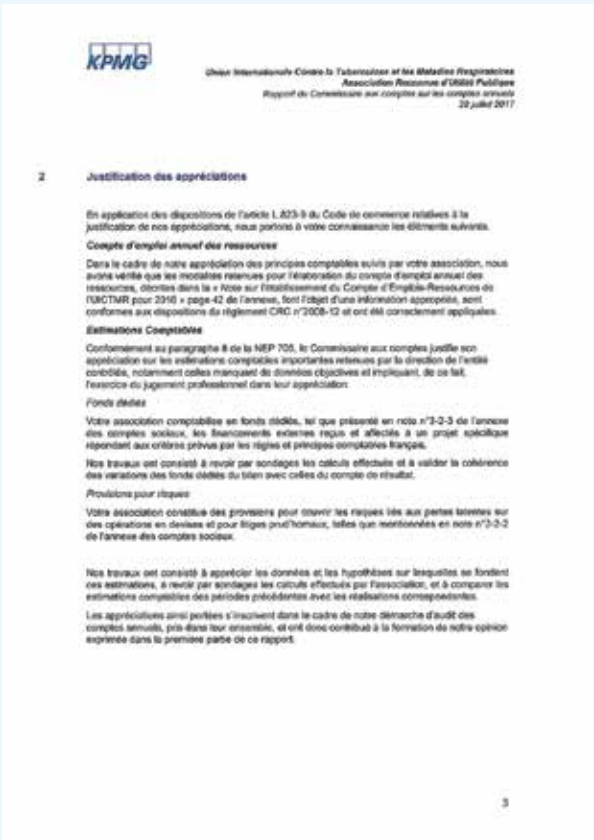
Ladies and Gentlemen,

In compliance with the assignment entrusted to us by the General Assembly, we hereby report to you, for the year ended 31 December 2016:

- The audit of the accompanying financial statements of the International Union Against Tuberculosis and Lung Disease;
- The justification of our assessments;
- The specific verifications and information required by law.

These financial statements have been approved by the Board of Directors. Our role is to express an opinion on these financial statements based on our audit.

**1. Opinion on the financial statements**  
We conducted our audit in accordance with professional standards applicable in France; those standards require that we plan and preform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit involved performing procedures, using sampling techniques or other methods of selection, to obtain audit evidence about the amounts and disclosures in the financial statements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made, as well as the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



In our opinion, the financial statements give a true and fair view of the assets and liabilities and of the financial position of the organisation as of 31 December 2016 and of the results of its operations for the year then ended in accordance with French accounting principles.

Without qualifying the opinion expressed above, we draw your attention to the note 3.1.7 "Sundry Debtors" to the financial statements regarding the receivable balance of €754,457 from 2016 concerning the WCTOH project.

**2. Justification of our assessments**  
In accordance with the requirements of article L.823-9 of the French Commercial Code, we bring to your attention the following matters.

**Annual resources use account**  
As part of our assessment of the accounting principles applied by your organisation, we have verified that the methods used to prepare the annual account of resource use, as described in note on page 42 of the financial statements, subject appropriate information, comply with the provisions of CRC Regulation 2008-12 (French accounting regulation) and have been properly applied.

**Accounting estimates**  
In accordance with paragraph 8 of the NEP 705, the auditor accounts for his assessment of the significant accounting estimates employed by the senior management of the audited entity, in particular those that lack objective data and, because of this, involve the use of professional judgement in their appraisal.

**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 project meets the criteria laid down by the French accounting rules and principles.

Our audit includes review by sampling tests the calculations made and validates the coherence of variation in dedicated funds of Balance Sheet and those in the Income Statement.



**Contingencies and loss provisions**  
Your organisation sets up provisions against exchange losses and provision for disputes, such as mentioned in note n°3-2-2 of the financial statements.

Our audit includes evaluating the appropriateness of the data and the hypotheses on which these estimations are based, to review by sampling tests 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.

**3. Specific verifications and information**  
We have also performed, 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 documents addressed to shareholders with respect to the financial position and the financial statements.

Paris La Défense, 28 July 2017

**KPMG S.A.**  
Economie Sociale et Solidaire

**Bernard Bazillon**  
Partner



ASSETS

	31.12.2016		31.12.2015	
	€	US \$	€	US \$
FIXED ASSETS				
Software	26,779	28,228	47,209	51,396
Land	1,896,033	1,998,608	1,896,033	2,064,211
Buildings	1,456,198	1,534,978	1,578,045	1,718,018
Fixtures and equipment	407,850	429,915	505,204	550,016
Other tangible fixed assets	294,735	310,680	249,741	271,893
Financial fixed assets	39,744	41,894	39,692	43,213
TOTAL FIXED ASSETS	4,121,339	4,344,303	4,315,924	4,698,747
CURRENT ASSETS				
Constituent members	114,935	121,153	483,307	526,176
Suppliers advance	603,641	636,298	70,019	76,230
Managed funds receivable	903,713	952,604	1,475,533	1,606,413
Receivable on committed grants	0	0	0	0
Inter-offices accounts	1,499,241	1,580,350	18,960	20,642
Other receivables	129,695	136,711	227,711	247,909
Sundry debtors	764,927	806,310	841,021	915,620
TOTAL FIXED ASSETS	4,016,152	4,233,426	3,116,551	3,392,990
BANK & CASH				
TOTAL BANK & CASH	7,965,644	8,396,585	9,272,971	10,095,484
PREPAID EXPENSES				
TOTAL PREPAID EXPENSES	53,845	56,758	63,982	69,657
FOREIGN EXCHANGE UNREALISED LOSSES				
TOTAL EXCHANGE LOSSES	1,295,525	1,365,613	1,231,552	1,340,791
GRAND TOTAL	17,452,505	18,396,684	18,000,980	19,597,669

	2016	2015
EXCHANGE RATE	1 euro = 1.054 USD	1 euro = 1.0887 USD

LIABILITIES

	31.12.2016		31.12.2015	
	€	US \$	€	US \$
EQUITY				
Reserves	2,287,820	2,411,591	2,287,820	2,490,750
Result carried forward	-3,502,992	-3,692,504	-3,291,584	-3,583,548
Result from the fiscal year	349,991	368,926	-211,410	-230,161
Restatement reserve on premises	1,887,396	1,989,504	1,887,396	2,054,808
TOTAL EQUITY	1,022,215	1,077,517	672,222	731,849
CONTINGENCY RESERVES (CONTINGENCY LIABILITY)				
TOTAL CONTINGENCY RESERVES	1,220,546	1,286,578	1,147,596	1,249,388
DEDICATED FUNDS				
TOTAL DEDICATED FUNDS	9,125,054	9,618,719	10,241,424	11,149,838
DEBTS				
Grants to be paid	502,260	529,432	282,362	307,408
Committed grants related to future budget years	0	0	0	0
Inter-offices accounts	5,446	5,741	284,150	309,354
Borrowing from credit institutions	948,611	999,931	1,069,564	1,164,434
Current bank advances	1,807,608	1,905,400	1,358,917	1,479,453
Suppliers and similar accounts	118,448	124,856	343,350	373,805
Tax and social security	730,140	769,641	878,886	956,843
Charges to be paid (accrued expenses)	133,937	141,183	232,268	252,870
Other creditors	1,049,260	1,106,025	341,585	371,884
TOTAL DEBTS	5,295,710	5,582,209	4,791,082	5,216,051
DEFERRED INCOME				
TOTAL DEFERRED INCOME	120,935	127,478	445,837	485,385
FOREIGN EXCHANGE UNREALISED GAINS				
TOTAL EXCHANGE GAINS	668,044	704,183	702,819	765,158
GRAND TOTAL	17,452,505	18,396,684	18,000,980	19,597,669



# INCOME STATEMENT (€)

	31.12.2016			31.12.2015
	GENERAL FUNDS €	MANAGED FUNDS €	TOTAL €	TOTAL €
OPERATING INCOME				
Contributions	786,875	0	786,875	760,991
Operating grant	4,449,344	-4,447,336	2,008	45,750
Grants and gifts	337,834	42,427,887	42,765,721	42,280,493
Write back of provisions and transferred charges	328,955	94,339	423,294	304,162
Other income	2,348,940	-468,420	1,880,520	2,166,415
TOTAL INCOME	8,251,948	37,606,470	45,858,419	45,557,811
OPERATING EXPENSES				
Purchases	-77,528	-928,561	-1,006,088	-1,517,857
External charges	-3,420,085	-12,225,660	-15,645,745	-12,979,156
Taxes	-10,830	-36,905	-47,735	-36,580
Wages and salaries	-1,858,889	-5,455,359	-7,314,248	-5,636,347
Social contributions	-808,639	-954,190	-1,762,830	-1,714,623
Depreciation charges and addition to provisions	-345,482	-104,233	-449,714	-630,992
Other expenses	-1,189,729	-19,206,572	-20,396,301	-21,380,053
TOTAL OPERATING EXPENSES	-7,711,182	-38,911,480	-46,622,661	-43,895,608
Write back of dedicated funds	0	4,349,486	4,349,485	4,519,621
Obligations for projects	-48	-3,114,566	-3,114,614	-6,653,100
OPERATIONS ON DEDICATED FUNDS	-48	1,234,920	1,234,871	-2,133,479
TOTAL OPERATING RESULT	540,718	-70,090	470,629	-471,276
FINANCIAL RESULT				
Foreign exchange difference	48,299	-60	48,239	443,702
Interest and financial income	-34,632	70,183	35,551	32,983
Financial provisions	-138,571	0	-138,571	-209,894
TOTAL FINANCIAL RESULT (GAIN/LOSS)	-124,904	70,123	-54,781	266,791
EXCEPTIONAL RESULT	-63,963	-33	-63,996	-5,561
INCOME TAX	-1,861	0	-1,861	-1,363
NET RESULT FOR FISCAL YEAR	349,990	0	349,990	-211,409
Aid in kind (drugs)			364,244	2,986,606
Free use of goods and services			-364,244	-2,986,606

# INCOME STATEMENT (US \$)

	31.12.2016			31.12.2015
	GENERAL FUNDS \$	MANAGED FUNDS \$	TOTAL \$	TOTAL \$
OPERATING INCOME				
Contributions	829,445	0	829,445	828,491
Operating grant	4,690,054	-4,687,937	2,117	49,808
Grants and gifts	356,111	44,723,236	45,079,346	46,030,773
Write back of provisions and transferred charges	346,751	99,443	446,195	331,141
Other income	2,476,018	-493,762	1,982,256	2,358,576
TOTAL INCOME	8,698,378	39,640,980	48,339,359	49,598,789
OPERATING EXPENSES				
Purchases	-81,722	-978,796	-1,060,517	-1,652,491
External charges	-3,605,112	-12,887,068	-16,492,180	-14,130,407
Taxes	-11,416	-38,902	-50,317	-39,825
Wages and salaries	-1,959,455	-5,750,494	-7,709,949	-6,136,291
Social contributions	-852,386	-1,005,812	-1,858,199	-1,866,710
Depreciation charges and addition to provisions	-364,173	-109,872	-474,044	-686,961
Other expenses	-1,254,093	-20,245,648	-21,499,741	-23,276,464
TOTAL OPERATING EXPENSES	-8,128,357	-41,016,591	-49,144,947	-47,789,148
Write back of dedicated funds	0	4,584,793	4,584,792	4,920,512
Obligations for projects	-51	-3,283,064	-3,283,114	-7,243,230
OPERATIONS ON DEDICATED FUNDS	-51	1,301,729	1,301,677	-2,322,719
TOTAL OPERATING RESULT	569,971	-73,882	496,090	-513,078
FINANCIAL RESULT				
Foreign exchange difference	50,912	-61	50,849	483,058
Interest and financial income	-36,506	73,980	37,474	35,909
Financial provisions	-146,068	0	-146,067	-228,512
TOTAL FINANCIAL RESULT (GAIN/LOSS)	-131,659	73,918	-57,745	290,455
EXCEPTIONAL RESULT	-67,423	-35	-67,458	-6,054
INCOME TAX	-1,962	0	-1,962	-1,484
NET RESULT FOR FISCAL YEAR	368,925	0	368,925	-230,161
Aid in kind (drugs)			396,552	3,251,518
Free use of goods and services			-396,552	-3,251,518



ACKNOWLEDGEMENTS

The Union gratefully acknowledges the following governments, agencies, foundations and corporations that supported The Union’s work in 2016.

CORPORATIONS

Cepheid  
Eli Lilly  
Janssen Pharmaceuticals  
Johnson & Johnson del Perú S.A.  
Longhorn Vaccines and Diagnostics  
Otsuka  
Qiagen 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)  
Commune de Premier Fait, France  
CDC Foundation  
Department for International Development (DFID) of the British Government  
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 to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a grant managed by the United Nations Office Project Services (UNOPS) in Myanmar

Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a grant managed by the United Nations Office Project Services (UNOPS) in Zimbabwe  
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, Government of Peru  
Ministry of Health of Mozambique  
Ministry of Health of Swaziland  
Seguro Social de Salud, Peru  
National TB Programme, Viet Nam  
Norwegian Association of Heart and Lung Patients (LHL)  
Pan American Health Organization / World Health Organization (Washington, DC)  
Philippine Business for Social Progress  
CHALLENGE TB implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds from the United States Agency for International Development (USAID)  
United Nations Development Programme (UNDP Iraq)  
United States Agency for InternationalDevelopment (USAID)

US Department of Health and Human Services Centers for Disease Control and Prevention (CDC)  
WHO Indonesia  
World Health Organization, Stop TB Partnership and TB REACH  
World Health Organization, Special Programme for Research and Training in Tropical Diseases (TDR)

FOUNDATIONS AND OTHER ORGANISATIONS

Anonymous  
Alter Vida, Peru  
American Cancer Society  
Bloomberg Philanthropies  
Eclor – Bastien Guelton, USA  
ELMA Foundation  
Fundación Comunitaria Centro de Información y Recursos para el Desarrollo – CIRD, Peru  
Gloag Foundation  
Mayer Brown LLP, Richard W. Shepro, Partner (Pro bono legal support)  
Pittsfield Anti Tuberculosis Association  
Institute of Tropical Medicine Antwerp  
Vital Strategies with financial support Schwab Charitable Fund  
Vital Strategies  
World Diabetes Foundation  
Vital Strategies with financial support from Bloomberg Philanthropies  
Vital Strategies with financial support from the Bill and Melinda Gates Foundation

CENTENNIAL CAMPAIGN 2016

PRESIDENT’S CIRCLE (FROM €5,000)

Stephan Albani, Germany  
Sugiartha Bima Arya, Indonesia  
Fatima Nacira Bourouis, Algeria  
E Jane Carter, USA  
José Luis Castro, France  
David Emmanuel, Nigeria  
Warren Entsch, Australia  
John Finnigan, UK  
Luis Enrique Gallo, Uruguay  
Nick Herbert, UK  
L Masae Kawamura, USA  
George Khechinashvili, Georgia  
Ruth Labode, Zimbabwe  
Le Van Hoi, Viet Nam  
Stephen Lewis, Canada  
Bruce Mandell, USA  
Pagwesese Parirenyatwa, Zimbabwe  
Jagdish Prasad, India  
Louis James de Viel Castel, Switzerland  
H Muhammad Subuh, Indonesia  
Soumya Swaminathan, India  
Phyrun Ung, Cambodia  
Wiendra Waworuntu, Indonesia  
Georgia White, Australia  
BENEFACTOR (FROM €2,500–€4,999)  
S Bertel Squire, UK  
Louisa Stewart, USA  
Mahira Tanovic, USA  
Semir Tanovic, USA

SPONSORS (FROM €1,000–€2,499)

Prabodh Bhambal, India  
Chris Castagna, USA  
Scott Halstead, USA  
Steve Lan, Hong Kong  
Lovett Lawson, Nigeria  
Anna Mandalakas, USA  
Wing Hang Vitus Leung, Hong Kong  
Andrew Rendeiro, USA  
Eric Rosenbaum, USA  
Max Salfinger, USA  
Jack Salvo, USA

SUPPORTER (FROM €500- €999)

Bruno Leandro Balsera, Spain  
Ellen Baron, USA  
Joan Caylà, Spain  
Philippe Jacon, France  
Thomas Matte, USA  
Lauren Mikulski, USA  
Joan Pau Millet, Spain  
Jeremiah Chakaya Muhwa, Kenya  
Àngels Orcau, Spain  
Whitney Reitz, USA  
Lindsay Roberts, USA  
Kevin Schwartzman, Canada  
Iain Sharp-Paul, South Africa  
Richard Shepro, USA  
Jose Aparecido Soares, Brazil  
Deepak Sood, India  
Marc Sznajderman, USA

CONTRIBUTORS (FROM €200–€499)

Timur Abdullaev, Uzbekistan  
Nisha Ahamed, USA  
Nadia Ait-Khaled, Algeria  
James Akiruga, Kenya  
Kavita Ayyagari, India  
Peter Baldini, USA  
Tara Singh Bam, Indonesia  
Rajita Bhavaraju, USA  
Cesar Biagtan, Canada  
Menn Biagtan, Canada  
Amy Bloom, USA  
Anthony Byrne, Australia  
Elizabeth Cadena, Philippines  
José Caminero Luna, Spain  
David Caputo, USA  
Gilles Cesari, Singapore  
Jean-Francois Cessou, USA  
Ananda Bhadur Chand, Nepal  
Angel Cheng, Canada  
Mili Chowfla, USA  
Ricardo Cruz, Mexico  
Brian Dannemann, USA  
Cintia Dantas, Brazil  
Flavia de Oliveira-Bageritz, USA  
Riitta Dlodlo, Zimbabwe  
Roxana Drake, Switzerland  
Nick Earlam, UK  
Paige Earlam, UK  
Jerrold Ellner, USA  
Nathalie Emaille-Leotard, France  
Dara Erck, USA



Alfredo Espinosa, USA	John Murray, USA	Bartholomew Timm, USA
Rosanna Flury, UK	Nguke Mwakatundu, Tanzania	Jamhoih Tonsing, India
Mark Foley, USA	Edward Nardell, USA	Arnaud Trébucq, France
Gregory Fox, Australia	Ronald Ncube, Botswana	Chad Turner, USA
Paula Fujiwara, USA	Nduku Ndunda, Singapore	Maarten Van Cleeff, Netherlands
Marianne Gaye-Ayrault, USA	Katherine Ngo, USA	Catharina Kitty Van Weezenbeek, Netherlands
Guido Geerts, Netherlands	Cam Binh Nguyen, Viet Nam	Xiaolin Wei, Hong Kong
Philippe Gehanno, France	Thu Anh Nguyen, Viet Nam	Christine Whalen, Netherlands
George Giovinazzo, Canada	Thi Phuong Nguyen, Viet Nam	Greg Whiteside, USA
Julien Girgenti, USA	Harro Nip, Netherlands	Jennifer Ann Wi, Philippines
Jacques Grosset, USA	Richard O’Brien, USA	Wendy Lee Wobeser, Canada
Malgorzata Grzemska, Switzerland	Kosuke Okada, Japan	
Anthony Harries, UK	Jove Oliver, USA	
Robert Horsburgh, USA	Ikushi Onozaki, Switzerland	
Diane Johnson Murray, USA	Michele Pearson, USA	
Kone Kaniga, USA	Satria Arief Prabowo, UK	
Adam Karpati, USA	Philippe Prokocimer, USA	
Immaculate Kathure, Kenya	Gan Quan, China	
Seiya Kato, Japan	Allan Ragi, Kenya	
Alexander Kay, USA	Lee Reichman, USA	
Evelyn Kibuchi, Kenya	Randall Reves, USA	
Sarah Kirk, Australia	Jan Reves, USA	
Shoji Kudo, Japan	Renee Ridzon, USA	
Gordon LaFortune, France	Allison Rhines, USA	
Romain Lala-Bouali France	Camilo Roa Jr, Philippines	
Alfred Lardizabal, USA	ID Rusen, Canada	
Yan Lin, China	Anna Scardigli, Italy	
Thandar Lwin, Myanmar	Neil Schluger, USA	
Bonita T Mangura, USA	Dean Schraufnagel, USA	
Guy Marks, Australia	Mary Schraufnagel, USA	
Enos Masini, Kenya	Valérie Schwoebel, France	
Scott Mcdonald, Canada	Ivan Solovic, Slovakia	
Linette Mcelroy, Canada	Paul Sommerfeld, UK	
Mirta Molinari, Mexico	Andrew Steenhoff, USA	
Sandra Mullin, USA	Daria Szkwarko, USA	
Brenda Mungai, Kenya	Aung Si Thu, Myanmar	

Didi Bang, Denmark
Donald A Enarson, Canada
E Jane Carter, USA
Frank Adae Bonsu, Ghana
Jean-William Fitting, Switzerland
Joseph Ntaganira, Rwanda
Ludwing Gresely Sud, Ecuador
Nils E Billo, Switzerland
Paula I Fujiwara, USA

BOARD OF DIRECTORS

*Elected on 5 December 2015.*  
The Board of Directors is elected by The Union’s Federation of Members at the General Assembly each year.

THE BUREAU

Dr E Jane Carter USA, President
Prof Guy Marks Australia, Vice President
Dr Xiaolin Wei Canada, Secretary General
Mr Louis-James de Viel Castel Switzerland, Treasurer

REPRESENTATIVES OF THE REGIONS

Mr Arinze Austin Obiefuna Ghana, Africa Region
Dr Xiexiu Wang China, Asia Pacific Region
Prof Ivan Solovic Slovakia, Europe Region
Dr Jésus Felipe González Roldán Mexico, Latin America Region
Prof Mohamed Awad Tag Eldin, Egypt, Middle East Region
Dr Randall Reves Canada, North America Region
Mr Devendra Bahadur Pradhan Nepal, South-East Asia Region

MEMBERS REPRESENTING THE SCIENTIFIC SECTIONS

Dr CN Paramasivan, India Tuberculosis Section
Prof Simon Schaaf, South Africa Adult & Child Lung Health Section
Dr Jeroen van Gorkom, Netherlands HIV Section
Dr Kamran Siddiqi, UK Tobacco Control Section

INDIVIDUAL MEMBERS

Dr Nils E Billo, Switzerland
Dr E Jane Carter, USA
Dr Guy Marks, Australia
Dr Jeremiah Chakaya Muhwa, Kenya
Ms Siphwe Ngwenya, Swaziland
Ms Carol Nyirenda, Zambia
Ms Laia Ruiz Mingote, Spain
Dr Kosuke Okada, Japan
Dr Pamela Orr, Canada
Prof S Bertel Squire (Past President), UK
Mr Louis-James de Viel Castel, Switzerland
Dr Xiaolin Wei, Canada

MEMBERS NOMINATED BY THE PRESIDENT

Ms Stacie C Stender, Chair of the Coordinating Committee of Scientific Activities (CCSA), South Africa
Mr Rick Shepro, USA

HONORARY MEMBERS

Prof Margaret Becklake, Canada
Prof Nulda Beyers, South Africa
Dr Matthijs Bleiker, 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
Dr Halfdan Mahler, Switzerland
Prof David Miller, UK
Prof Denis A Mitchison, UK
Prof John Murray, USA
Prof Andrew Nunn, UK
Dr Daniel Nyangulu, Malawi
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, Brazil
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



# UNION OFFICES

## HEADQUARTERS

68 Boulevard Saint-Michel  
75006 Paris  
France  
[union@theunion.org](mailto:union@theunion.org)

## ASIA PACIFIC

146 Robinson Road,  
#06-01  
068909  
Singapore  
[asiapacific@theunion.org](mailto:asiapacific@theunion.org)

## CHINA

151-52 No. 1 Unit - No.6 Building  
No.1 Xindong Road  
Chaoyang district  
100600 Beijing  
China  
[china@theunion.org](mailto:china@theunion.org)

## DR CONGO

90 A/B Boulevard du 30 juin  
BP 627 Kinshasa-Gombe  
DR Congo  
[drcongo@theunion.org](mailto:drcongo@theunion.org)

## EUROPE

8 Randolph Crescent  
Edinburgh  
EH3 7TH  
UK  
[europe@theunion.org](mailto:europe@theunion.org)

## MEXICO

Rio Danubio 49  
Colonia Cuauhtémoc  
06500 Mexico DF  
Mexico  
[mexico@theunion.org](mailto:mexico@theunion.org)

## MYANMAR

No.36, 27th Street between 72nd & 73rd  
Street  
Chan Aye Thar Zan  
Mandalay  
Myanmar  
[myanmar@theunion.org](mailto:myanmar@theunion.org)

## PERU

Jirón Monterrey 341 oficina 1002  
Urbanización Chacarilla del Estanque  
Santiago de Surco  
Lima  
Peru  
[peru@theunion.org](mailto:peru@theunion.org)

## SOUTH-EAST ASIA

C-6, Qutub Institutional Area  
110016 New Delhi  
India  
[southeastasia@theunion.org](mailto:southeastasia@theunion.org)

## UGANDA

Plot 2, Lourdel Road  
Nakasero Hill Kampala  
P.O. Box 16094  
Wandegeya  
Uganda  
[uganda@theunion.org](mailto:uganda@theunion.org)

## ZIMBABWE

13 Van Praagh Avenue  
Milton Park  
Harare  
Zimbabwe  
[zimbabwe@theunion.org](mailto:zimbabwe@theunion.org)

## INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION)

68 Boulevard Saint-Michel  
75006 Paris  
France

TEL: +33 1 44 32 03 60  
FAX: +33 1 43 29 9087

[theunion.org](http://theunion.org)

## PHOTO CREDITS

Will Boase:	12, 15, 20, 57
Steve Forrest:	33, 54, 61, 62
Javier Galeano:	5, 11, 18, 22, 27, 29, 31, 35, 38, 42, 52, 60
Abhi Indrarajan:	24
Mikulos Jaros:	4
Tomáš Pospíchal:	58
Jan Schmidt-Whitley:	cover, back cover, 8, 36, 40, 44, 48, 50
Matthieu Zellweger:	16

Produced by Union Communications  
Designed by NoOneRightAnswer.co.uk  
© 2017 International Union Against  
Tuberculosis and Lung Disease (The Union)