Statement on commencing my term as President of The Union

It is a great honour to be elected and to serve as President of The Union. I am deeply humbled by the trust you have placed in me, and by the company in which you have put me by electing me to this position. During my term on the Board, I have worked with Presidents Asma El Sony, Bertie Squire, Jane Carter and Jeremiah Chakaya Muhwa. All of them have served with commitment, dedication, integrity and dignity, and all have left the organisation in better shape than they found it. Many other outstanding leaders before them have done the same. I only hope I can do justice to the mantle that has been handed to me. At this time, I would like to share my thoughts on the road ahead.

**What is the essence of The Union?**
The Union is a complex organisation with a long and distinguished history, during which it has experienced many vicissitudes and undergone many changes. Currently, we are undergoing major changes in response to rapid evolution in our funding environment. Linked to that, we are engaged in a strategic planning process designed to renew our sense of mission and clarify our aims and the modalities for achieving them. I do not wish to make any assumptions about the outcome of that process. However, I do want to say something about what I see as our core, enduring features.

We are about reducing suffering due to tuberculosis and lung disease. This involves better prevention for those not yet affected, and better care for those who are already affected. It is this that brought The Union into existence, and it is for this that The Union continues to exist. The burden of tuberculosis and lung disease remains vast. It affects people at all stages of life and in all corners of the world. Tobacco, air pollution and workplace exposures continue to be major threats to lung health. There is much work to do to reduce suffering due to tuberculosis and lung disease.

We are about the generation, dissemination and implementation of knowledge into policy and practice. In these times of ‘fake news’, the value of science and, indeed, truth, is under enormous threat, and our work in promoting and sponsoring research, building research capacity, conducting conferences and publishing journals, providing technical assistance and expert consultations, developing and disseminating practice guidelines, and advocating for evidence-based policy becomes all the more crucial. Through it, we demonstrate and reaffirm our unswerving commitment to science and knowledge as the basis of policy and practice.

We are about justice and respect. In using the word ‘justice’, I intend fairness among and between individuals and communities. By ‘respect’ I mean a recognition that all human beings have an intrinsic value, and that regard should be had to the interests, beliefs, perspectives and customs of all. Justice and respect have always implicitly guided The Union’s work, but it seems to me important that we are now explicit about our dedication to these values. We must do everything in our power to ensure that no one is left behind, that resources and opportunities are fairly shared, that colleagues, patients, staff, and the general public are actively and respectfully engaged on matters that affect them.

A defining feature of The Union is that we are a membership organisation. Our members are organisations and individuals from all parts of the world. We are made up of governments, charities, professional groups, patient groups and civil society organisations. We bring together doctors, nurses, allied health workers, health service managers,
scientists, patients, advocates and members of the general public. We connect and unite students and professors, interns and consultants, clinical assistants and hospital directors. The Union’s richness and diversity, its past achievements and its future potential, lie with our members.

**What are the major challenges we face now?**

Having said something about what I take to be The Union’s distinctive essence, I now want to highlight some of the principal challenges we seem to me to face. I will mention four. First, there is the challenge of money. While this is a perennial issue, two major changes in our funding environment mean that it takes on particular urgency today. One is that most donors funding implementation projects have cut funding for project management costs to unsustainable levels. We thus find ourselves implementing such projects at a loss. The other has to do with USAID, one of our major donors and the only donor that has allowed a sustainable level of funding for project management costs in recent years. USAID has revised its funding model in a way that effectively excludes The Union from direct access to funding. We are particularly vulnerable to the adverse effects of these changes because our business model has been configured to depend heavily on donor-funded project work. Rethinking that model in a way that will enable us to escape from deepening debt and deficit is our first major challenge.

A second challenge, it seems to me, is to shore up The Union’s reputation as the leading voice on tuberculosis and lung disease. Prior to 1990s, The Union was the sole global organisation with a focus on tuberculosis (albeit with the support of several major national organisations such as KNCV, JATA and others). Since that time, the WHO, Global Fund and STOP TB Partnership have entered the field, and many other international NGOs and charities are likewise active in TB care and in lung disease. This is, of course, to be welcomed, but it is for The Union to exercise thought leadership on tuberculosis and lung disease. We must ensure that our activities in the sphere of project implementation do not distract from this aspect of our historic mission. Our second challenge, then, is to rededicate ourselves to global leadership in the field of tuberculosis and lung disease and redouble our efforts to put The Union at the vanguard of relevant ideas, initiatives and developments.

Third, is the challenge of growing and engaging our membership. Tuberculosis and lung disease affect large numbers of people throughout the world. Likewise, tobacco, air pollution and hazardous workplace exposure are serious and ubiquitous problems. It follows that there are many potential stakeholders in the business of The Union. Yet only a small minority of them are members. We need to change that. The Union should be a union of all affected groups, whether healthcare workers, patients, the general public, government agencies, donor agencies or civil society organisations. We need to make it into an organisation that is truly representative and truly global.

A fourth and final challenge I want to underline is that of strengthening our conference and journals. These aspects of our work are pivotal to The Union’s role in knowledge exchange and dissemination. They are our most conspicuous contribution, our public face. Indeed, for many people, they are The Union. We are proud of them, but there is room for improvement. We need to make the conference available to a wider audience by strengthening the regional meetings. We need to think creatively about the processes of
knowledge exchange and dissemination and adapt our practices to better achieve those goals. And we need to be vigilant in maintaining the quality of the journals, to ensure that they retain their authority, influence and impact.

**What is the way forward?**
The way forward is something that must be worked out collaboratively, and there are no simple answers to our problems. Nonetheless, I want to refer here to some initiatives and ideas that may be pertinent as we frame our approach to the challenges we confront.

**The Strategic Planning Process**
The Board and the Executive Management Team (EMT) have commenced a strategic planning process, with the aim of developing a framework for The Union’s operations over the next five years. We first seek to define The Union’s values, vision and mission, and are consulting widely with stakeholders about these. On that basis, we are assessing our internal and external environment in order to identify the strengths, weaknesses, opportunities and threats that influence our ability to achieve our purposes. The next stage will be to elaborate a set of strategic goals that will guide us towards our mission, and help us to stay true to our values. Finally, an implementation plan will be drawn up to achieve these strategic goals, along with a monitoring framework designed by the Board. This process is expected to take about eighteen months to complete, and will be complemented by other, more topic-specific initiatives.

**A New Business Model**
It is evident from what I said above about changes to our funding environment that a new business model is urgently required. Our Executive Director, José Luis Castro, together with the EMT, are well aware of this, and are currently engaged in designing and implementing a business plan that will shift the focus somewhat away from donor-funded projects, and towards activities that realise the inherent value of The Union brand, such as conferences, courses and philanthropy. The new business plan will also place a greater emphasis on growing membership. More on this will come from José.

**Leadership in Tuberculosis and Lung Disease**
These are exciting times for those of us working on tuberculosis and lung health. There exists substantial global momentum towards TB elimination and the solution of many of the lung health problems we face. The Union has a role to complement this energy with strategic leadership.

At The Union we count among our members many of the world’s most distinguished scientists, clinicians, public health practitioners, advocates and policy makers in this field. We can, and must, provide that strategic leadership. As indicated earlier, I believe that it is time to reassert our role as the principal global forum for informing, influencing and shaping efforts in the sphere of tuberculosis and lung health.

**Improved Engagement with Membership**
My predecessors as President have placed great emphasis on improving engagement with membership, and I gratefully follow their lead. Chakaya introduced the concept of One Union, by which he meant that the members and the Institute are not separate entities, and
that the scientific sections and regions are all part of the one organisation. The next step is to make membership of The Union more rewarding and meaningful. This is already well underway, with activities such as webinars organised by the TB section, improvements to the conference, and the appointment of two new Editors-in-Chief at IJTLD. The re-vitalisation of regional conferences and engagement of membership in the process of strategic leadership in tuberculosis and lung disease will be further important steps. We need to actively consider additional sustainable plans for improving the membership experience and giving further stakeholders a reason to join.

Reform of the Governance Framework
The role of the Board of The Union is to provide governance of the organisation. On the one hand, this means working with the Institute to develop the strategic plan and monitoring its implementation. On the other hand, it also means ensuring that an effective structure is in place to manage all risk – financial and non-financial – and to ensure compliance with regulatory and legal requirements and monitoring its implementation. The Board currently has twenty-five members and meets twice a year face-to-face and on two other occasions for one-hour teleconferences. It elects a four-person Bureau that usually meets once each month.

There is concern, which I share, that the governance structure of The Union, including its current Constitution and Byelaws, may not be optimally fit-for-purpose. I would like us to consider seeking professional advice on the reform of our governance arrangements so as to make them better able to perform the roles and meet the challenges I have outlined above. I believe this should also involve the development of a Board charter and an annual work plan to guide our work.

How do I see my role?
If these reflections seem rather general, I should say, in conclusion, that that is deliberate. The President of The Union is primarily the Chair of its Board of Directors. I hope to be able to take a ‘helicopter view’ of the organisation – to ask questions, raise issues, promote initiatives, and provide advice when asked. I hope to be a conduit, facilitating communication between our many and diverse stakeholders. In doing so, I will be keen to hear from members, consultants, patients, donors, staff, and anyone else who wants to talk to me about The Union.

It is an immense privilege to serve as President of our remarkable organisation, and as I embark upon my term, I want to express my thanks to the Board for giving me this opportunity. I follow in the footsteps of exemplary leaders, and am absolutely delighted, if not a little daunted, at the prospect of being able to contribute in this new capacity to the effort to tackle the problem of tuberculosis and lung disease worldwide.