Health solutions for the poor
International Union Against Tuberculosis and Lung Disease
Activity report 2009
### Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Message from the President</td>
</tr>
<tr>
<td>2</td>
<td>Message from the Executive Director</td>
</tr>
<tr>
<td>3</td>
<td>Health Solutions for the Poor</td>
</tr>
<tr>
<td>4</td>
<td>About The Union</td>
</tr>
<tr>
<td>5</td>
<td>Highlighted projects 2009</td>
</tr>
<tr>
<td>6</td>
<td>Global map of activities</td>
</tr>
<tr>
<td>7</td>
<td>Africa</td>
</tr>
<tr>
<td>8</td>
<td>Asia Pacific</td>
</tr>
<tr>
<td>9</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>10</td>
<td>Middle East</td>
</tr>
<tr>
<td>11</td>
<td>Latin America</td>
</tr>
<tr>
<td>12</td>
<td>Europe</td>
</tr>
<tr>
<td>13</td>
<td>North America</td>
</tr>
<tr>
<td>14</td>
<td>Education and Research</td>
</tr>
<tr>
<td>15</td>
<td>Union courses</td>
</tr>
<tr>
<td>16</td>
<td>Union conferences</td>
</tr>
<tr>
<td>17</td>
<td>Union awards</td>
</tr>
<tr>
<td>18</td>
<td>Publications</td>
</tr>
<tr>
<td>19</td>
<td>The Federation</td>
</tr>
<tr>
<td>20</td>
<td>News from the Federation</td>
</tr>
<tr>
<td>21</td>
<td>In memoriam</td>
</tr>
<tr>
<td>22</td>
<td>Scientific activities</td>
</tr>
<tr>
<td>23</td>
<td>Financial Report</td>
</tr>
<tr>
<td>24</td>
<td>Treasurer's report</td>
</tr>
<tr>
<td>25</td>
<td>Auditor’s report</td>
</tr>
<tr>
<td>26</td>
<td>Balance sheet</td>
</tr>
<tr>
<td>27</td>
<td>Income/Expenses</td>
</tr>
<tr>
<td>28</td>
<td>Acknowledgements</td>
</tr>
<tr>
<td>29</td>
<td>Contact The Union</td>
</tr>
</tbody>
</table>

---

**MISSION**

The Union brings innovation, expertise, solutions and support to address health challenges in low- and middle-income populations.

---

**VISION**

Health solutions for the poor
POVERTY WAS THE DEFINING WORD of 2009 for The Union. With “Poverty and Lung Health” as the theme of the World Conference in Mexico, there was an outstanding opportunity for The Union as a whole to debate the difficult issues that lie at the heart of our vision: “Health solutions for the poor”. The link between poverty and TB is self-evident to many. The problem has been that the knowledge of that link has not, of itself, resulted in concerted action. Until recently, global tuberculosis control focused mainly on the countries most affected by the disease. For many, special attention to subgroups within these countries has seemed unnecessary, since most tuberculosis patients are in great need, and the need is very widespread. But just because a TB programme operates in a poor country does not mean that it is adequately addressing poverty. More is needed, as is laid out in the 2005 publication Addressing poverty in TB control: options for national TB control programs¹ – a joint effort of the World Health Organization (WHO) and the Stop TB Partnership, including The Union.

But TB is just one example of a disease which is devastating for the poor, and The Union’s mission is wider than TB. Dr Abdo Yazbeck’s lecture in the opening session of the 2009 World Conference went to the heart of the matter. Drawing on his book Attacking Inequality in the Health Sector ², he highlighted the disparities in health outcomes between poor and less-poor populations. He went on to show that all health systems, if left to their own devices, are more likely to serve the better off than the poor. This is the real challenge to us. We need to work hard against this tendency. We have to translate what we know about the inter-relationship between TB and poverty and poverty and health into concrete action on the ground that makes a difference to the lives of poor people.

Poverty was also the defining theme of 2009 for another reason: the continuing global economic downturn. This has had a double impact on The Union. First, the health needs of the poor are now even more challenging than they were. Second, The Union’s finances have suffered severely as a result of devaluation of the US dollar, and a decline in the ability of our members (constituent, organisational and individual) to pay their fees to The Union. Further details about this are presented in the financial sections of this report. However, these difficult economic times also offer The Union an opportunity to carefully examine our work – our approach, our priority areas of work and our ways of doing business – to ensure the greatest efficiencies with the maximal impact. We realise that member organisations and individuals are also prioritising their limited resources and examining closely the returns on their investments – and asking “What do I get for being a member of The Union?” The over-arching answer is that you get to participate actively in an organisation with a global reach and a clear focus on the needs of the poor, as is clearly laid out in this year’s Activity Report. We will also continue to ask ourselves that question and do all we can to enhance the benefits to members of participation in The Union family.

The Union continues to work to make it easier for members to participate, particularly through electronic and online access to the Journal, conference registration and abstract submission and other membership services. This focus on wider participation through online services has also led to on-line voting within the scientific sections and for General Assembly resolutions. Good governance and transparency are important for us as we move forward.

The Union needs its members, partners and donors more than ever. Not for itself, but for the poor people around the world who so desperately need its innovation, expertise, solutions and support.

THE YEAR 2009 was an eventful, but also a quite challenging year in many respects. The Union continued its decentralisation process, with the goal of establishing regional and country offices in each of our seven regions. With their close connections to the regions they serve, these offices ensure that our collaborations with countries become increasingly dynamic and effective. This decentralisation is a work in progress, and communication and coordination processes between headquarters, regional and country offices were put in place and are being constantly refined.

REVISING OUR MISSION AND VISION
In April, the Board of Directors reviewed the vision and mission of The Union and revised them to stress the needs of low- and middle-income populations wherever they live and defined the overarching vision that the whole organisation needs to focus on as “Health solutions for the poor”.

DEFINING OUR VALUES
In several retreats we defined the values that determine the way in which we work in our offices and with our partners around the world: quality, accountability, independence and solidarity.

To really make sure that these values are not only a few empty words, but that they become part of our daily work ethic, requires a very special effort from each of us working for The Union.

We have to strive to improve our performance to be worthy of working for an organisation that has such an ambitious vision and mission as we have. I am proud to say that staff and consultants are by in large applying these values in their daily work. I am very grateful for this commitment, particularly in times very much affected by the global economic crisis, which had also an impact on The Union’s finances, due to reduced income.

HIGHLIGHTS OF 2009
This report highlights a few projects but by no means describes all our activities. Through its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South East Asia Regions, and with its 103 constituent and organisational members, The Union has conducted technical assistance projects in 54 countries, educational courses in 42 countries and research projects in 13 countries.

Some key outcomes were:

TB/HIV programmes with encouraging results continue in DR Congo, Myanmar, Uganda and Zimbabwe.

TB experts from The Union worked closely with countries in Latin America, Asia, the Middle East and Africa to address the challenge of multidrug-resistant tuberculosis.

This year saw the TREAT TB Initiative begin its research, education and technical assistance activities with partners in eight countries.

The Asthma Drug Facility took its first orders from countries needing quality-assured asthma medicines at low-cost.
Tobacco control activities within the framework of the Bloomberg Initiative have made contributions to important policy changes in several countries through grants to more than 20 countries and capacity-building management courses in priority countries. It needs to be emphasised that this is not the merit of The Union alone, but a collaborative effort with ministries of health, ministries of finance, WHO and our many partners.

Human resources are our most precious good. If we want to be successful in the long run we need to provide training on a regular basis – be it through courses, conferences or other resources – to build the skills of young colleagues who will take on the challenge of improving lung health in the decades to come.

Operational Research plays in this regard a very important role. The Union with its Centre for Operational Research is contributing in a very meaningful way to the development of a cadre of colleagues who will lead in their respective countries to improve health systems, programmes and the management of tuberculosis and lung disease.

**DECLARING 2010 THE YEAR OF THE LUNG**

The need for attention to lung health has never been greater. At the World Conference in Cancún in December 2009, the presidents of the member organisations of the Forum of International Respiratory Societies (FIRS)–American College of Chest Physicians, American Thoracic Society, Asia Pacific Society of Respirology, Asociacion LatinoAmericana de Torax, Panafrican Thoracic Society and The Union – signed a declaration to launch the 2010 Year of the Lung campaign.

This declaration describes the enormous challenges ahead of us: hundreds of millions of people struggle each year for life and breath due to lung diseases, including tuberculosis, asthma, pneumonia, influenza, lung cancer and chronic obstructive pulmonary disease, and more than 10 million die. Lung diseases afflict people in every country and every socioeconomic group, but take the heaviest toll on the poor, the old, the young and the weak.

The Union is well placed to be an important player in tackling all these many challenges. I hope that this Activity Report gives you a good overview of our efforts to find health solutions for the poor.
90 YEARS OF COLLABORATION AND INNOVATION

The International Union Against Tuberculosis and Lung Disease (The Union) was founded in Paris in 1920 as a federation of 31 national lung associations that joined together to fight one of humanity’s oldest and deadliest diseases—tuberculosis. The Union has been at the center of global efforts to prevent, treat and control tuberculosis ever since. Today its mission also encompasses related issues, such as HIV/AIDS, pneumonia, asthma and other non-communicable diseases and tobacco control. While these are challenges in every part of the world, they create the greatest burden for the poor. It is to the alleviation of this burden that The Union dedicates its work.

AN INSTITUTE AND A FEDERATION

The Union is both an international scientific Institute and a Federation of members. The Institute comprises a network of close to 300 staff and consultants based at its headquarters in Paris and 13 offices that serve the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. In addition, nearly 3,000 members from 152 countries participate in the scientific activities and governance of The Union.

SCIENTIFIC DEPARTMENTS

All Union departments provide technical assistance, offer education and training, and engage in research.

Tuberculosis: The Department of Tuberculosis works with dozens of countries each year to develop the skills and systems needed to run clinically effective and administratively sound national TB programmes. Supporting good basic TB control, the prevention and management of multidrug-resistant TB, the improvement of TB laboratory standards and strengthening health systems are top priorities.

HIV: The Department of HIV works closely with national AIDS and TB programmes to strengthen their collaboration, implements integrated and comprehensive HIV treatment programmes, conducts operational research to identify barriers to integrated TB/HIV care and provides training to improve understanding of the “two diseases, one patient, one health system”.

Health Solutions for the Poor

ABOUT THE UNION
Lung Health and Non-communicable Diseases: Established in 2007, this department comprises the Asthma Division, Asthma Drug Facility and Child Lung Health Division and handles special projects ranging from studies of the impact of indoor air pollution on lung health to smoking cessation and the links between TB and tobacco use.

Tobacco Control: The Department of Tobacco Control co-manages the Bloomberg Initiative grants programme, supporting grantees in 24 countries; offers courses to build capacity in tobacco control organisations; produces technical guides, case studies and other resources; and advises governments and tobacco control advocates on the drafting and implementation of tobacco control legislation.

Research: The Department of Research, created in 2009, comprises the Centre for Operational Research, the Clinical Trials Unit and the Health Policy Research Unit. The department also provides leadership, coordination, information and guidance on research and policy within The Union.

CONFERENCES, COURSES AND PUBLICATIONS

The Union organises conferences and courses, publishes a monthly peer-reviewed journal and develops other publications and resources to support the dissemination of research and innovation, transfer technology and build skills to provide health solutions for the poor.

HIGHLIGHTED PROJECTS 2009

TREAT TB INITIATIVE

TREAT TB (Technology, Research, Education and Technical Assistance for Tuberculosis) is a five-year initiative launched in late 2008 with funding from the United States Agency for International Development (USAID). TREAT TB aims to make significant contributions to new knowledge through field evaluations of diagnostic tools; clinical trials of priority research questions; and operational research benefiting global, regional and country TB control efforts.

Within The Union, the TREAT TB team works closely with the Centre for Operational Research. Other strategic partners include McGill University, the Medical Research Council-UK (MRC), the Institute of Tropical Medicine/Antwerp, Liverpool School of Tropical Medicine, Encompass LLC, and several regional organisations and ministries of health. TREAT TB is managed by the Department of Tuberculosis with a coordinating team based at The Union North America Office in New York.

In 2009, TREAT TB launched the Diagnostic Tools Initiative (DTI) by performing an environmental scan of ongoing field evaluations of new diagnostic tools and developed a web-based research index. TREAT TB partners also conducted systematic reviews, initiated field evaluations of new tools, launched a treatment modeling project, offered training and held a global consultation on retreatment regimens.

ASTHMA DRUG FACILITY (ADF)

The ADF was created by The Union to make affordable quality-assured essential asthma medicines available in low- and middle-income countries and to facilitate the implementation of standard case management of asthma. In 2009, the ADF received its first orders from El Salvador and Benin and established contacts with several other countries preparing their orders.

The ADF has a quality assurance system based on World Health Organization (WHO) norms and standards and keeps prices down through a limited competitive process among selected manufacturers based on yearly estimated volumes. The cost to countries can be as much as 50% less, although prices vary due to local factors. The Union also offers clients an asthma management package including a technical guide, training materials and an information system. The ADF is managed by the Department of Lung Health and Non-Communicable Diseases and funded by The Union.

CENTRE FOR OPERATIONAL RESEARCH (COR)

COR was established within the Department of Research in 2009. Its mission is to support the efforts of low- and middle-income countries to strengthen their capacity for collecting and using strategic information and for undertaking and publishing operational research. In its first year, COR implemented projects in collaboration with Médecins sans Frontières–Brussels (MSF–B) and the Desmond Tutu Centre in Cape Town, South Africa, resulting in 25 published papers.

COR also launched the OR fellowship programme, which provides training and mentorship for six invited fellows who work in programme settings in Africa and Asia. By December, they had implemented 16 research projects and submitted three papers for publication. An OR 8-month course developed by The Union and MSF–B offered 12 selected participants from Asia and Africa a three-module programme that covered developing a protocol, collecting and analysing data and writing a paper for publication. COR is funded by an anonymous donor.
The Union Institute conducted technical assistance, education and research activities in 73 countries in 2009. With headquarters in Paris, The Union also has offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. In addition, Union constituent, organisational and individual members are working towards our common mission in 152 countries around the world.
All of The Union’s scientific departments are very active in Africa. Three country offices focus primarily on specific projects, such as the Tuberculosis Control Assistance Program (TB CAP) and the Integrated HIV Care for Tuberculosis Patients Living with HIV/AIDS (IHC) Programme. They are The Union Democratic Republic of Congo Office in Kinshasa, The Union Uganda Office in Kampala and The Union Zimbabwe Office in Harare.

The Desmond Tutu Tuberculosis Centre in Cape Town, South Africa is a regional partner for TREAT TB and a Union Collaborating Centre. The Centre National Hospitalier de Pneumo-phtisiologie de Cotonou in Benin also works closely with The Union as a Collaborating Centre.

LUNG HEALTH CHALLENGES IN AFRICA

- Pneumonia causes 21.1% of deaths in children under 5
- 22.4 million people in sub-Saharan Africa are HIV+
- The incidence of TB more than doubled, 1990–2006
- Only 3 out of 46 countries have smokefree public places
The Union has worked closely with national tuberculosis programmes (NTPs) in francophone Africa for nearly three decades. Funding from the Agence Française de Développement supports a range of activities, including technical assistance, training and publications.

Highlights of technical assistance missions in 2009:

**Benin**

The excellence of Benin’s TB programme is evident from its 87% treatment success rate and a smear-positive pulmonary case detection rate of 86%. Increased detection of all forms of TB is a current goal, and rates have risen from 44% in 2004 to 60% by May 2009.

**Burkina Faso**

Burkina Faso’s NTP made significant progress in 2009, but also faces difficult challenges. Patients seek help very late, which leads to a 76% treatment success rate. MDr-TB and TB/HIV management have improved and a National Reference Laboratory was built in 2009.

**Cameroon**

In 2009, The Union worked with the Cameroon NTP to avert a dangerous shortage of first-line drugs and analyse why this problem arose, as well as to provide assistance with its MDR-TB caseload. The Union also helped the NTP to prepare a Round 9 Global Fund application.

**Côte d’Ivoire**

The Union is helping the NTP decentralise TB control in Abidjan. Plans include launching directly observed treatment in the Port-Bouet and Kumasi districts with five new centres for treatment and diagnosis (TDCs), each serving up to 200 patients. With Union assistance, the NTP received nearly 34 million euros from the Global Fund in Round 9.

**DR Congo**

In 2009, The Union helped the Democratic Republic of Congo NTP revise its health information system to incorporate HIV data and to review how TB data are compiled. The new forms and systems are designed to be easily used and integrate new, needed information.

**Madagascar**

TB control was affected by government instability in 2009. Coverage of vulnerable groups such as children and prison inmates improved, but there was little progress with TB/HIV and MDR-TB. The cost of TB services is a key challenge. The Union helped the NTP develop a strategic plan that proposes solutions. The TB labs are an undeniable strength of this system.

**Senegal**

In a review of the Senegal NTP’s progress, data from 2007 and 2008 showed overall good reliability and completeness. Concerns are diagnosis of TB among people living with HIV and the quality of TB retreatment. Strengths include government commitment, drug management, training and reporting.

The new package developed by the four-year TB CAP Laboratory Tools project was officially launched in December at the 40th Union World Conference on Lung Health in Cancun. The Union and other TB CAP partners created the tools to improve the functioning of TB lab networks. The package of new tools (with lead partners in parentheses) includes:

- Standard Operating Procedures (SOPs) for TB Labs (WHO)
- Logistics/Supply Management Tools (Management Sciences for Health (MSH) with The Union)
- AFB-Microscopy External Quality Assurance Training Package (The Union)
- Lab Management and Information Systems (The Union)
- Culture & Drug Susceptibility Testing Training Package (WHO)

The tools were pre-tested with the help of TB lab services or reference labs in DR Congo, Tanzania, Uganda and Bangladesh. They consist of electronic tools, templates, data and data management systems that can be customised for each country. Training packages offer material that can be adapted to various settings.

The tools are available as a CD and can be downloaded as a complete package at [http://dl.dropbox.com/u/616837/Lab_Tools.zip](http://dl.dropbox.com/u/616837/Lab_Tools.zip) or as separate files from [http://www.tbcta.org/Library](http://www.tbcta.org/Library) (search for “Lab” then “Labtools” on this site).
The Union continued to serve as a technical and scientific advisor to the Desmond Tutu TB Centre (DTTC) in Cape Town, South Africa, and the DTTC is a regional partner of TREAT TB. TREAT TB projects launched in 2009 included fostering country research to optimise programme performance and a project evaluating new diagnostic tools. Other joint projects included developing policy guidelines for childhood tuberculosis; and support for the TB-Free Kids initiative and activities funded by ZAMSTAR, a community-randomised trial of innovative case-finding methods, and PEPFAR, the US President’s Emergency Plan for AIDS Relief.

The Tuberculosis Control Assistance Program (TB CAP) is funded by the United States Agency for International Development (USAID), coordinated by the Royal Netherlands Tuberculosis Association (KNCV) and implemented by several TB organisations, including the World Health Organization (WHO), Management Sciences for Health (MSH) and The Union. In the Democratic Republic of Congo, Uganda and Zimbabwe, The Union serves as the coordinating partner for TB CAP activities related to TB and TB/HIV services.

Strategic planning for Zimbabwe
The TB CAP project supporting Zimbabwe’s NTP began in February 2009 with meetings and site visits in Harare, the Midlands province and the city of Gweru. Challenges include coordinating the various partners involved in TB control and maintaining communication and supervision across all levels. Economic problems contribute to issues from inadequate training to poor TB facilities. First-year activities included developing a national TB control strategic plan, recording and reporting tools, clarifying supervisory procedures, developing a training plan for the demonstration site, planning for the scale-up of TB/HIV services, assessing demonstration sites and setting up a financial management system.

Technical assistance in Uganda
The Union provides technical assistance to Uganda’s National Tuberculosis and Leprosy Programme (NTLP) in addition to coordinating TB CAP. TB technical assistance was also provided to 16 partners supported by USAID and the US President’s Emergency Plan for AIDS Relief (PEPFAR). With TB CAP funding, The Union supported the NTLP to employ a full-time medical officer to coordinate MDR-TB activities. While the treatment success rate for TB patients improved from 71% in 2007 to 75% in 2008, case detection stagnated around 53%. Supported activities included NTLP meetings at all levels; training of 801 health workers; advocacy, communication and social mobilisation; provision of supplies and equipment; supervision support; and TB infection control.

TB CAP plans final year in DR Congo
In June 2009, The Union organised a TB CAP partners’ meeting in Kinshasa to evaluate their efforts and plan the final year of the programme. The National TB Programme (NTP), the National AIDS Programme (NAP) and Family Health International (FHI) participated. TB CAP has been operational in the Democratic Republic of Congo since 2005 and has projects in five of the NTP’s 24 provincial coordination units. Among the challenges have been irregularities in the TB drug supply; MDR-TB diagnosis, treatment and follow-up in areas with poor access to health care; and the need for integrated TB/HIV care.
The Union’s Integrated HIV Care for Tuberculosis Patients Living with HIV/AIDS (IHC) Programme offers individuals with TB and their family contacts HIV testing and counselling, and appropriate HIV care if they are found to be HIV-positive. In Africa, Phase 1 of IHC was conducted in Benin, Democratic Republic of Congo and Uganda between 2005 and 2008. The project is now in Phase 2 with DR Congo and Zimbabwe performing action research, designed to improve implementation of the IHC approach. The IHC2 action research is funded by a five-year grant from the European Commission.

**Action research to improve IHC in DR Congo**

In 2009 the IHC Programme in the North Kivu province of the Democratic Republic of Congo launched Phase 2. The National Tuberculosis Programme (NTP) began operational research examining how to manage TB/HIV patients as part of its routine activities. The challenge is to work with the National AIDS Programme (NAP) to adapt recording and reporting tools for follow-up and antiretroviral treatment (ART) outcome analysis of all patients regardless of whether or not they have TB. A second objective is to work on the methodology of integrated training and supervision. A third objective is to improve the cost-effectiveness and sustainability of the IHC package regarding the financing strategy of health and social services free of charge (or nearly) for the population. The results of cohort follow-ups at 36 months (1 July 2006 to 30 June 2009) showed an ART retention rate of 65%, which compares favourably with retention rates reported elsewhere in sub-Saharan Africa.

**Zimbabwe approaches mid-point of five-year project**

In 2007, The Union launched Phase 2 of the IHC action research in Zimbabwe, in collaboration with the Health Services Departments of the cities of Bulawayo and Harare to further improve the IHC Programme. Based on three pilot sites being accredited to initiate antiretroviral treatment in late 2008, in 2009, 899 tuberculosis patients were registered, of which 797 (89%) patients were tested for HIV and 627 (79%) were found to be HIV-infected. Cotrimoxazole preventive therapy was commenced in 594 (95%) patients and 502 (80%) patients benefited from antiretroviral treatment. There were early indications that since retention on antiretroviral treatment also was satisfactory, the IHC approach was effective. The Union has facilitated continuing staff training in tuberculosis and HIV diagnosis and management with the partner departments, with most services being provided by nurses. A checklist for integrated supervision was also being developed.

**TB/HIV COLLABORATION**

**Uganda sees good results in supported districts**

In Uganda, The Union provided support to 11 rural districts and the capital city Kampala to implement TB and TB/HIV collaborative activities. A comparison of 2008 and 2009 results showed HIV testing of TB patients rose from 76% to 81% in the rural districts and from 64% to 66% in Kampala. Use of cotrimoxazole preventive therapy (CPT) also increased from 89% to 95% in the rural districts and from 72% to 95% in Kampala.

The Union also developed a TB and TB/HIV training package that was used to train 182 HIV/AIDS Network Support Agents in five districts and oriented partners from the US President’s Emergency Plan for AIDS Relief (PEPFAR) on integrated TB/HIV support supervision. TB CAP facilitated joint TB/HIV support supervision teams formed from among PEPFAR partners and ministry of health officers to conduct support supervision visits in partner-supported sites.
RESEARCH

TOUCH SCREEN SYSTEM AIDS M&E IN MALAWI

In 2009, the Malawi Ministry of Health (MOH) tested the Baobab ART (BART) system in collaboration with the Baobab Health Trust and with support from The Union. This is a locally developed touch screen-based electronic data system for monitoring and evaluation (M&E) that can be used by clerks, nurses, clinical officers and doctors at each point of care process. The information collected during clinic visits can then be used to support individual patient care, as well as for programme monitoring and evaluation. The BART produces both quarterly and cumulative cohort analysis and survival analysis reports.

By December, the MOH had registered 288,000 patients on antiretroviral therapy (ART) in the HIV treatment programme, and nearly 43,000 patients were being managed at six BART sites. BART can also be used for other diseases; in Blantyre, more than 1,100 people with diabetes are being managed and followed up through the electronic data system.

CLINICAL TRIAL TO ASSESS RIFABUTIN–ART INTERACTION

Work began in 2009 on a clinical trial in South Africa studying the interaction of rifabutin with different antiretroviral therapies (ART). The trial is expected to provide information important to the management of TB/HIV co-infected patients. With its small number of participating patients, the sophisticated trial design allows a thorough assessment of the interaction of various doses of rifabutin with three different ART regimens. The pharmacokinetic study will also be complemented by a pharmacogenomic evaluation. Recruitment was nearly completed by the end of the year.

The Department of Research’s Clinical Trials Unit is conducting the trial in collaboration with South Africa’s Medical Research Council. Funding has been provided by the Agence Nationale de Recherche sur le Sida (ANRS).
In May 2009, Benin placed its first order with The Union’s Asthma Drug Facility (ADF), as part of plans to launch an asthma pilot project in collaboration with The Union. Six sites in Cotonou were selected for the pilot project. Three of the sites had offered asthma treatment as part of the Comprehensive Approach to Lung Health Project (2005-08), and three are new to this activity. In November, The Union and the NTP offered the first international course on asthma management, which trained 25 staff in anticipation of the project launch in 2010.

According to the 2009 Malawi Ministry of Health annual report, the Acute Respiratory Infection/Child Lung Health (ARI/CLH) programme has continued functioning successfully within the government hospitals that implemented The Union’s CLH Programme between 2000 to 2005 and which are now fully funded through the Sector Wide Approach (SWAp). There has been a further decrease in the severe and very severe child pneumonia case fatality rate (CFR), reported in 2009 at 6.3 – a 66% reduction over the 2000 baseline rate.

There was also a continued gradual decrease in 2009 at the 11 Christian Health Association of Malawi (CHAM) hospitals now implementing CLH Programme services. A review showed improved adherence to standardised case management, motivated staff and good implementation of information systems. One challenge is that 10 of the 11 hospitals do not provide free care for children under five. This causes families to delay bringing children to the hospital, and results in a high mortality rate within 24 hours of admission. Other challenges include staff turnover, training, maintenance of oxygen concentrators and drug supply management.

Up to 20% of children assessed at primary health centres require referral to the next level for admission with severe/very severe pneumonia/disease. But problems identified at these facilities include lack of triage, poor assessment and knowledge of standardised case management and inadequate supplies of drugs and oxygen. To address this issue, The Union held the 1st International Course on the Management of Childhood Lung Disease in Arusha, Tanzania on 15–28 February 2009. Six facilitators led the course, which was attended by 20 participants. During the course they each developed and presented a plan outlining a CLH programme for inpatient management of the sick child, according to the priorities of their country. The Norwegian Agency for Development Cooperation (Norad) funded this course.
Asia Pacific

The Union has maintained an office in Beijing since 2005. Over the past three years, The Union China Office has shifted its primary focus from tuberculosis control to become an important resource for those working towards tobacco control in this country of 300 million smokers. In 2009, The Union also established a new Union Asia Pacific Office in Singapore to coordinate technical assistance, research and education activities throughout the region.

LUNG HEALTH CHALLENGES IN THE ASIA PACIFIC

- 28.1% of Chinese adults smoke daily
- Close to 1 million HIV+ people in East Asia and Oceania
- China bears 22% of global MDR-TB burden
- 61.2 million people in the Western Pacific have asthma
TOBACCO CONTROL

GUANGZHOU TO BE CHINA’S FIRST CITY TO BAN SMOKING IN WORKPLACES

Guangzhou is a city of about 10 million people, whose government has demonstrated considerable interest in tobacco control. The Union works closely with the Guangzhou Association on Tobacco Control, which is subordinate to the Guangzhou Municipal Patriotic Health Campaign Committee.

The project “Tobacco control legislation in public places in Guangzhou” launched on 1 January 2009. Throughout the year, The Union and its partners supported capacity building with trainings on international best practices and a study tour to Hong Kong. Guangzhou’s draft legislation was still being revised at the end of 2009 with a second review scheduled for early 2010. It will be the first legislation in China to ban smoking in offices.

STRENGTHENING CHINA’S NATIONAL OFFICE ON TOBACCO CONTROL

The Union contracted with the China Centre for Disease Control and Prevention (CDC) in May 2009 to build the capacity of the National Office on Tobacco Control (NOTC). In addition, 20 staff were recruited or designated to work with the NOTC, and efficiency and internal communication were improved by establishing formal reporting lines. Seven subcontracts were also developed to build the capacity of staff in seven designated cities. Financial staff took The Union’s Budget and Financial Management course, and technical staff received management and technical training. The resultant changes in the organisation have increased the political commitment and support from leaders at the Ministry of Health and China CDC.

SEVEN CITIES IN CHINA BEGIN SMOKEFREE CAMPAIGNS

The move towards smokefree environments continued with the China CDC seven cities project. The Union signed a contract in December 2009 to support the development of smokefree legislation in Tianjin, Chongqing, Harbin, Shenyang, Nanchang, Lanzhou and Shenzhen. The National Office on Tobacco Control (NOTC) has been developing guidelines for smokefree legislation and smokefree environments that will be finalised in 2010.

The Union and the Campaign for Tobacco-Free Kids worked with Shanghai’s Fudan University to support the smokefree campaign in Shanghai. Regulations banning smoking in public places were approved by the People’s Congress on 10 December 2009 and will be effective from March 2010.

INCREASING THE NUMBER OF SMOKEFREE HOSPITALS IN CHINA

Forty-one hospitals in China are well on their way towards becoming smokefree as part of a Union-supported Bloomberg Initiative grant to the WHO Collaborating Centre for Tobacco or Health. Hospital presidents committed to implementing 100% smokefree policies and established smokefree teams to implement the changes. Already, another 20 traditional Chinese medicine hospitals have followed the Collaborating Centre’s example and have committed to going 100% smokefree under another project supported by The Union. The Union published a guide to tobacco-free health care in Mandarin in support of these projects.

NATIONWIDE SUPPORT TO IMPLEMENT TOBACCO CONTROL LEGISLATION IN THE PHILIPPINES

The Union provided a major boost to tobacco control efforts in the Philippines in August, signing a Bloomberg Initiative grant with the Department of Health that will advance nation-wide implementation of the national tobacco control legislation, with particular focus on enforcing smokefree environments. The government is training enforcement officials, developing standardised compliance monitoring systems and raising public awareness, in 12 key provinces, of the harmful effects of tobacco and legislative requirements.

BI GRANTEE HELPS VIET NAM MEET FCTC AND MPOWER GOALS

The Vietnam Committee on Smoking and Health (Vinacosh) received a Bloomberg Initiative grant to assist key ministries, the National Assembly and other national stakeholders to advance a comprehensive national tobacco law and operationalise the WHO Framework Convention on Tobacco Control (FCTC) National Action Plan approved in August 2009. The plan addresses the MPOWER recommendations and FCTC requirements. Vinacosh has also received funding to develop a national health promotion foundation.

THE UNION ASIA PACIFIC REGION

508 members in 2009

APR conference focuses on MDR-TB

The 2nd Conference of The Union’s Asia Pacific Region was held on 9–12 September 2009 in Beijing, China. Organised by the Chinese Anti-Tuberculosis Association, the conference focused on “Prevention and Control of Multidrug-resistant Tuberculosis”.

More than 1,100 delegates attended. In addition to TB, sessions covered respiratory disease, TB/HIV infection, tobacco control and operational research.

Region officers

President: Dato’ Seri Yeop Jr (Malaysia)
Vice-president: vacant
Secretary general: Sahul Hamid (Malaysia)
Treasurer: Babe Ying-Yee Chan (Hong Kong)
Board representative: Camilo Roa Jr (The Philippines)
**TUBERCULOSIS**

**MDR-TB TRAINING OFFERED IN CHINA AND THE PHILIPPINES**

The Union offered its five-day Comprehensive Course on Clinical Management of Drug-Resistant Tuberculosis in the Philippines and China in 2009. Eighteen specialist physicians from nine countries, all of whom work in the clinical and operational management of TB and MDR-TB, attended the course in Manila. In Wuhan, there were 33 participants in the course, which emphasised the clinical, diagnostic and therapeutic issues related to MDR-TB and XDR-TB and analysis of the most important measures to prevent them. The teaching methods included lectures, interactive learning, practical exercises and field visits. The Union also participated in a WHO Western Pacific Region (WPRO) training course on MDR-TB held in the Philippines.

**MONGOLIA TB PROJECT EVALUATION SHOWS GOOD RESULTS**

During the summer, The Union participated in a two-week final evaluation of the World Vision community-based TB project in Mongolia. This five-year project in six rural provinces and five urban districts of Ulaanbaatar focused on using social mobilisation and capacity building of local health services to reduce the prevalence of TB. The review found that this project had made significant contributions to the impressive results of the National Tuberculosis Programme (NTP). In 2007 the NTP notified 76.2% of its estimated new TB cases and successfully treated 87.8% of the new sputum smear-positive cases in 2006 – results that exceed global targets of 70% and 85%. The reviewers noted, however, that TB remains a serious health problem and a leading cause of death in Mongolia.

**RESEARCH**

**UNION AIDS CHINA WITH TB OPERATIONAL RESEARCH**

In October, The Union worked with the People’s Republic of China National Tuberculosis Programme (NTP) to review data collected during Global Fund projects for scientific publication, in particular a paper on DOTS expansion in western China. The consultant also advised the NTP on priorities for future research and helped develop plans to strengthen the staff’s capacity to conduct operational research (OR). As a first step, The Union provided a workshop attended by 42 NTP staff that outlined OR questions and methods as well as how to develop a manuscript for publication.

**LUNG HEALTH**

**ASTHMA GUIDE PUBLISHED IN CHINESE**

The Union’s Management of Asthma: a guide to the essentials of good clinical practice (3rd edition) was translated into Chinese in 2009. The new publication aims to help address issues identified in studies conducted in China from 2007 to 2008. Monitors found that asthma was a “hidden” disease there and that the diagnosis was frequently missed, the severity of the disease was not classified correctly and patients were not treated according to standardised case management guidelines. The guide, which is available at no charge, provides up-to-date treatment guidelines and offers tools for monitoring patients.
The Union South-East Asia Office in Delhi, India, is the largest of the region offices. Its 32 staff and affiliated consultants work with all the scientific departments to implement grants, trainings and technical support programmes. In 2009, the South-East Asia Office also coordinated the procurement of US$196,765 in drugs and laboratory equipment and liaised with drug manufacturers and vendors for the best supplies and services for Union activities.

The Union Myanmar Office in Mandalay is implementing the Integrated HIV Care (IHC) Programme for tuberculosis patients and their families in Myanmar.
**TUBERCULOSIS**

**MAJOR GLOBAL FUND GRANT TO INDIA HAS A KEY ROLE FOR CIVIL SOCIETY**

A US$ 199.54 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was awarded in December to a project that addresses the need for a strong public-private partnership to advance TB control in India. The proposal has three principal recipients – the Government’s Central TB Division, The Union and World Vision India. They will jointly implement the five-year project, which focuses on increasing the reach of the Revised National Tuberculosis Control Programme (RNTCP).

Recognised as a highly successful NTP, the RNTCP will gain new support from multiple stakeholders who will develop networks, increase accountability and empower communities in TB control. The project’s first component focuses on remote and vulnerable communities and by 2015 expects to reach 744 million people in 374 districts across 23 states. The second component will scale up access to MDR-TB diagnosis and treatment through 43 referral laboratories, resulting in the treatment of 55,350 additional MDR-TB cases by 2015.

**COURSES COVER TOPICS FROM M&E TO MANAGEMENT**

The Union supported capacity building in the South-East Asia region through a variety of workshops in 2009. These included a five-day regional training designed to improve skills in planning, developing and implementing monitoring and evaluation (M&E) activities for TB control. With its South-East Asia TREAT TB partner, the National Tuberculosis Institute, The Union also brought together 26 mid-senior-level TB professionals from the RNTCP for a five-day workshop on developing research protocols. As part of the workshop, participants identified seven operational research priorities for the RNTCP and developed protocols and plans for implementing them. The Union also participated in a training course on MDR-TB held in Delhi.

The International Management Development Programme (IMDP) for TB Control offered its five-course series in Bangkok, Thailand and Jaipur, India with support from The Union South-East Asia Office. The courses were attended by 140 health care managers from around the world.

**ACSM PROJECT IN ODISHA INCREASED ACCESS TO TB CARE**

The Union participated in an advocacy, communication and social mobilisation (ACSM) project in the state of Odisha, India. The three-year project was designed to increase DOTS adoption by health care providers; increase DOTS ownership by non-governmental organisations, community-based organisations, women’s self-help groups and local governments; increase civil society participation in the RNTCP; and improve access to DOTS in Odisha’s tribal and coastal areas. Project activities focused on the needs of 16 districts identified by the state as “low-performing” in TB control. They included capacity building, social mobilisation, developing new communication tools and ensuring the availability of TB information in the Odia language at primary health care facilities. Scheduled to end in March 2010, this project was funded by the Global Fund, through the Ministry of Health, Government of India.

**PARTNERSHIP BRINGS CIVIL SOCIETY TO THE FOREFRONT OF TB CONTROL**

The Partnership for TB Care and Control in India, founded in November 2008, had 33 partners at the end of 2009. They include non-governmental organisations, communities, academia, the private sector and professional associations. The Partnership’s mission is to contribute to TB care and control through the combined efforts of civil society and all other stakeholders to achieve India’s TB targets as defined by the Millennium Development Goals and the Stop TB Partnership. It is funded by USAID India, through a World Vision grant, as part of a larger project.

The Union provides technical assistance and houses the Secretariat of the Partnership at The Union South-East Asia Office. Achievements in 2009 included development of a charter and launch of a website and newsletter. Three regional meetings and a national consultative meeting were held and, through the larger project, community mobilisation and treatment support was provided across 40 districts in 11 states.
IHC “PLUS” PROGRAMME IN MYANMAR TREATS ALL HIV-INFECTED PATIENTS

Since its inception in 2005, The Union’s Integrated HIV Care (IHC) Programme for tuberculosis patients and their families in Myanmar has grown to cover 10 townships in Mandalay city and its environs, serving a population of 2,262,671 people and about 5,000 TB cases per year. More than 80% of adult TB patients in Mandalay and Pakokku have now received HIV tests through the programme, and about 3,500 people have received care. As of December 2009, 2,005 patients were actively receiving antiretroviral therapy. Other advances in 2009 included renovation of the HIV outpatient rooms at Mandalay General Hospital and Mandalay Teaching Hospital taking into account infection control procedures.

The IHC Programme was initially planned to promote TB/HIV collaborative activities and enrolled only TB/HIV co-infected patients and their family members. The scope of its intervention has since broadened to provide care and treatment to all HIV-infected patients whatever their TB status. This new programme is called IHC “PLUS”. The geographic criterion to enrol has also been lifted, permitting patients from neighbouring townships to benefit from care and treatment through the programme.

IHC PROGRAMME RECEIVES FUNDING FROM YADANA, 3 DISEASES AND GLOBAL FUND

The IHC Programme in Myanmar received funding from three donors in 2009. The Yadana Consortium, which has sponsored the programme since its inception in 2005, agreed to continue funding for five more years. The US$ 4 million grant will provide antiretroviral therapy for 2,000 patients during the grant period.

The 3 Diseases Fund also agreed to provide the IHC Programme with US$ 1 million in its Round III grants. These funds will support the antiretroviral treatment of an additional 2,790 patients in the IHC “PLUS” programme, which serves HIV-infected patients regardless of TB status.

Finally the Technical Review Panel for Round 9 grants from the Global Fund (the Global Fund) recommended the three components of The Union’s Myanmar proposal for funding. The HIV proposal was rated category 1. The Union is one of the sub-recipients of the Global Fund grant and will receive US$ 16 million over five years to put 12,500 HIV-infected patients on antiretroviral therapy by the end of 2015. Grant negotiation and signature will take place in 2010 for an expected start in early 2011.

SEAR plans membership campaign

Members of the South-East Asia Region (SEAR) held their annual meeting at the World Conference in Cancún. They discussed plans for a membership campaign to increase participation and the need for stronger regional communication. They will be meeting in Sri Lanka in December 2010 to discuss regional priorities and future plans.

Region officers
President: W D Ailapperuma (Sri Lanka)
Vice-president: V K Arora (India)
Secretary general & Board representative: Chaudhary Muhammad Nawaz (Pakistan)
Treasurer: Princely Daya Fonseka (Sri Lanka)
TOBACCO CONTROL

SMOKEFREE INDIA: ONE YEAR LATER

One year after the Indian government’s landmark decision to ban smoking in public places, The Union coordinated a workshop in Goa to assess progress on implementing and enforcing the new rules and propose next steps towards a smokefree India. State and municipal campaigns also moved ahead with support from The Union and other Bloomberg Initiative (BI) partners. Highlights include:

Smokefree Mumbai: With funding support from the World Lung Foundation, nearly 50,000 colourful no-smoking stickers in English and Marathi were provided to Mumbai’s 24 wards in March to raise public awareness as part of the Smokefree Mumbai campaign.

Smokefree Mizoram: This north-eastern state has the highest prevalence of tobacco use in India. In 2009, the state government received a BI grant towards making Mizoram a smokefree model for the rest of the country.

Smokefree Chandigarh: A case study of the successful smokefree Chandigarh campaign was presented at the 40th Union World Conference on Lung Health.

RAISING AWARENESS IN THE MEDIA AND THE PROFESSIONS

In India, pictorial health warnings became mandatory on tobacco packages from 1 June 2009. On the day before, World No Tobacco Day, The Union organised two meetings in the Lucknow area to raise awareness of the new warnings in the media and the medical profession. The first brought together 32 leading editors and publishers and the second 40 doctors from the Kanpur and Etawah chapters of the Indian Medical Association. The Union also collaborated with the journal Current Science on a special World No Tobacco Day issue on tobacco control.

SENSITISING INDIA’S VERNACULAR MEDIA TO THE TOBACCO EPIDEMIC

To improve understanding about tobacco control – and increase coverage and public awareness – The Union partnered with the India Media Centre for Journalists and the Campaign for Tobacco-Free Kids to sensitise 298 regional journalists and 242 interns in the 10 Hindi-speaking northern states that include 68% of India’s population. The journalists went on to publish over 900 articles on the subject and nearly all major Hindi and Urdu newspapers reported more on it as a result.

TOBACCO CONTROL GAINS SUPPORT IN BANGLADESH

The Union has worked with Bangladesh’s anti-tobacco coalition since 2007 providing technical and financial support to a network of over 300 non-governmental organisations (NGOs). The coalition is working to improve implementation of the country’s 2005 tobacco control law, with a focus on tobacco advertising bans and smokefree public transportation. In 2009, more than 90 district task-force members attended Union trainings on implementing smokefree public places and transportation. Ongoing projects include “mobile courts” that enforce the law by removing tobacco advertise-ments from locations around the country, partnerships with transport owners and labour organisations to ensure smokefree public transportation and activities to raise public awareness.

Bangladesh’s Global Adult Tobacco Survey released in December showed that progress is being made, although significant challenges remain: 43% of adults (41.3 million) still used tobacco in some form but 7 in 10 smokers said they planned to quit or were thinking of it and 4 in 10 were aware of anti-smoking advertising on TV and radio.

INDONESIA ADOPTS ITS FIRST SMOKEFREE LAWS

In Indonesia, The Union worked with the Ministry of Health and the Indonesian Tobacco Control Network to increase awareness and develop tobacco control policy. A new health law ratified by the president in October 2009 includes key tobacco control policies on smokefree public places and pictorial health warnings. This is the first time tobacco control has been included in an Indonesian national law.

At the sub-national level, The Union supported Palembang City, which became the first Indonesian city to adopt a 100% smokefree law as per the WHO Framework Convention on Tobacco Control. Bogor City also adopted a law that includes 100% smokefree public places, workplaces and public transport and bans tobacco advertisement, promotion and sponsorship in smokefree places. In addition, 18 other cities are developing or implementing smokefree policies. The strategy has been to create sub-national tobacco control initiatives and work through governors and mayors, who will then influence a national ban. Other activities have included expansion of the tobacco control network through Union management courses and efforts to integrate tobacco control into the health care system.
The Union Middle East Office in Cairo, Egypt focuses on tobacco control, working with Bloomberg partners and other national and international organisations to promote smokefree policies, tax increases and pictorial warnings. This office manages Bloomberg grants in the region, and, by the end of 2009, had helped build the capacity of more than 36 organisations.

The Union also has a long-standing relationship with EpiLab in Khartoum, Sudan, a Union Collaborating Centre. The two organisations have worked together on tuberculosis, asthma, smoking cessation and comprehensive lung health projects.

**Tobacco Control**

**Alexandria Slated to Be Egypt’s First Smokefree City**

Egypt’s Ministry of Health, The Union and other Bloomberg Initiative partners began work on a smokefree cities initiative and a strategic tobacco control plan for the country in 2009. Plans are for Alexandria, Egypt’s second-largest city, to be the first to go smokefree. The Union supported the Ministry to assess public opinion and the support of Alexandrians for smokefree environments. This poll has since become a useful advocacy tool in promoting the policy and will serve as a baseline to assess the progress of the initiative.

**Raising the Visibility of Tobacco Control in Egypt and Lebanon**

The Union worked with several organisations in Egypt to raise political awareness of tobacco control in 2009. It supervised the formal steps for registering the Egyptian Coalition for Tobacco Control as a network and met with the coalition and the Head of Parliament’s Health Committee to compile information that would bring the issue to the highest political attention. The Union also worked with the tobacco control focal point for the ruling National Democratic Political Party on a national work plan and on efforts to bring tobacco control to the attention of the party and persons at the presidential level.

**New By-laws for Lebanon and Egypt**

In Lebanon, The Union met with the Minister of Health, who fully endorses the tobacco control measures there. Lebanon’s National Tobacco Control Programme, with support from The Union, took major steps towards effective tobacco control policies in 2009.
The union Middle East region
109 members in 2009

Members plan 2010 election
Members of the Middle East Region held an annual meeting in December at the World Conference in Cancún and agreed to hold elections for new officers in early 2010 as part of an effort to revitalise this region’s activities. They also discussed the possibility of holding a region conference in 2011.

Region officers
New officers to be elected in 2010.

Technical and Management Training Support Tobacco Control
The Union launched its first regional technical course on smokefree policy implementation on 23–25 June 2009. The course targeted participants from Egypt and Lebanon who represented governmental, policy-making and civil society organisations. It resulted in both countries drafting comprehensive legislation and/or by-laws with a focus on smokefree policy enforcement. Experts from The Union and the World Health Organization developed the course, and The Union Middle East Office facilitated the course with colleagues from WHO and the World Lung Foundation.

In addition, The Union offered courses developed by the International Management Development Programme to close to 100 participants from 36 organisations in Egypt, Lebanon and Pakistan.

Pakistan moves towards pack warnings and other policies
The collaborative efforts of the Pakistan Ministry of Health, national tobacco control organisations, The Union and other Bloomberg partners helped to create a clear picture of the current situation in the country and develop a plan to address obstacles and move forward. This led to effective government measures on tobacco control, particularly on pack warnings and smokefree policies.

Tuberculosis
Six countries in the Middle East receive MDR-TB technical assistance
The Union offered MDR-TB technical assistance to six countries in the Middle East Region in 2009. In Sudan, Union consultants worked with the National Tuberculosis Programme to develop its MDR-TB programme. In addition, MDR-TB projects were monitored by The Union in Egypt, Syria, Tunisia, Jordan and Lebanon.

Two-year review of Sudan TB programme
The Union participated in the 2009 review of the Sudan National Tuberculosis Programme (NTP)’s progress over the past two years. The focus was on TB treatment services and the quality assurance of sputum smear microscopy. While reviewers noted the need to address such issues as inadequate supervision and improve policies for the microscopy network, strengths identified included a keen central team; a substantial number of trained health workers at all levels; good collaboration between the NTP and the National TB Reference Laboratory; a plan for developing laboratory services and sufficient resources to carry it out; steps initiated to address TB/HIV and TB in children; and use of advocacy, communication and social mobilisation (ASCM) to build awareness and support.

Lung Health
Epilab prepares to coordinate asthma pilot project in Sudan
Following the completion of the Comprehensive Approach to Lung Health Project in December 2008, Sudan’s Epilab and The Union began work on a new asthma project, a pilot of standardised asthma management that would use medicines purchased through The Union’s Asthma Drug Facility (ADF). By August 2009, a situation analysis had been completed and several potential sites identified. Some issues remained to be resolved. These ranged from administrative problems such as incomplete data reporting to the need to create a revolving drug fund for essential asthma medicines so that the drug supply can become self-sustaining.
The Union has provided services to national tuberculosis programmes in Latin America for more than 30 years. Over the past several years, The Union has also been very active in tobacco control, building new relationships and becoming well regarded as a partner in regional efforts to reduce tobacco use.

Union activities are coordinated through two offices. The Union Mexico Office in Mexico City, established in 2008, focuses on tobacco control. The Union Peru Office, which opened in Lima in 2009, provides services for all scientific departments and coordinates with Union members throughout the region.

Lung health challenges in Latin America

- In Peru, more than 6% of TB cases are MDR-TB
- More than 25% of adults smoke daily in 5 countries
- More than 10% of Brazilians have asthma
- 2 million people live with HIV

Crowded living conditions foster the spread of TB.
**TUBERCULOSIS**

**TB EXPERTS SUPPORT MDR-TB CONTROL IN NINE COUNTRIES**

The Union expanded its efforts to assist countries facing the problem of multidrug-resistant tuberculosis in 2009 at the request of the national tuberculosis programmes (NTPs).

**Monitoring projects**

The Union conducted monitoring visits to evaluate national MDR-TB projects in Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala and Mexico. Union experts also provided support for the clinical management of complicated cases of TB and MDR-TB.

**Improved information systems**

Since accurate monitoring and evaluation are essential to effective TB control, Union experts advised the NTPs of Ecuador, Bolivia and Nicaragua on ways to improve their MDR-TB information systems.

**International collaborations**

The Union also participated in an international evaluation of the Brazil NTP and conducted site visits in support of Global Fund applications from Ecuador and Colombia. The Union is also an active participant in the Stop TB activities in the Pan-American Health Organization (PAHO) Region.

**DOMINICAN REPUBLIC MDR-TB PROJECT IS SAVING LIVES**

Since 2005, Union TB experts have been part of the Green Light Committee (GLC) Technical Review team overseeing the development of an MDR-TB project in the Dominican Republic. The 2009 review found that expanded treatment facilities have drastically reduced the number of patients waiting to start treatment, and clinical and programmatic measures are very good despite budget constriction and other difficulties. The reviewers saw a positive and steady trend in programme implementation and predicted that the Dominican Republic’s project would be a model for other countries with its high-quality performance, excellent results and many lives saved.

**MDR-TB TRAINING OFFERED IN PORTUGUESE FOR THE FIRST TIME**

The International Comprehensive Course on Clinical Management of Drug-Resistant Tuberculosis was offered in Brazil in Portuguese for the first time in 2009. Thirty-three specialist physicians attended the five-day course. In addition, physicians from 11 Spanish-speaking countries attended the 7th offering of this course in Spanish, in the Dominican Republic. A shorter (three-four day) national version of the course was also offered in Spanish in Mexico, Honduras, Nicaragua and the Dominican Republic.

The Union’s MDR-TB courses emphasise the clinical, diagnostic and therapeutic issues related to MDR-TB and XDR-TB and analyse the most important measures to prevent them. Teaching methods include lectures, interactive learning, practical exercises and field visits.

**TREAT TB PARTNERS WITH REDE-TB IN BRAZIL**

The Union’s TREAT TB (Technology, Research, Education and Technical Assistance for TB) initiative supports locally relevant operational research. It helps countries to develop priorities, strengthen capacity, broker technical support and facilitate partnerships. In 2009 a TREAT TB team visited Brazil with representatives from REDE-TB, the TREAT TB regional partner for Latin America; the Brazil National Tuberculosis Programme (NTP); USAID Brazil; and Management Sciences for Health/Brazil. The visit explored the potential of TREAT TB operational research support to the Brazil NTP in collaboration with REDE-TB, and the potential participation of REDE-TB researchers in centrally initiated research activities commissioned under TREAT TB.
TOBACCO CONTROL

MEXICO ADVANCES TOBACCO CONTROL STEP-BY-STEP

The Union continued to provide legal advice on the General Tobacco Control Legislation Regulations, which were published on 31 May. It also sponsored meetings with the National Office for Tobacco Control (NOTC), international experts and Mexican researchers that resulted in a proposal to increase tobacco taxes. The proposal was delivered to the National Council Against Addictions, under the purview of the Ministry of Health.

After a complex review process and strong resistance from the tobacco industry, the Ministry of Health published the final agreement on the implementation of pictorial warnings on tobacco products in December. The Union provided legal and technical assistance by drafting recommendations based on best practices, supplying evidence and participating in the review process. The new warnings will be displayed on all tobacco packages from September 2010.

A high point of the year was the publication of the Mexico City case study, conducted by The Union, which was launched in a ceremony honoured by the presence of the Chief of Government of the city. The study highlighted the success factors and lessons learned from Mexico City’s smokefree experience, providing a model for other metropolitan areas.

REGIONAL TRAINING BUILDS CAPACITY IN TOBACCO CONTROL

The Union and its partners organised international workshops in Chile and Panama that were attended by participants from 16 Latin American countries. The workshop in Chile focused on legislative tools for lawyers, and the Panama workshop examined ways to fully implement MPOWER and the WHO Framework Convention on Tobacco Control (FCTC) throughout Central America. The Union also provided national trainings in Chile on creating a tobacco alliance; in Mexico on tax laws and the impact of tobacco use on poverty; in Brazil on smokefree environments; and in Uruguay on tobacco control, the right to health and public health policies.

IN BRAZIL, LOCAL ACTION OFFSETS SLOW CHANGE AT FEDERAL LEVEL

In 2009, the Brazilian states of Sao Paulo, Rio de Janeiro, and Paraná implemented comprehensive 100% smokefree laws that will protect 67 million people from second-hand smoke and the hazards of tobacco use in workplaces. While a strong federal law has been delayed, several cities, states and municipalities have decided to implement smokefree laws and enforce stricter regulations.

LUNG HEALTH

EL SALVADOR PLACES FIRST ORDER WITH ASTHMA DRUG FACILITY

El Salvador became the first country to place an order through The Union’s Asthma Drug Facility (ADF) on World Asthma Day, 4 May 2009. The Ministry of Public Health ordered inhalers for its Asthma Management Project, which aims to improve and expand the standardised management of asthma in the country’s general health services. The ADF makes it possible for low- and middle-income countries to obtain quality-assured asthma medicines at affordable prices, while also emphasising the critical importance of standardised case management.

REGIONAL TRAINING BUILD CAPACITY IN TOBACCO CONTROL

The Union and its partners organised international workshops in Chile and Panama that were attended by participants from 16 Latin American countries. The workshop in Chile focused on legislative tools for lawyers, and the Panama workshop examined ways to fully implement MPOWER and the WHO Framework Convention on Tobacco Control (FCTC) throughout Central America. The Union also provided national trainings in Chile on creating a tobacco alliance; in Mexico on tax laws and the impact of tobacco use on poverty; in Brazil on smokefree environments; and in Uruguay on tobacco control, the right to health and public health policies.

IN BRAZIL, LOCAL ACTION OFFSETS SLOW CHANGE AT FEDERAL LEVEL

In 2009, the Brazilian states of Sao Paulo, Rio de Janeiro, and Paraná implemented comprehensive 100% smokefree laws that will protect 67 million people from second-hand smoke and the hazards of tobacco use in workplaces. While a strong federal law has been delayed, several cities, states and municipalities have decided to implement smokefree laws and enforce stricter regulations.

LUNG HEALTH

EL SALVADOR PLACES FIRST ORDER WITH ASTHMA DRUG FACILITY

El Salvador became the first country to place an order through The Union’s Asthma Drug Facility (ADF) on World Asthma Day, 4 May 2009. The Ministry of Public Health ordered inhalers for its Asthma Management Project, which aims to improve and expand the standardised management of asthma in the country’s general health services. The ADF makes it possible for low- and middle-income countries to obtain quality-assured asthma medicines at affordable prices, while also emphasising the critical importance of standardised case management.
The Union's headquarters have been in Europe since it was founded in Paris in 1920. Today the Paris office provides leadership and support for the five scientific departments, five administrative departments, 13 offices, 300 staff and consultants worldwide and a network of 3,000 members.

The Union Europe Office in Edinburgh houses the Department of Tobacco Control, which in 2009, under the Bloomberg Initiative, contracted 36 new tobacco control projects in 21 low- and middle-income countries and provided training or technical support to 74 tobacco control projects. The Union Russia Office also focuses on tobacco control and has served Eastern Europe since 2009.

In addition, the Institute of Tropical Medicine in Belgium works with The Union as a Collaborating Centre, notably on TREAT TB and the TB CAP-related activities.

LUNG HEALTH CHALLENGES IN EUROPE

- 25% or more adults smoke daily in 24 of 53 countries
- 1.5 million in Eastern Europe and Central Asia are HIV+
- 15 of 27 high-burden MDR-TB countries are in Europe
- Russia has 2nd highest asthma fatality rate globally

Poverty and TB are linked everywhere in the world.
**TOBACCO CONTROL**

**GAP ANALYSIS HELPS DEFINE RUSSIA’S TOBACCO CONTROL NEEDS**

In 2009, The Union designed and implemented a gap analysis of the tobacco control situation in Russia. The analysis covered the period from the 2005 adoption of the WHO Framework Convention on Tobacco Control (FCTC) to the present and focused on progress towards fulfilling FCTC requirements and the World Health Organization (WHO) MPOWER measures. The purpose was to identify the main gaps and obstacles for FCTC implementation and to assess The Union’s opportunities to advance MPOWER measures in Russia.

**TRAINING BUILDS KNOWLEDGE FOR BETTER LAWS IN RUSSIA**

In anticipation of a new draft tobacco control law in Russia, The Union worked with several partners to increase understanding of good tobacco control legislation. The Union assisted WHO in organising a seminar for State Duma, Ministry of Health and non-governmental organisation (NGO) representatives that analysed the existing draft law and recommended ways to apply international experience to the Russian context. With the World Lung Foundation, The Union collaborated on trainings for lawmakers and other stakeholders, including a workshop on comprehensive bans of tobacco advertising, promotion and sponsorship (TAPS). In May, The Union co-sponsored the National Forum Against Tobacco held in Moscow to raise awareness of the tobacco epidemic and mobilise the tobacco control community.

**RUSSIAN DOCTORS TRAINED IN SMOKEFREE HEALTH CARE**

Smokefree health care facilities often receive support before other smokefree environments. In 2009, The Union helped build interest in tobacco control among medical professionals.

**More than 700 doctors attend anti-tobacco conference**

The Union offered a smokefree health care seminar at a doctors’ conference against tobacco in Yaroslavl attended by more than 700 participants. It also helped draft a resolution to enable NGOs to work with the government on new legislation. As a result, The Union came to be seen as a lead agency in smokefree health care, and many health organisations requested training and other assistance.

**Promoting healthy lifestyles**

A government-sponsored healthy lifestyles programme established 500 new health centres throughout Russia, and The Union negotiated with the Ministry of Health Care and Social Development to cover tobacco-free health care in the training for the centres’ 500 chief doctors.

**Doctors’ schools cover smokefree health care**

When the Ministry of Health Care and Social Development held several “schools for medical professionals” on smoking cessation, The Union negotiated to include smokefree health care in the curriculum. After the first two were held in the Komi and Arkhangelsk regions, a number of medical institutions in the cities of Syktyvkar and Arkhangelsk introduced smokefree policies.

**GROWING SMOKEFREE SUPPORT IN POLAND**

The demand for smokefree spaces is growing in Poland, according to a national survey conducted by the Health Promotion Foundation (HPF), a Bloomberg Initiative grantee supported by The Union. Results showed that about 7 in 10 adults interviewed said they wanted smokefree workplaces and public transportation stops; more than 8 in 10 wanted smokefree transportation, schools and government buildings.

**TURKEY GOES SMOKEFREE**

All indoor workplaces in Turkey became 100% smokefree on 19 July 2009. The two-year campaign was led by the government and supported by civil society. The Union provided technical assistance to the Ministry of Health (MOH) and the Turkish National Coalition on Tobacco and Health (SSUK) to support this important change.

The Union also contributed to the WHO-MOH capacity assessment for tobacco control, which provides a roadmap for tobacco control and FCTC implementation in Turkey. Recommendations include the adoption of large graphic warnings on tobacco product packaging. In order to encourage this change, The Union and WHO trained the tobacco regulatory authority, TAPDK, and Ministry of Health staff on packaging and labeling best practices. The graphic warning labels will be required from January 2010.
**TUBERCULOSIS**

**TB RETREATMENT AGENDA DISCUSSED IN PARIS**

In June 2009, The Union hosted a global consultation on TB retreatment in Paris as part of the USAID-funded initiative, TREAT TB (Technology, Research, Education and Technical Assistance for Tuberculosis). An estimated one million patients worldwide are potentially in need of ‘retreatment’, and managing these cases is an increasingly complex problem. Current retreatment regimens predate the use of six-month rifampicin-throughout first-line regimens and may contribute to the global MDR-TB epidemic. Consequently, research is urgently needed to ensure a sufficient evidence base for future decision-making. Participants in the consultation studied systematic reviews and data from recent projects and developed research questions and steps to raise this issue on the global agenda.

**EVALUATING TB SERVICES IN ARKHANGELSK OBLAST**

In Russia’s Archangelsk Oblast, The Union participated in a two-week evaluation of the collaboration between the Norwegian Association of Heart and Lung Patients Association (LHL) and its local partners. Since 1997, they have been working to improve TB services in this sparsely populated region. Among their accomplishments: close to a 50% decrease in notified cases between 2001 and 2008; increased donor support and regional cooperation; TB services mainstreamed into the general health system; and improved services in the oblast’s 14 prisons.

**RESEARCH**

**NEW COURSE TEACHES HOW TO CONDUCT AND PUBLISH RESEARCH**

The Union and its collaborator Medecins sans Frontières – Belgium developed a new course that teaches the practical skills needed to conduct and publish operational research (OR) in 2009. It consists of three five-day modules offered over an eight-month period. The first module, attended by 12 selected participants from Asia and Africa, was held at The Union’s Paris headquarters in August. It focused on developing an OR protocol. The second module in October covered designing and using an electronic data collection instrument with EpiData. The third module, to be held in March 2010, will concentrate on writing scientific papers and submitting them for publication.

**RESEARCH PROTOCOL TRAINING IN UZBEKISTAN**

Participants from four countries attended a five-day Union course on Research Protocol Development held in Uzbekistan. The course covered how to specify a research question, develop the protocol, identify the study population and determine how information will be collected and analysed. Participants worked in small groups to develop protocols that were reviewed by the whole group simulating a “Review Committee”. The goal was to build capacity for TB research targeted to each country’s needs. This course was organised by The Union, WHO and the German Development Bank.
Europe Region conference
bridges east and west

The 5th Conference of The Union Europe Region was held in Dubrovnik, Croatia on 27–30 May 2009. The theme was “Bridging East and West: the challenges of respiratory diseases in Europe”. Close to 500 delegates attended the conference conducted in English and Russian. While organisers felt the swine flu epidemic may have affected attendance, they were pleased with the turnout from Eastern Europe.

Region officers
President: Jean-Pierre Zellweger (Switzerland)
Vice-president: Peter Davies (UK)
Secretary general and Board representative: Maryse Wanlin (Belgium)
Treasurer: vacant

“I am healthy. I will not be sick, it’s so sad.” Vova, age 5, MDR-TB patient in Arkhangelsk
The Union in North America

The Union North America Office in New York City was established in late 2008 to cultivate support for The Union’s international research, technical assistance and educational activities through new members, partners and donors. This office also leads the planning and coordination for initiatives such as TREAT TB (Technology, Research, Education and Technical Assistance for TB), which has been funded by the United States Agency for International Development (USAID).

Lung Health Challenges in North America

- COPD is the 4th leading cause of death in the US
- 1.4 million people in North America live with HIV
- 50,000 people in the US die from 2nd-hand smoke annually
- TB rates among Inuits have doubled since 2004

Union World Conference, Cancún, 2009
PARTNERSHIPS

NORTH AMERICA OFFICE COLLABORATES WITH NAR REGION

The Union North America Office received non-profit tax-exempt status as a (501) (c) (3) organisation in the United States in 2009. As an independent regional affiliate, this office is actively engaged in The Union’s fundraising and membership activities in North America. One of its principal goals in 2009 was to work with the Executive Committee of The Union North America Region to explore new ways for the Institute and the Federation of Union members to collaborate on building the visibility of The Union, attracting new organisational and individual members and identifying and meeting the health challenges of low- and middle-income populations in North America.

TUBERCULOSIS

TREAT TB ENLISTS MCGILL AND HARVARD TO WORK WITH PARTNERS

The TREAT TB Initiative enlisted two North American universities to work with its international partners in 2009. To conduct the systematic reviews for the Diagnostic Tools Initiative (DTI). The Union commissioned McGill University in Montreal, Canada to work with the TREAT TB partners at REDE-TB in Brazil and the Desmond Tutu TB Centre in South Africa. They conducted reviews of Microscopic Observation Drug Susceptibility (MODS), Mycobacterial Lipoarabinomannan (LAM) in urine and interferon gamma release assays (IGRAs) for diagnosing TB in children.

Another objective of the Diagnostic Tools Initiative (DTI) is to develop models that will enable policy-makers and programme managers to gain insight into the relative costs and impacts of using alternative combinations of diagnostic tools and case-finding strategies in different epidemiological settings. A team from the Harvard School of Public Health/Brigham and Women’s Hospital (HBWH) in Massachusetts (USA) is leading the effort to structure models that realistically reflect the steps along patients’ pathways to diagnosis and treatment. The model will also be used to determine how different tools/strategies and programmatic features will modify these pathways. In 2009, the HBWH team developed a draft framework for the modeling project in collaboration with The Union, the Liverpool School of Tropical Medicine (UK) and USAID.
The Union’s courses provide the knowledge and skills required by health care professionals and managers to develop public health programmes that are clinically sound and administratively effective. Curricula cover theory and international best practices with emphasis on the challenges presented by limited-resource settings. Union courses serve participants from various disciplines, working at different levels, and in diverse environments. Content is customised for international, national or specific-interest groups. Instructors include international and local experts with extensive teaching and field experience. To help ensure that participants are able to apply their new skills when they return to work, instructors use a variety of teaching methods from lecture/discussion to fieldwork.

**IMDP in 2009**
- IMDP for TB control: 5 courses
- IMDP for Tobacco control: 18 courses
- Custom-designed courses: 3 courses
- Country locations: 10
- Number of participants: 586

**Technical Courses in 2009**
- International courses: 16
- National courses: 30
- Workshops: 44
- Country locations: 40
INCREASING DEMAND FOR TECHNICAL COURSES

The scope of The Union’s technical courses expanded in 2009 to meet the changing needs of health care professionals and public health programmes. While thorough training in the prevention, treatment and control of tuberculosis continues to be one of The Union’s strengths, a variety of new courses were offered in 2009, including Operational Research courses in several formats and the International Course on the Management of Childhood Lung Disease. A course in managing TB/HIV collaborative activities was also developed in 2009 and will be piloted in 2010.

Demand increased for courses addressing specific challenges such as clinical management of MDR-TB, bacteriology, X-ray reading and other diagnostic skills.

Technical courses for tobacco control were offered for the first time in 2009, with 494 participants taking part in 20 courses held in 11 Bloomberg Initiative priority countries.

In addition to its international and national courses, The Union offers a wide variety of workshops each year, ranging from management of oxygen therapy to microscope maintenance, and technical staff members are frequently called upon to give presentations at both Union and non-Union conferences, universities and professional association meetings.

INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME
NOW IN 10 COUNTRIES

The Union’s International Management Development Programme (IMDP) also saw substantial growth in 2009 with new course offerings, increased continuing education opportunities and a considerable increase in the demand for IMDP courses.

In December, a new course “Mass Media and Communications”, specifically designed for officials working in public health, was launched in Singapore. The course was filled with participants from across Asia and Africa, who came to learn more about how integrating effective communications strategies with national health programmes could greatly improve the quality of their work.

Also in 2009, the IMDP launched a comprehensive, online continuing education platform. IMDP participants now have free access to dozens of online learning modules on various management education topics that can be directly applied to public health programmes, such as budgeting for a national programme, organising health staff across various departments and regions, logistics planning to ensure medicines and supplies are in stock and how to develop successful organisational strategies, among many other subjects.

But above all, 2009 marked a significant increase in the demand for IMDP courses. The number of applicants per course nearly doubled and in some cases, tripled. This demonstrates the large demand that exists for health systems strengthening through health management education and the central role The Union is playing in meeting it.

The Union is grateful to the following organisations and agencies for their support of our courses in 2009.

- Action Damien
- Agence Française de Développement (AFD)
- Bloomberg Philanthropies (through a grant managed by the World Lung Foundation)
- The Global Fund to Fight AIDS, TB and Malaria (Global Fund)
- Finnish Lung Health Association (FILHA)
- Ministry of Health, El Salvador
- Norwegian Agency for Development (Norad)
- Norwegian Association of Heart and Lung Patients (LHL)
- Pan American Health Organization
- Tuberculosis Control Assistance Program (TB CAP)
- US Agency for International Development (USAID)
- US Centers for Disease Control and Prevention (CDC)
- World Health Organization
- World Lung Foundation

In addition we would also like to thank all of our partners and the ministries of health, national tuberculosis programmes and other agencies who sponsored participants to attend Union courses.
FOCUS ON POVERTY AND LUNG HEALTH

The 40th Union World Conference on Lung Health, held on 3–7 December 2009 in Cancún, Mexico, examined the links between poverty and lung health from a wide range of perspectives. Principal speakers included the World Bank economist Dr Abdo Yazbeck on inequality in the health sector; The Union President Dr S Bertel Squire on how The Union model serves the poor; Dr Mario Raviglione, Director of the WHO Stop TB Department, on MDR/XDR-TB and poverty; and Dr Douglas Bettcher, Director of WHO’s Tobacco Free Initiative on tobacco use and poverty. In addition, the 2,000 delegates participated in 120 symposia, post-graduate courses, poster presentations and other events.

This was the first World Conference to be held in Latin America since 1982. In addition to a Spanish-language track, featured sessions offered simultaneous English-Spanish-English translation.

THE YEAR OF THE LUNG 2010 LAUNCHED

The Year of the Lung 2010 officially began at the World Conference in December. The year-long campaign sponsored by the Forum of International Respiratory Societies (FIRS) seeks to raise awareness that hundreds of millions of people suffer from treatable and preventable respiratory diseases. It stresses that lung health has been neglected in public discourse and hopes to unify advocates for global lung health. Dr Nils E Billo, Executive Director of The Union, is the current chair of FIRS. Following a plenary session on the issues, sponsors and delegates participated in a launch ceremony on Sunday, 6 December 2009. For more information, please visit www.yearofthelung.org.
The Union presents awards in two categories at the World Conference. The **Karel Styblo Public Health Prize** is given to a health worker (physician or lay person) or an organisation for contributions to tuberculosis or non-tuberculous disease over a period of at least 10 years. The **Union Scientific Prize** recognises a researcher under 45 years of age who has published significant work on tuberculosis or lung disease in the previous two years.

The 2009 awards were presented at the Opening Ceremony on Friday, 4 December 2009.

**KAREL STYBLO PUBLIC HEALTH PRIZE**

Prof Digambar Behera (India) was honoured for a career spanning more than 30 years in patient care, research, teaching and advocating for lung health. He is currently the Director of the LRS Institute of Tuberculosis and Respiratory Diseases, New Delhi and a professor in the Department of Pulmonary Medicine at the Postgraduate Institute of Medical Education & Research there. As chair of The Union Tuberculosis Scientific Section, he also serves on the Board of Directors.

**UNION SCIENTIFIC PRIZE**

Dr Rod Escombe MD DTM&H PhD (UK) was recognised for papers published in *PLoS Medicine* on natural ventilation for the prevention of airborne contagion, upper room UV light for prevention of nosocomial TB transmission and the infectiousness of TB patients coinfected with HIV.

**OTHER AWARDS PRESENTED AT THE 2009 WORLD CONFERENCE**

- **Princess Chichibu Global Memorial TB Award:**
  Dr Philip Christy Hopewell (USA): Professor Emeritus, University of California, San Francisco

- **Stop TB Kochon Prizes:**
  Lucy Chesire (Kenya): TB/HIV activist
  Prof Stewart Cole (Switzerland): Director, Global Health Institute

- **Stop TB Award for Excellence in Reporting on Tuberculosis:**
  Carlos Henrique Fioravanti (Brazil)
  Charles Mpaka (Malawi)
  Neway Tsegaye (Ethiopia)

**CHRISTMAS SEALS CONTEST**

The Christmas Seals Contest, held each year at the World Conference, celebrates the century-long tradition of producing colourful seals or stamps to raise funds for tuberculosis and lung health. Union members select the winners, which are announced at the General Assembly.

**2009 WINNERS WERE:**

1st prize: Philippines Tuberculosis Society, Inc. (A)
2nd prize: Canadian Lung Association (B)
3rd prize: Comité Nacional de Lucha Contra la Tuberculosis y Enfermedades del Aparato Respiratorio (Mexico) (C) and The Hong Kong TB Chest & Heart Diseases Association (D).
In 2009 submissions to the IJTLD remained high, at 57 articles per month. Article downloads from the Ingenta site increased to more than 11,000 in 2009, mainly due to open access, whereby member/subscriber-only access to the Journal was reduced from 12 to only six months. The Impact Factor (IF) increased once again, from 2.240 in 2008 to 2.304 in 2009. There seems to be a clear correlation between the two (see figure).

An average of two editorials and two States of the Art (SoA) or Review articles were published in each issue in 2009. The SoA series on tuberculosis that began in 2008 continued in the first six months of 2009, followed by a series on anti-tuberculosis drug resistance. The Educational series on prevalence surveys was also completed in 2009. The only supplement for the year, the Abstract Book for the 40th Union World Conference on Lung Health in Cancún, Mexico, was distributed on CD only to both participants and subscribers, and an Abstract Print Zone was made available on site at the conference. This new initiative met with general approval.

The recently introduced quarterly Year in Review articles concentrated on the following themes covered in the IJTLD in 2008: multidrug-resistant and extensively drug-resistant tuberculosis, diagnostics, epidemiology and tuberculosis and human immunodeficiency virus co-infection. In his review of epidemiological articles, Dr Hans Rieder noted that “the Editorial Board of the Journal [should] pay attention not only to analysis, as sophisticated and high-level as it may be, but also to the quality of the underlying data.” As a result, the Instructions to authors and the reviewer guidelines now specifically ask how the authors have ensured that their data is valid.

The mandates of the current editor-in-chiefs, Nulda Beyers and Moira Chan-Yeung, expire on 31 December 2010. They will both have served one five-year and one three-year term, the maximum allowable. Announcements were published in the IJTLD and on The Union’s website and were circulated to a number of institutions. The new EICs will commence their activities on 1 January 2011.

Nulda Beyers
Editor, Tuberculosis – South Africa
Moira Chan-Yeung
Editor, Lung Disease – Hong Kong
Clare Pierard
Managing Editor

NEW UNION PUBLICATIONS IN

All Union publications are available as PDFs that may be downloaded at no charge from The Union website at www.theunion.org. To order print copies, please go to the website or contact documents@theunion.org.

TEXTBOOKS

Tuberculosis and Public Health: Policies and Principles in Tuberculosis Control
Thuridur Arnadottir – English; Print, PDF or CD-ROM
Clinical Tuberculosis (3rd ed)
HL Rieder, CY Chiang, RP Gie, DA Enarson – English; Print;
Co-published with MacMillan

TECHNICAL GUIDES

Lung Health Consequences of Exposure to Smoke from Domestic Use of Solid Fuels: A Guide for Low-Income Countries DA Enarson, N Ait-Khaled, CY Chiang English; Print or PDF
Best Practice for the Care of Patients with Tuberculosis: A Guide for Low-Income Countries G Williams, E Alarcón, S Jittimanee, et al. Russian edition; PDF only
RESEARCH PUBLISHED IN 2009

The Union’s technical staff and consultants published close to 100 articles, books, chapters and guides in 2009. Research, review and opinion articles appeared in
- *Africa Health*
- *BMC-Public Health*
- *Clinical Chest Medicine*
- *Clinical Infectious Diseases*
- *European Endocrinology*
- *European Respiratory Journal*
- *Expert Review of Respiratory Medicine*
- *F1000 Medicine Reports*
- *International Health*
- *International Journal of Tuberculosis and Lung Disease*
- *International Pleural Newsletter*
- *Journal of Clinical Microbiology*
- *Journal of the Formosa Medical Association*
- *Lancet*
- *Lancet Infectious Diseases*
- *PLoS Medicine*
- *South African Journal of Epidemiology and Infection*
- *Thorax*
- *Transactions of the Royal Society of Tropical Medicine and Hygiene*
- *Tropical Doctor*
- *Tropical Medicine and Hygiene*
- *Tropical Medicine and International Health*

These publications covered all of the areas of interest to The Union, such as the increasing drug resistance in a Taiwan medical centre, the very early mortality of patients starting antiretroviral therapy in Malawi’s rural primary health centres, two versus three sputum samples for detecting TB in a high HIV prevalence population, the toxicity of first-line drugs in TB treatment for children, global variation in the prevalence and severity of asthma, developing and implementing a nation programme for managing child pneumonia, smoking cessation and COPD, and the need for pictorial warnings on tobacco packaging.

OTHER PUBLICATION HIGHLIGHTS

DA Enarson, JL Caminero, A Van Deun, CY Chiang, ID Rusen, and AD Harries were contributing authors to the massive *Tuberculosis: A Comprehensive Clinical Reference* edited by H Simon Schaaf and Alimuddin I Zumla (Saunders/Elsevier, 2009).


For complete details about Union research published in 2009, please visit the website at www.theunion.org.
Online membership in The Union has been a popular option for several years. Initially it referred to members who opted to receive the online edition of the *International Journal of Tuberculosis and Lung Disease*, as opposed to the print edition. However, in 2009 The Union’s online services expanded and the “virtual Union” has become a reality.

**Union Services**

Union Services is a website where you can join or renew your membership, participate in elections, register for a conference, submit abstracts and apply for a course, as well as view and update your membership profile and history. Launched in July 2009, Union Services will continue to add more features in 2010.

**Online elections**

Formerly region and scientific section elections were held at conferences or by mail. Today most elections are held online, greatly improving the participation level and ease of the process. In 2009, the Latin America Region; the Tuberculosis, HIV, Lung Health and Tobacco Control Scientific Sections; and the Tuberculosis Nurses and Allied Professionals Sub-Section all elected their officers online.

**Governance online**

General Assembly resolutions were also handled through online voting this year, allowing the easy participation of members who could not attend this annual meeting at the World Conference.

**Region web pages**

Each region now has a web page on The Union website where member organisations may post their news and upcoming events. The pages also provide news from The Union offices in the region and contact information for both members and offices.

**Facebook community**

Members and other interested persons can participate in The Union via Facebook where news is posted for discussion and comment.

**Online memberships**

With fees starting as low as 20€, online membership in The Union continues to be the fastest-growing category of members, increasing by 18% in 2009.
**In Memoriam**

**SIR JOHN CROFTON (1912–2009)**

Sir John Crofton, tuberculosis pioneer and winner of The Union Medal, died in 2009 at the age of 97. In the early 1950s in Scotland, Sir John led a team who demonstrated that, with meticulous bacteriology and available chemotherapy, a 100% cure rate for TB was a reasonable objective. Using this approach, between 1954 and 1957 TB notification rates in Edinburgh dropped by 50%. This was the first time that TB had actually been cured.

Many people did not believe their results, and an international clinical trial, organised under the auspices of The Union, was held to convince the world. This was the first international clinical trial of any treatment. Carried out in 23 leading centres, the trial proved the method’s success, and the ‘Edinburgh Method’ became the gold standard of TB treatment.

The challenge was then to implement this approach around the world. The British Medical Research Council led the way with trials in India and East Africa. The Union — through Drs Karel Styblo and Annik Rouillon — pioneered short course chemotherapy in Tanzania and other African countries, achieving cure rates of more than 80% in the late 1980s — a feat that was considered astonishing. The DOTS strategy, now part of the Stop TB Strategy implemented in 180 countries, was born.

Sir John Crofton was made an Honorary Member of The Union in 1995 and received The Union Medal in 2005 in recognition of his longtime Union membership and pioneering contributions. He was one of the major heroes in the long struggle to defeat tuberculosis and, in his later life, a tireless advocate of tobacco control.

**RAÚL DÍAZ VALDÉS (1938–2009)**

The contributions that Raúl Díaz made to the medical world stretched from far-off Latin America to the heart of old Europe, and particularly his work within the International Union, where I met him more than 35 years ago.

At that time, he was a young Chilean doctor who had fled the political regime in power in his country. He and his family settled in France and his presence at The Union became a constant — permanent and unparalleled. He was largely responsible for the close ties that The Union has always maintained with Latin America, and he fought hard to establish Spanish as the third official language.

In all of the more than 150 countries on five continents where The Union was affiliated through local organisations, he helped to create close links, balance and harmony. His presence was served by his great intelligence and perspicacity, his humanity, his constant care for others. For all that he was and all that he did, in perfect humility, we admired, respected and loved Raúl, and we will always miss him.

Annik Rouillon
Former Executive Director
The Union
Union members with common professional interests affiliate with each other through scientific sections, sub-sections and working groups. They collaborate on research, publications and other projects, help plan the scientific programme for Union conferences and participate in the governance of The Union through the General Assembly. Annual meetings are held each year at The Union World Conference on Lung Health.

**TUBERCULOSIS SCIENTIFIC SECTION**
2,170 MEMBERS IN 2009

At its annual meeting, the TB Scientific Section heard reports from several of the working groups, discussed section activities and elections and explored ways to keep active throughout the year. This section, through the scientific programme committee, helps to coordinate numerous conference sessions for every World Conference; in 2009, these included six postgraduate courses, 10 workshops and 22 symposia.

**Chair:** Peter Davies (UK)
**Vice Chair:** Digambar Behera (India)
**Programme Secretary:** Edward Nardell (USA)
**Secretary:** CN Paramasivan (India)

**Working Groups**
- TB education
  - (Leaders: M Amir Khan and Xiaolin Wei)
- TB control in prisons (Leader: Massoud Dara)
- Trans-border migration and TB
  - (Leaders: Fraser Wares and Deliana Garcia)
- TB infection control (Leader: Edward Nardell)
- TB in big cities (Leader: Arnaud Trébucq)
- TB social determinants and ethics
  - (Leader: Anne Fanning)
- Health systems strengthening
  - (Leader: M Amir Khan)
- TB/HIV data management (Leader: Rory Dunbar)

**TB BACTERIOLOGY AND IMMUNOLOGY SUB-SECTION**
463 MEMBERS IN 2009

**Chair:** Christopher Gilpin (Switzerland)
**Programme Secretary:** Rumina Hasan (Pakistan)

The TB Bacteriology and Immunology Sub-Section organised a workshop on practical laboratory issues in low-resource settings, as well as three symposia for the 2009 World Conference. At their annual meeting, they proposed a variety of topics for 2010, including the Global Laboratory Initiative and biomarkers for TB and *M. tuberculosis* strain management in high-burden countries. In addition, a new working group on TB laboratory accreditation was established.

**TB NURSES AND ALLIED PROFESSIONALS (NAPS) SUB-SECTION**
89 MEMBERS IN 2009

**Chair:** Mariam Walusimbi (Uganda)
**Programme Secretary:** Rajita Bhavaraju (USA)

This active sub-section organised several sessions for the 2009 World Conference. At the annual meeting, working groups reported on their activities, which included coordination of the annual TB education and training materials display and workshop. Regional NAPS networks are active in Africa, Europe, Latin America, the Caribbean, the Western Pacific and North America. Lack of funds continues to limit the participation of nurses at international conferences.

**Working Groups**
- Regional mobilisation
  - (Leader: Maruschka Sebek)
- Best practice for patient care
  - (Leaders: Gini Williams and Inge Schreurs)
- Health education and training
  - (Leaders: Nisha Ahamed and Amera Khan)
Zoonotic Tuberculosis Sub-section
19 Members in 2009

Chair: Claude Turcotte (Canada)
Programme Secretary: John Kaneene (USA)

This sub-section organised a symposium for the 2009 World Conference on the public health and socioeconomic impact of zoonotic TB that was attended by 65 delegates.

Working Group
- Mycobacterium bovis
  (Leaders: Claude Turcotte and John Kaneene)

HIV Scientific Section
79 Members in 2009

Chair: Renee Ridzon (USA)
Vice Chair: Reuben Granich (Switzerland)
Programme Secretary: Nickolas DeLuca (Namibia)
Secretary: Alasdair Reid (Switzerland)

The HIV Scientific Section is very active, as demonstrated by the growing number of conference sessions they organise – 15 in 2009. At their annual meeting, members discussed issues such as the need for more independent emphasis on HIV, as well as TB/HIV, and ways to increase the participation of advocacy groups in The Union.

Working Group
- Standards for smoking cessation programmes in low-income countries
  (Leader: Kristen Hassmiller)

Tobacco Control Scientific Section
605 Members in 2009

Chair: Hamdy El Sayed (Egypt)
Vice Chair: Wang Jie (China)
Programme Secretary: Amanda Amos (UK)
Secretary: E Vidhubala (India)

The advancement of the Tobacco Control Section was discussed at the 2009 annual meeting, including its representation on the Coordinating Committee of Scientific Activities. While there were only a handful of tobacco sessions planned for the 2009 World Conference; more than 10 proposals were accepted for 2010.

Working Group
- BCG surveillance
  (Leader: Anneke Hesseling)
- Childhood TB training
  (Leader: Ben J Marais)
- COPD in low-income countries
  (Leader: Peter Burney)
- Oxygen systems (Leader: Steve Graham)

Lung Health Scientific Section
82 Members in 2009

Chair: Steve Graham (Australia)
Vice Chair: Gregory Erhabor (Nigeria)
Programme Secretary: Simon Schaaf (South Africa)
Secretary: Anneke Hesseling (South Africa)

This section organised several well-attended symposia and a post-graduate course on childhood TB for the 2009 World Conference. At their annual meeting, members discussed how to increase interest in other lung health issues, such as asthma and COPD. This group will also now include members involved with other non-communicable diseases, such as diabetes.

Working Groups
- BCG surveillance
  (Leader: Anneke Hesseling)
- Childhood TB training
  (Leader: Ben J Marais)
- COPD in low-income countries
  (Leader: Peter Burney)
- Oxygen systems (Leader: Steve Graham)

2009 Highlights
TB and migrants position paper has international impact
The Trans-border Migration and TB Working Group developed a statement that was adopted by the Board of Directors in 2009 as the official Union statement on TB Care for the Undocumented. This statement has since been presented at a World Health Organization session on Ethics and Human Rights; at the WHO-STAG meeting in 2009; at The Union Europe Region and World Conferences; and at the European Parliament. In addition, Norway and the Netherlands have passed regulations in line with the recommendations.

International guidelines on TB in prisons revised
The TB Control in Prisons Working Group developed revised International Guidelines on TB Control in Prisons, which were published in 2009. Most members of the WG provided input to the guidelines. In addition, members coordinated TB in prison symposia at the international Prison Health Protection conference in Madrid in October and the Tuberculosis Surveillance and Research Unit (TSRU) meeting in Seoul.

Hypoxia management resources compiled
In 2009, the Oxygen Systems Working Group compiled a list of relevant publications and technical advice on the importance of effective hypoxia management, especially in managing child pneumonia, and technical equipment advice for oxygen delivery systems and hypoxia detection. These are available at no charge on The Union website, www.theunion.org.

IJTLD to publish supplement on TB ethics and social determinants
The TB Social Determinants and Ethics Working Group invited articles and found funding for a supplement on “Ethics and Social Determinants in Tuberculosis Care and Control”, which is scheduled for publication in a future issue of the International Journal of Tuberculosis and Lung Disease.
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 31st December 2009. During this, the 89th year since its establishment, The Union has made significant progress in examining its operations, charting new areas of growth and building for the future. While making advances in these and other important areas, The Union has also maintained focus on its mission and made significant strides towards achieving its programmatic goals.

The global economic crisis, of course, has stressed the resources of many of our members, donors and The Union itself. Several of our large constituent members informed us that they will no longer be able to pay their annual membership fees and arrears and have relinquished their memberships.

Government donor agencies, which have supported the work of The Union, have also scaled back their commitments in these difficult times. These funding reductions occurred through no fault of The Union. Significant changes in the global health architecture, the proliferation of health organisations and changing international aid priorities have complicated resource mobilisation and the ability to secure long-term funding commitments. Several governments that in previous years contributed directly to The Union now provide their funds to new funding mechanisms, such as The Global Fund.

Yet these sobering developments are unlikely to capture the full extent of the actual revenue shortfall for The Union during Fiscal 2009. The continued weakening of the US dollar against the euro has severely affected the finances of The Union as more than 80% of our revenue is in US dollars. In addition, the high costs of employment taxes and compulsory social charges in France—63% of gross salary—must be paid with our unrestricted funds.

This time of constraint required discipline and sacrifice. It entailed hard choices about what matters most—not an easy exercise for an organisation such as ours, where autonomy is prized, where our many programmes operate at a remarkable level of quality and where each of them has their own view of what is essential. We moved to implement cost reductions in the amount of 2 million euros during Fiscal 2010 to be accomplished through a combination of personnel and non-personnel costs. We are also considering the scale and pace of major projects and are taking a hard look at hiring, staffing levels and compensation to consider how we can reduce overall spending, while at the same time invest in programmes that are vital to The Union and will propel us forward tomorrow.

This financial challenge was particularly daunting after a period of extended growth and expansive opportunities. But we live in the moment that history has presented to us, and we are confident we will rise to this occasion as The Union has so many times before. Our predecessors steered The Union through two world wars and global economic depression, epidemics and episodes of unrest. We are the beneficiaries of their resilience, creativity and commitment.

**FISCAL 2009 HIGHLIGHTS**

- Total revenue was 34.9 million euros compared to 34.6 million in 2008. This is significantly less than The Union had planned to receive during the fiscal year.
- The Global Fund and 3 Diseases Fund signed agreements in the amount of US$ 16.7 million for projects in India (2 years) and Myanmar (18 months), ensuring further strengthening for The Union offices.
- Revenue from grants, gifts and operating grants amounted to 31.9 million euros compared to 30.8 million euros in 2008.
- Total expenditure was 36.8 million euros compared to 35.1 million euros in 2008.
- The operating result was -1.8 million euros compared to -.48 million euros in 2008. This result is attributed to significant revenue shortfall during Fiscal 2009.
- Approximately 482,366.89 euros in funds owed by constituent members were written off as members indicated their inability to pay.
The Union’s assets increased during Fiscal 2009 with the purchase of a new premise that will provide 164 m² of office space in close proximity to the main office. The total market value of our assets amounts to 7,518,973 euros after repayment of loans.

We enter Fiscal 2010 with concerns for both revenues and expenditures. The changes in the way funding agencies support projects, the rising costs of compulsory employee benefits and the declining number of paying constituent members are areas that pose significant challenges.

The global economic crisis and its impact on our finances will continue to challenge us—as we, like other organisations, confront difficult and at times wrenching choices about how to align our spending with significantly reduced resources. Our focus belongs not what we have lost, but on what we have.

For The Union, as for many other organisations, our challenge is to confront the new economic realities and intelligently adapt ourselves to them, while at the same time affirming and strengthening the scientific, educational and research programmes that lie at the heart of what we do.

With such an unpredictable financial environment, it is particularly important to maximise our flexibility and minimise risk so that The Union can respond to changing circumstances. Towards that end, we are planning to take advantage of The Union’s strategically located offices around the world to access funds destined for local uses. This will help us sustain flexibility and momentum in addressing our programme priorities as we work to absorb the impact of losses in revenue.

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. Such oversight will ensure the continued financial strength needed to pursue The Union’s agenda in Fiscal 2010 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 2009 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.

By almost any measure, The Union is better positioned today than last year, or the year before. Our success is the product of unrelenting effort, clear vision and a determination to honour our commitments and exercise disciplined financial management. We are proud of what we have accomplished during Fiscal 2009 as an organisation and look forward to building on these achievements as we strive to provide even more valuable services in the future.

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

Thank you.

Louis-James de Viel Castel
Treasurer
L'Union Internationale Contre la Tuberculose et les Maladies Respiratoires
Association reconnue d'utilité publique
Siège social : 68 boulevard Saint-Michel - 75006 PARIS

Rapport du commissaire aux comptes sur les comptes annuels
Exercice clos le 31 décembre 2009

Mesdames, Messieurs,
En exécution de la mission qui nous a été confiée par votre assemblée générale, nous vous présentons notre rapport relatif à l'exercice clos le 31 décembre 2009, sur :
- le contrôle des comptes annuels de l'association Union Internationale Contre la Tuberculose et les Maladies Respiratoires, tels qu'ils sont joints au présent rapport ;
- la justification de nos appréciations ;
- les vérifications et informations spécifiques prévues par la loi.

Les comptes annuels ont été arrêtés par le Bureau de l'Union. Il nous appartient, sur la base de notre audit, d'exprimer une opinion sur ces comptes.

1 Opinion sur les comptes annuels
Nous avons effectué notre audit selon les normes d'exercice professionnel applicables en France ; ces normes requièrent la mise en œuvre de diligences permettant d'obtenir l'assurance raisonnable que les comptes annuels ne comportent pas d'anomalies significatives. Un audit consiste à vérifier, par sondages ou au moyen d'autres méthodes de sélection, les éléments justifiant des montants et informations figurant dans les comptes annuels. Il consiste également à apprécier les principes comptables suivis, les estimations significatives retenues et la présentation d'ensemble des comptes. Nous estimons que les éléments que nous avons collectés sont suffisants et appropriés pour fonder notre opinion.

Nous certifions que les comptes annuels sont, au regard des règles et principes comptables français, réguliers et sincères et donnent une image fidèle du résultat des opérations de l'exercice écoulé ainsi que de la situation financière et du patrimoine de l'Association à la fin de cet exercice.

Sans remettre en cause l'opinion exprimée ci-dessus, nous attirons votre attention sur les points suivants :
- La note n°1-c, p.6 de l'annexe évoque le plan de restructuration initié en 2009.
- La note n°2.1.5, p.8 de l'annexe indique les changements de méthode comptable qui ont été pratiqués sur la constatation des fonds dédiés et sur la comptabilisation des frais de personnel affectés aux projets.

2 Justification des appréciations
En application des dispositions de l'article L. 823-9 du Code de commerce relatives à la justification de nos appréciations, nous portons à votre connaissance les éléments suivants :

Règles et principes comptables
La note n°2, p.6 de l'annexe expose les règles et méthodes comptables en vigueur dans l'Association.
Dans le cadre de notre appréciation des règles et principes comptables suivis par votre Association, nous avons vérifié le caractère approprié des méthodes comptables précisées ci-dessus et des informations fournies dans les notes de l'annexe et nous nous sommes assurés de leur correcte application.

Estimations comptables
Une provision pour restructuration a également été comptabilisée et est mentionnée au niveau des faits majeurs de l'exercice dans la note n°1-c, p.6 de l'annexe.
L'Association constitue des provisions pour couvrir les risques de perte de change, tel que décrit dans la note n°3.2.2, p.19 de l'annexe.
Dans le cadre de nos appréciations, nous nous sommes assurés du caractère raisonnable de ces estimations.

Changements de méthode comptable
Comme mentionné dans la première partie du présent rapport, la note n°2.1.5, p.8 de l'annexe expose les changements de méthode comptable.
Ces changements contribuent à une meilleure information dans le cadre d'une méthode préférentielle.
Dans le cadre de notre appréciation des principes comptables suivis par votre Association, nous nous sommes assurés du bien-fondé de ce changement et de la présentation qui en est faite.
Les appréciations ainsi portées s'inscrivent dans le cadre de notre démarche d'audit des comptes annuels, pris dans leur ensemble, et ont donc contribué à la formulation de notre opinion exprimée dans la première partie de ce rapport.

3 Vérifications et informations spécifiques
Nous avons également procédé aux vérifications spécifiques prévues par la loi.
Nous n'avons pas d'observation à formuler sur la sincérité et la concordance avec les comptes annuels des informations données dans le rapport financier et dans les documents adressés aux membres sur la situation financière et les comptes annuels.

Levallois-Perret, le 14 octobre 2010
KPMG Entreprises
D Épartement de KPMG S.A.

Jôrôme Everidge
Assistante
The translated version of the letter cannot be signed, according to French accounting regulations. The official document is the French letter on page 44.
## Balance Sheet

1 January 2009 – 31 December 2009 (with 2008 reprocessed in line with 2009 audit requirements)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>31 703</td>
<td>45 671</td>
</tr>
<tr>
<td>Land</td>
<td>1 478 616</td>
<td>2 130 094</td>
</tr>
<tr>
<td>Building</td>
<td>5 697 110</td>
<td>8 207 257</td>
</tr>
<tr>
<td>Fixtures and equipment</td>
<td>872 066</td>
<td>1 256 298</td>
</tr>
<tr>
<td>Other tangible fixed assets</td>
<td>317 607</td>
<td>457 545</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>177 431</td>
<td>255 607</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td><strong>8 574 533</strong></td>
<td><strong>12 352 472</strong></td>
</tr>
</tbody>
</table>

| Current Assets              |            |            |            |            |
| Constituent members         | 521 041    | 750 612    | 620 294    | 863 263    |
| Suppliers advance           | 6 115      | 8 809      | 6 000      | 8 350      |
| Managed funds receivable    | 4 523 774  | 6 516 949  | 3 269 136  | 4 549 657  |
| Receivable on committed grants | 33 440 086 | 4 955 788  | 0          | 0          |
| Inter-offices accounts      | 2 171 655  | 3 128 486  | 1 252 848  | 1 743 589  |
| Other receivables           | 707 066    | 1 018 599  | 459 770    | 639 862    |
| Sundry debtors              | 86 550     | 124 684    | 149 499    | 208 057    |
| **Total Current Assets**    | **11 456 287** | **16 503 927** | **5 757 546** | **8 012 778** |

| Current Assets              |            |            |            |            |
| **Total Bank & Cash**       | **3 407 406** | **4 908 709** | **4 409 963** | **6 137 346** |

| Prepaid Expenses            |            |            |            |            |
| **Total Prepaid Expenses**  | **151 651** | **218 468** | **188 750** | **262 683** |

| Realisable Exchange Losses  |            |            |            |            |
| **Total Exchange Losses**   | **259 335** | **373 598** | **510 381** | **710 298** |

| Grand Total                 | **23 849 212** | **34 357 174** | **18 254 958** | **25 405 426** |

2009: 1 € = 1,4406 US$
2008: 1 € = 1,3917 US$
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity Reserves</td>
<td>€2,287,820</td>
<td>US $3,295,833</td>
</tr>
<tr>
<td></td>
<td>€929,819</td>
<td>US $1,294,029</td>
</tr>
<tr>
<td>Result carried forward</td>
<td>-€1,716,501</td>
<td>-US $2,472,791</td>
</tr>
<tr>
<td></td>
<td>-€889,774</td>
<td>-US $1,238,298</td>
</tr>
<tr>
<td>Result from the financial year</td>
<td>-€3,381,101</td>
<td>-US $4,870,814</td>
</tr>
<tr>
<td></td>
<td>-€826,727</td>
<td>-US $1,150,556</td>
</tr>
<tr>
<td>Restatement reserve on premises</td>
<td>€1,887,396</td>
<td>US $2,718,983</td>
</tr>
<tr>
<td></td>
<td>€1,887,396</td>
<td>US $2,626,689</td>
</tr>
<tr>
<td>Total Equity</td>
<td>-€922,386</td>
<td>-US $1,328,789</td>
</tr>
<tr>
<td></td>
<td>€1,100,714</td>
<td>US $1,531,864</td>
</tr>
<tr>
<td>Contingent Liability Total Contingency Reserves</td>
<td>€553,130</td>
<td>US $796,839</td>
</tr>
<tr>
<td></td>
<td>€261,519</td>
<td>US $363,955</td>
</tr>
<tr>
<td>Dedicated Funds Total Ded. Funds</td>
<td>€3,164,961</td>
<td>US $4,559,443</td>
</tr>
<tr>
<td></td>
<td>€2,686,766</td>
<td>US $3,739,172</td>
</tr>
<tr>
<td>Debts Grants to be paid</td>
<td>€9,502,053</td>
<td>US $13,688,658</td>
</tr>
<tr>
<td></td>
<td>€6,972,016</td>
<td>US $9,702,955</td>
</tr>
<tr>
<td>Committed grants related to future budget years</td>
<td>€3,440,086</td>
<td>US $4,955,788</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inter-offices accounts</td>
<td>€935,033</td>
<td>US $1,347,009</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Borrowing from credit institutions</td>
<td>€2,700,355</td>
<td>US $3,890,131</td>
</tr>
<tr>
<td></td>
<td>€2,938,500</td>
<td>US $4,089,510</td>
</tr>
<tr>
<td>Current bank advances</td>
<td>€901,258</td>
<td>US $1,298,352</td>
</tr>
<tr>
<td></td>
<td>€1,483,859</td>
<td>US $2,065,087</td>
</tr>
<tr>
<td>Suppliers and similar accounts</td>
<td>€1,288,876</td>
<td>US $1,856,755</td>
</tr>
<tr>
<td></td>
<td>€1,405,194</td>
<td>US $1,955,608</td>
</tr>
<tr>
<td>Tax and social security</td>
<td>€742,841</td>
<td>US $1,070,137</td>
</tr>
<tr>
<td></td>
<td>€556,329</td>
<td>US $774,243</td>
</tr>
<tr>
<td>Charges to be paid (Accrued expenses)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>€14,717</td>
<td>US $20,482</td>
</tr>
<tr>
<td>Other creditors</td>
<td>€138,361</td>
<td>US $199,323</td>
</tr>
<tr>
<td></td>
<td>€116,800</td>
<td>US $162,551</td>
</tr>
<tr>
<td>Total Debts</td>
<td>€19,648,863</td>
<td>US $28,306,153</td>
</tr>
<tr>
<td></td>
<td>€13,487,414</td>
<td>US $18,770,436</td>
</tr>
<tr>
<td>Deferred Income Total Deferred Income</td>
<td>€591,463</td>
<td>US $852,062</td>
</tr>
<tr>
<td></td>
<td>€622,526</td>
<td>US $866,369</td>
</tr>
<tr>
<td>Foreign Exchange Unrealised Gains Total Exchange Gains</td>
<td>€813,181</td>
<td>US $1,171,467</td>
</tr>
<tr>
<td></td>
<td>€96,019</td>
<td>US $133,630</td>
</tr>
<tr>
<td>Grand Total</td>
<td>€23,849,212</td>
<td>US $34,357,175</td>
</tr>
<tr>
<td></td>
<td>€18,254,958</td>
<td>US $25,405,426</td>
</tr>
</tbody>
</table>

2009: 1 € = 1,4406 US$
2008: 1 € = 1,3917 US$
# Income/Expenses

1 January 2009 – 31 December 2009 (with 2008 reprocessed in line with 2009 audit requirements)

## INCOME STATEMENT (in €)

### Operating Income

<table>
<thead>
<tr>
<th></th>
<th>General Funds</th>
<th>Managed Funds</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>571 426</td>
<td>0</td>
<td>571 426</td>
<td>576 033</td>
</tr>
<tr>
<td>Operating grant</td>
<td>3 027 834</td>
<td>0</td>
<td>3 027 834</td>
<td>2 575 313</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>212 107</td>
<td>28 735 204</td>
<td>28 947 311</td>
<td>28 294 972</td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>730 367</td>
<td>160 613</td>
<td>890 980</td>
<td>1 257 158</td>
</tr>
<tr>
<td>Other income</td>
<td>1 160 573</td>
<td>381 657</td>
<td>1 542 230</td>
<td>1 944 514</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>5 702 307</strong></td>
<td><strong>29 277 474</strong></td>
<td><strong>34 979 781</strong></td>
<td><strong>34 647 990</strong></td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th>General Funds</th>
<th>Managed Funds</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>External charges</td>
<td>-3 741 850</td>
<td>-13 433 961</td>
<td>-17 175 811</td>
<td>-17 576 269</td>
</tr>
<tr>
<td>Taxes</td>
<td>-26 195</td>
<td>1 965</td>
<td>-24 230</td>
<td>-19 562</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>-1 889 959</td>
<td>-2 960 122</td>
<td>-4 850 081</td>
<td>-3 774 299</td>
</tr>
<tr>
<td>Social contributions</td>
<td>-1 014 361</td>
<td>-1 078 950</td>
<td>-2 093 311</td>
<td>-1 595 631</td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>-516 583</td>
<td>-10 567</td>
<td>-527 150</td>
<td>-820 875</td>
</tr>
<tr>
<td>Other expenses</td>
<td>-1 051 062</td>
<td>-11 085 081</td>
<td>-12 136 143</td>
<td>-11 348 248</td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td><strong>-8 240 010</strong></td>
<td><strong>-28 566 716</strong></td>
<td><strong>-36 806 726</strong></td>
<td><strong>-35 134 884</strong></td>
</tr>
</tbody>
</table>

### Operating Result

-2 537 703

### Financial Result

#### Positive foreign exchange difference

668 926

#### Interest and financial income

695

#### Write back of financial provisions

261 519

#### Negative foreign exchange difference

-1 031 488

#### Interest and financial charges

-154 687

#### Provision of risk for foreign exchange losses

-103 130

<table>
<thead>
<tr>
<th></th>
<th>General Funds</th>
<th>Managed Funds</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Financial Result</strong></td>
<td><strong>-358 165</strong></td>
<td><strong>-8 529</strong></td>
<td><strong>-366 694</strong></td>
<td><strong>-238 047</strong></td>
</tr>
</tbody>
</table>

### Exceptional Result

-485 233

Write back of dedicated funds 0 1 668 868 2 029 961

Obligations for projects 0 -2 371 097 -2 131 747

### Operations on Dedicated Funds

0 -702 229 -702 229 -101 785

### Net Result for Financial Year

-3 381 101 0 -3 381 101 -826 727

2009: 1 € = 1,4406 US$  
2008: 1 € = 1,3917 US$
### INCOME STATEMENT (in US$)

#### Operating Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>823 196</td>
<td>0</td>
<td>823 196</td>
<td>823 196</td>
<td>801 665</td>
</tr>
<tr>
<td>Operating grant</td>
<td>4 361 898</td>
<td>0</td>
<td>4 361 898</td>
<td>4 361 898</td>
<td>3 584 063</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>305 561</td>
<td>41 395 935</td>
<td>41 701 496</td>
<td>39 378 113</td>
<td></td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>1 052 167</td>
<td>231 379</td>
<td>1 283 546</td>
<td>1 749 586</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>1 671 921</td>
<td>549 815</td>
<td>2 221 737</td>
<td>2 706 180</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>8 214 743</strong></td>
<td><strong>42 177 129</strong></td>
<td><strong>50 391 873</strong></td>
<td><strong>48 219 607</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>External charges</td>
<td>-5 390 509</td>
<td>-19 352 964</td>
<td>-24 743 473</td>
<td>-24 460 893</td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td>-37 737</td>
<td>2 831</td>
<td>-34 906</td>
<td>-27 225</td>
<td></td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>-2 722 675</td>
<td>-4 264 352</td>
<td>-6 987 027</td>
<td>-5 252 692</td>
<td></td>
</tr>
<tr>
<td>Social contributions</td>
<td>-1 461 288</td>
<td>-1 554 335</td>
<td>-3 015 624</td>
<td>-2 220 639</td>
<td></td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>-744 189</td>
<td>-15 223</td>
<td>-759 412</td>
<td>-1 142 412</td>
<td></td>
</tr>
<tr>
<td>Other expenses</td>
<td>-1 514 160</td>
<td>-15 969 168</td>
<td>-17 483 328</td>
<td>-15 793 357</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td><strong>-11 870 558</strong></td>
<td><strong>-41 153 211</strong></td>
<td><strong>-53 023 770</strong></td>
<td><strong>-48 897 218</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Operating Result

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Result</strong></td>
<td><strong>-3 655 815</strong></td>
<td><strong>1 023 918</strong></td>
<td><strong>-2 631 897</strong></td>
<td><strong>-677 611</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Financial Result

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign exchange profit</td>
<td>963 655</td>
<td>5 237</td>
<td>968 891</td>
<td>1 464 419</td>
<td></td>
</tr>
<tr>
<td>Interest and financial income</td>
<td>1 001</td>
<td>0</td>
<td>1 001</td>
<td>66 825</td>
<td></td>
</tr>
<tr>
<td>Write back of financial provisions</td>
<td>376 744</td>
<td>0</td>
<td>376 744</td>
<td>69 366</td>
<td></td>
</tr>
<tr>
<td>Foreign exchange loss</td>
<td>-1 485 962</td>
<td>-17 523</td>
<td>-1 503 485</td>
<td>-1 369 161</td>
<td></td>
</tr>
<tr>
<td>Interest and financial charges</td>
<td>-222 842</td>
<td>0</td>
<td>-222 842</td>
<td>-198 783</td>
<td></td>
</tr>
<tr>
<td>Provision of risk for foreign exchange losses</td>
<td>-148 571</td>
<td>0</td>
<td>-148 571</td>
<td>-363 955</td>
<td></td>
</tr>
<tr>
<td><strong>Total Financial Result</strong></td>
<td><strong>-515 975</strong></td>
<td><strong>-12 286</strong></td>
<td><strong>-528 262</strong></td>
<td><strong>-331 289</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Exceptional Result

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Write back of dedicated funds</td>
<td>0</td>
<td>2 404 171</td>
<td>2 404 172</td>
<td>2 825 096</td>
<td></td>
</tr>
<tr>
<td>Obligations for projects</td>
<td>0</td>
<td>-3 415 803</td>
<td>-3 415 803</td>
<td>-2 966 752</td>
<td></td>
</tr>
<tr>
<td><strong>Operations on Dedicated Funds</strong></td>
<td><strong>0</strong></td>
<td><strong>-1 011 632</strong></td>
<td><strong>-1 011 631</strong></td>
<td><strong>-141 656</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Net Result for Financial Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Result for Financial Year</strong></td>
<td><strong>-4 870 817</strong></td>
<td><strong>0</strong></td>
<td><strong>-4 870 817</strong></td>
<td><strong>-1 150 556</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

2009: 1 € = 1,4406 US$  
2008: 1 € = 1,3917 US$
Acknowledgements

DONORS

We gratefully acknowledge the following foundations, organisations, agencies and governments that supported The Union’s work in 2009.

Action Damien
Agence Française de Développement (AFD)
Agence Nationale de Recherche sur le Sida et les hépatites virales (ANRS)
Bloomberg Philanthropies (through a grant managed by the World Lung Foundation)
Canadian International Development Agency (CIDA)
European Commission, Brussels
European Commission, DR Congo
European Commission, EuropeAid Cooperation Office
Bill and Melinda Gates Foundation (through a grant managed by the World Lung Foundation)
Global Fund To Fight AIDS, Tuberculosis and Malaria (Global Fund) via Central Tuberculosis Division, Ministry of Health and Family Welfare, India
Johns Hopkins University Bloomberg School of Public Health
Ligue Pulmonaire Suisse (LPS)
Norwegian Agency for Development Cooperation (Norad)
Norwegian Association of Heart and Lung Patients (LHL)
Research Institute for a Tobacco-Free Society LBG with funds from the Commission of the European Communities
Royal Netherlands Tuberculosis Foundation (KNCV)
Scottish Government
Stichting Rotterdam TBC Fonds
Stop TB Partnership
Swiss Agency for Development and Cooperation Tuberculosis Control Assistance Program (TB CAP) implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds from the United States Agency for International Development (USAID)
United Nations Office Project Services (Myanmar)

United States Agency for International Development (USAID)
University Research Co., LLC
US Centers for Disease Control and Prevention (CDC)
World Diabetes Foundation
World Health Organization
World Lung Foundation
World Vision with funds from USAID
The Yadana Consortium operated by Total/MGTC

Individual donors

In addition we would like to acknowledge the following individuals who made personal gifts of 100 euros or more.

Nils E Billo
E Jane Carter
José Luis Castro
Anne Fanning
Paula I Fujiwara
John F Murray
Bolandback Suede
Louis de Viel Castel

MEMBERS

of the Union

The members of The Union are part of a 90-year tradition of international health collaboration and innovation. Membership fees provide much-needed unrestricted funds that give The Union the scientific independence to develop health solutions for the poor. We gratefully acknowledge their participation and support.

Constituent members

Each country is represented by one constituent member.

National Tuberculosis Control Programme, Afghanistan
Comité Algérien de Lutte contre la Tuberculose, Algeria
Programa Nacionalde Controlo de Endemias, Angola
Australian Respiratory Council, Australia
Verein Heilanstalt Alland, Austria
National Anti-tuberculosis Association of Bangladesh (NATAB), Bangladesh
Fonds des Affections Respiratoires, Belgium
Ministère de la Santé, Benin
Ministerio de Salud y Deportes, Bolivia
Fundação Ataulpho de Paiva, Brazil
Ministère de la Santé, Burkina Faso
Ministère de la Santé Publique, Cameroon
Canadian Lung Association, Canada
Ministerio de Salud Pública, Chile
Chinese Anti Tuberculosis Association (CATA), China
National Tuberculosis Association, Taipei, China
Programme National de Lutte Contre la Tuberculose, Democratic Republic of Congo
Pulmonary Outpatient Centre, Croatia
Programa Nacional de Lucha Contra la Tuberculosis, Cuba
Danish Lung Association, Denmark
Egyptian General Association Against Smoking, TB and Lung Disease, Egypt
Ministerio de Salud Pública y Assistencia Social, El Salvador
Ministerio de Sanidad y Bienestar Social, Equatorial Guinea
Ministry of Health, Eritrea
Tartu University Clinics, Lung Clinic, Estonia
Finnish Lung Health Association - Filha Ry, Finland
National Centre of Tuberculosis & Lung Disease, Georgia
Deutsches Zentralkomitee zur Bekämpfung der Tuberkulose, Germany
Ghana Society for the Prevention of Tuberculosis and Lung Disease, Ghana
Liga Nacional Contra la Tuberculosis, Guatemala
National Tuberculosis Programme, Guinea Bissau
Ministère de la Santé, Guinea Conakry
The Guyana Chest Society, Guyana
Unité de Coordination des Maladies Infectieuses et Transmissibles (UCMIT), Haiti
The Hong Kong TB Chest and Heart Diseases Association, Hong Kong
Semmelweis University / Hungarian Respiratory Society, Hungary
Reykjavik Health Care Services, Iceland
The Tuberculosis Association of India, India
The Indonesian Association Against Tuberculosis, Indonesia
Iranian Charity Foundation for Tuberculosis and Lung Disease, Islamic Republic of Iran
Research Institute for a Tobacco Free Society, Ireland
Israel Lung and Tuberculosis Association, Israel
Japan Anti-Tuberculosis Association, Japan
Jordanian Society Against Tuberculosis and Lung Disease, Jordan
Kenyan Association for the Prevention of TB and Lung Disease, Kenya
Korean Institute of Tuberculosis (KIT), Republic of Korea
Ministry of Public Health, Lebanon
Ligue de Prévention et d’Action Médico-Sociale, Luxembourg
Institut d’Hygiène Sociale, Madagascar
Ministry of Health and Population, Malawi
Malaysian Association for the Prevention of Tuberculosis, Malaysia
Comité Anti Tuberculeux de Lutte contre les Maladies Respiratoires du Mali (CAMM), Mali
Comité National de Lucha Contra la Tuberculosis, Mexico
Mongolian Anti-Tuberculosis Association, Mongolia
Ministerio de Salud, Mozambique
Myanmar Medical Association, Myanmar
Nepal Anti-Tuberculosis Association, Nepal
Royal Netherlands Tuberculosis Foundation (KNCV), The Netherlands
Department of Public Health and Preventive Medicine, Nigeria
Nasjonalforeningen for Folkehelsen, Norway
Pakistan Anti-tuberculosis Association, Pakistan
Philippine Tuberculosis Society Inc, The Philippines
Associação Nacional de Tuberculose e Doenças Respiratórias, Portugal
Ministry of Health, Saudi Arabia
Ministère de la Santé, Senegal
Singapore Anti-Tuberculosis Association (SATA), Singapore
Annelena Tonelli Tuberculosis Center, Somalia
South African National Tuberculosis Association (SANTA), South Africa
Ministerio de Sanidad y Consumo, Spain
Ceylon National Association for the Prevention of Tuberculosis (CNAPT), Sri Lanka
Federal Ministry of Health, Sudan
Swedish Heart Lung Foundation, Sweden
Ligue Pulmonaire Suisse, Switzerland
Comité Syrien de Défense Contre la Tuberculose, Syrian Arab Republic
Ministry of Health, United Republic of Tanzania
Anti-Tuberculosis Association of Thailand, Thailand
Comité National Anti-Tuberculeux (CNART), Togo
Ligue Nationale Contre la Tuberculose et Maladies Respiratoires, Tunisia
Turkish Anti-Tuberculosis Association, Turkey
National Tuberculosis and Leprosy Programme, Uganda
British Thoracic Society, United Kingdom
National Hospital of Tuberculosis and Respiratory Disease, Viet Nam
Ministry of Health, Yemen
University of Zambia, Zambia

Organisational members
Any organisation may apply to join as an organisational member.

British Columbia Lung Association, Canada
Alter Santé Internationale et Développement, France
Comité National contre les Maladies Respiratoires, France
Kuratorium Tuberkulose in der Welt e.V., Germany
Sandoz Pvt. Ltd., India
Tobacco Prevention and Control Research Center, Islamic Republic of Iran
Associazione Scientifica Interdisciplinare per lo Studio delle Malattie Respiratorie, Italy
South Asian Association for Regional Cooperation (SAARC) Tuberculosis & HIV/AIDS Centre, Nepal
CheckTB, The Netherlands
Norwegian Association of Heart and Lung Patients (LHL), Norway
Tropical Disease Foundation, The Philippines
King Oscar II Jubilee Foundation, Sweden

Benefactor members
Benefactors and 15-year members are individuals who generously support The Union’s work.

15-year members
Frank Adae Bonsu, Ghana
Nils E Billo, France
E Jane Carter, USA
Chen-Yuan Chiang, Taipei, China
Asma El Sony, Sudan
Donald A Enarson, Canada
Anne Fanning, Canada
Paula I Fujiwara, USA
Ludwing Gresely Sud, Ecuador
Anthony David Harries, UK
Joseph Ntaganira, Rwanda

Platinum benefactor members
Louis James de Vien Castel, Switzerland

Gold benefactor members
Lee B Reichman, USA
Koichi Honma, Japan

Silver benefactor members
Margaret R Becklake, Canada
Seiya Kato, Japan
Robert Loddenkemper, Germany
Toru Mori, Japan
Edward Nardell, USA
Charles M Nolan, USA
Richard O’Brien, Switzerland
Hans L Rieder, Switzerland
Dean Schrafnagel, USA
S Bertel Squire, UK
Jeffrey R Starke, USA
Armand Van Deun, Belgium
The International Union Against Tuberculosis and Lung Disease comprises:

- An Institute with five scientific departments and a network of region/country offices. The headquarters is in Paris.
- A Federation of members that governs the organisation through a General Assembly, which elects the Board of Directors. Organisations and individuals may join The Union and participate in the activities of its scientific sections and regions. Collaborating Centres are member organisations that collaborate with the Institute on specific projects.
**BOARD OF DIRECTORS***

**Bureau**
Dr S Bertel Squire, United Kingdom .......... President
Dr Dean Schraufnagel, USA .............. Vice President
Dr Camilo Roa Jr, Philippines .......... Secretary General
Mr James de Viel Castel, France .......... Treasurer

**Representatives of the Regions**
Prof Osséni Tidjani, Togo ............... Africa Region
Dr Camilo Roa Jr, Philippines ......... Asia Pacific Region
Dr Maryse Wanlin, Belgium .......... Europe Region
Vacant ........................................ Latin America Region
Vacant ......................................... Middle East Region
Dr Kevin Elwood, USA ........... North America Region
Dr MM Singh, India ................ South-East Asia Region

**Representing the Scientific Sections**
Dr Peter Davies, United Kingdom .......... Tuberculosis
Dr Steve Graham, Australia ............. Lung Health
Dr Reneé Rizdon, USA ...................... HIV
Dr Javaid Khan, Pakistan ............. Tobacco Control

**Individual members**
Prof Asma El Sony, Sudan (Past President)
Dr Nobukatsu Ishikawa, Japan
Dr S Bertel Squire, United Kingdom
Maruschka Sebek, The Netherlands
Dr Muhammad Amir Khan, Pakistan
Prof Felix Martin Salaniponi, Malawi
Dr Dean Schraufnagel, USA

**Members nominated by the President**
Dr Michael Kimerling, USA
(Chair of the Coordinating Committee of Scientific Activities)
Mr James de Viel Castel, France

*Elected in Paris, France, 20 October 2008

---

**THE UNION OFFICES**

The Union Headquarters
68, boulevard Saint-Michel
75006 Paris, France
union@theunion.org

The Union China Office
151 & 152
No. 1 Unit – No. 6 Building
No. 1 Xindong Road
Chaoyang district
Beijing 100600, China
China@theunion.org

The Union DR Congo Office
Immeuble Wagenia
Rez de Chaussée
259, avenue Wagenia
Kinshasa, DR Congo
DRCongo@theunion.org

The Union Middle East Office
11 Hassan Sadek St.
Heliopolis
El Merghany – Apt # 3
11361 Cairo, Egypt
MiddleEast@theunion.org

The Union South-East Asia Office
C-6, Qutub Institutional Area
New Delhi – 110016, India
SouthEastAsia@theunion.org

The Union Mexico Office
Rio Danubio 49
Colonia Cuauhtémoc
06500 Mexico – Distrito Federal Mexico
Mexico@theunion.org

The Union Myanmar Office
Mandalay Swan Hotel
Shop 1, 44 (B)
68 Road between 26 and 27 Streets
Mandalay, Myanmar
Myanmar@theunion.org

The Union Peru Office
Avenida Manuel Vicente
Villarán N° 426
Urbanización El Rosal
Lima, Peru
Peru@theunion.org

The Union Russia Office
Gazetnyi Pereulok, 5
3d floor, Office 7
119019 Moscow, Russia
Russia@theunion.org

The Union Asia Pacific Office
146 Robinson Road, #06-01,
Singapore 068909
Singapore
AsiaPacific@theunion.org

The Union Uganda Office
Plot 2, Lourdel Road
Nakasero Hill Kampala
P.O. Box 16094 Wandegeya
Uganda
Uganda@theunion.org

The Union Europe Office
10 Queen Street
Edinburgh, EH 2 1UQ
United Kingdom
Europe@theunion.org

The Union North America Office
61 Broadway, Suite 1720
New York, New York 10006
USA
NorthAmerica@theunion.org

The Union Zimbabwe Country Office
4A Clarence Drive
Newlands
Harare, Zimbabwe
Zimbabwe@theunion.org

---


PHOTO CREDITS:
F Castillo: 25
CDC PHIL-Ray Butler/Janice Haney Carr: 28
Selma Dar Berger: 12
Laetitia Dupin: 17, 18
Evgeny Gundarev: 27
Sergio Martinez: inside cover, 1, 2, 30, 34, 35, 40, 41
Jean-Michel Meigné: 39
Jayson Miller: 32
Jim Mullins: 4, 13, 16
Courtesy of the Norwegian Association of Heart and Lung Patients (LHL): 29
Hans L Rieder: 33
Martin Ruhweza: 8, 10
Dr Honney Sawhney: 20
Damien Schumann: covers
The Union Myanmar Office: 19
Courtesy of the Valdés family: 39
Zheng Kong: 14

Courtesy of Photoshare
© CCP: 21
© 2005 Basil Safi: 22
© 2008 Marcia Calixto: 23
© 2007 Alfredo L Fort: 24
© 1993 Hugh Rigby: 31
© Boris Panov: 26

Text: Alice K. Boatwright
Design: Gilles Verant
© 2010 The Union