EXECUTIVE DIRECTOR’S SUMMARY

PRESIDENT’S ADDRESS

A BRIEF HISTORY OF THE IUATLD

PARTNERSHIPS
The Stop TB Partnership
The Global Fund to Fight AIDS, Tuberculosis and Malaria

SCIENTIFIC ACTIVITIES

TECHNICAL ASSISTANCE
Intensive technical assistance
Africa
Middle East
Latin America
Eastern Region
Other technical assistance
Expert consultations on tobacco control
Advisory Committees

EDUCATION
The Conferences of the IUATLD
World Conference in Paris
Regional Conferences
The Courses of the IUATLD
Other Educational Activities
Publications
Advocacy

RESEARCH
Scientific Publications
Tobacco Prevention Research
Health Policy Research
Clinical Trials Programme
Asthma Division Activities

MEMBER ACTIVITIES

ACTIVITIES OF THE SCIENTIFIC SECTIONS
Working Group reports
Reports of Scientific Sections and Working Groups

IUATLD SECRETARIAT

IUATLD FINANCES
Financial Report from the Treasurer
Balance Sheet
Income Statement
Auditor’s opinion
Acknowledgements

IUATLD STRUCTURE
Board of Directors
Regional Representatives
IUATLD Secretariat
IUATLD Awards
Board retreat and planning session, May 2002
Tuberculosis is among the three diseases that have been identified by public health specialists, policy makers, governments and donor agencies as affecting millions of lives worldwide and meriting special attention. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was launched at the beginning of 2002 to address these diseases that not only cause disease and death but also affect the lives of communities and their economy.

The International Union Against Tuberculosis and Lung Disease (IUATLD) is continually working to aid countries through technical assistance, education and research to ensure that millions of individuals around the world have the chance to enjoy better lives and brighter futures. This report provides detailed information on the initiatives and activities the IUATLD undertook to fulfil its mission from 1 July 2001 to 30 June 2002.

**Highlights**

In all of its work, the IUATLD's priority remains the prevention and control of tuberculosis and other lung diseases in low-income countries. For the past year, the IUATLD has actively advanced this priority, and has worked to improve lung health for the world's poor, through the following efforts:

- The Child Lung Health Project in Malawi made impressive strides in achieving its targets: 66.9% of patients completed treatment, and case fatality for children aged under five registered in the first 10 district hospitals decreased by more than 25%.

- Understanding the need to share information and experiences about TB and lung diseases, the IUATLD convened its 32nd World Conference on Lung Health in Paris in November 2001. The conference was extremely well attended, with almost 1,500 people from 116 countries.

- The IUATLD was actively involved in representing the TB community in the Transitional Working Group that organised the structure of the Global Fund to Fight Aids, Tuberculosis and Malaria.

- The IUATLD actively participated in the past year's most important international meetings on TB control. These included: The Stop TB Partners Forum in Washington DC; the DOTS Expansion Working Group meeting in Paris; the Stop TB Meeting of the Western Pacific Region in Osaka, Japan; and the Stop TB Meeting of the Americas in Bolivia.

- The IUATLD also organised several Regional Conferences: the Middle-Eastern Region conference was held in Sudan with over 1000 participants, and the African Region conference in Durban, South Africa, was attended by more than 600 participants. The IUATLD sponsored the 7th IUATLD North American Region Conference in Vancouver, and organised very successful workshops for Nurses and Allied Health Professionals at the IUATLD Europe Region Conference in Bucharest and the Africa Region Meeting in Durban. A health policy workshop was held in Durban for NTP managers and district TB officers.

- This year the IUATLD published the Guide “Interventions in TB Control”, the fourth module of a series of guides based on the material taught in the International TB Courses, and a “Guide for the procurement of anti-tuberculosis drugs” (GAMA) to improve effective supply of essential drugs in low- and middle-income countries.

- The IUATLD is developing a collaborative research link with the London School of Hygiene and Tropical Medicine to look at policy issues related to lung health.
● Perhaps most important for future activities, the IUATLD created a new Department responsible for TB/HIV led by Dr Paula Fujiwara, former Director of the New York City Bureau of TB Control and Assistant Commissioner of Health.

● Also joining the IUATLD this year, Mr Jose Luis Castro, previously with the World Health Organization Regional Office for South-East Asia in India, is now Director of the Department of Finance and Development.

**Building on a solid financial foundation**

During Fiscal Year 2002, the IUATLD’s operating budget reflected its expanding projects and growing potential, and tripled. Additionally, in recognition of the IUATLD’s ability to consistently accomplish so much with limited resources, the past year has been significant in terms of outside funding:

● The IUATLD received a CIDA grant of $2.76 Canadian dollars (1.8 € million) to facilitate DOTS access and expansion in countries with a high TB burden. Projects are now underway in Uganda, Pakistan, and other high-burden countries.

● USAID (through TBCTA) approved more than US $1.9 million to the IUATLD, including US $625,000 for clinical trials, research and development to support DOTS expansion in various countries.

● The IUATLD was granted a three-year award totalling US $600,000 from the Global Alliance for TB Drugs for developing clinical trials capacity in developing countries.

**Challenges ahead**

These accomplishments would not have been achieved without the active support of IUATLD members and the very dedicated staff at the IUATLD Secretariat in Paris. Looking to the future, the IUATLD plans to continue to participate very actively in the fight against tuberculosis and HIV, and to take a leadership role in addressing childhood pneumonia in low-income countries. The IUATLD wants to strengthen the national TB associations that are its members so that they can become more influential in their own countries. The Secretariat also wishes to assist IUATLD Regions to make them more effective so that they can better address the lung health needs of their areas. Finally, the IUATLD plans to issue more of its publications in the official languages (English, French and Spanish) and also in Russian and Chinese, and to improve communication with members and the public.

**Working together**

There is still much work to be done to control tuberculosis and other lung diseases and to build sustainable health services in low-income countries. The Union is committed to continuing and expanding its activities. But it is important for us all to realise that we will only be successful if we are able to collaborate with all those who are interested in improving health conditions worldwide.

We need commitment from you as members of the IUATLD, we need the support of donor agencies, we need the political commitment of governments and we need the support of the private sector and the scientific community, to achieve these important goals.

Nils E. Billo, MD, MPH
Executive Director, IUATLD
This exciting report of the burgeoning activities of the IUATLD, the number of donors and size of donor projects shows how the long list of Union projects in all regions of the developing world is made possible. The IUATLD is clearly a key partner in the Stop TB Partnership and other initiatives. The report confirms that the IUATLD is constantly increasing its efforts to improve lung health worldwide, through sustainable development.

The Board of Directors met twice, during the World Conference in Paris in November 2001 and at a retreat in May 2002. Discussion focused on consolidation of membership and the improvement of coordination of activities between Secretariat staff and consultants in Paris, the Coordinating Committee of Scientific Activities, the Scientific Sections and the Regions of the IUATLD and to define its relationship with other organisations and partners interested in the same objectives. There are increasing opportunities for involvement, and individuals can make a difference.

The IUATLD is actively involved in the Stop TB Partnership, it is a founding member of the International Non Governmental Coalition Against Tobacco (INGCAT) and member of the new Forum of International Respiratory Societies (FIRS). All these initiatives require particular attention in a world where globalisation is playing a major role. We cannot act independently, but need to reach out to other global partners and try to get our members more actively involved.

I would like to thank all members, organisations, donor agencies and foundations who have supported the IUATLD during this reporting period. An organisation such as ours depends on its members for direction, commitment, sustained support and, most importantly, we need your active involvement. I look forward to working with you in the coming year and to a future of good collaboration, with better lung health for all.

Anne Fanning
President
Leading the way since 1902

A brief history of the IUATLD

The pioneer years
The first medical congress held on tuberculosis in Paris .................................................................1867
Discovery of the tubercle bacillus by Dr. Robert Koch ........................................................................1882
Central Bureau for the Prevention of Tuberculosis established in Berlin
The double-barred Cross of Lorraine is adopted as an international symbol for the crusade against tuberculosis ...............................................................1902

The early years
The International Union Against Tuberculosis (IUAT) is conceived as a federation of national associations, with its permanent home in Paris .................................................................1920

The formative years
Official and permanent relations are established with the World Health Organization, whilst the Secretariat grows in strength and competence ..........................................................1946
First full-time Executive Director is appointed ......................................................................................1952
Quota system for levying fees, establishment of scientific committees ..................................................1953
Opening of regional offices ........................................................................................................................1954
First international collaborative clinical trial for treatment of any disease ............................................1958

Programmes and international trials
Dr Karel Styblo establishes the Tuberculosis Surveillance Research Unit (TSRU) to evaluate infection and trends of the disease, clarify its natural history and estimate the impact of control measures ..............................................................1966
Publication of the first issue of the Technical Guide for Sputum Smear Microscopy ................................1969

Modelling the global fight
Collaborative programmes with the governments of nine countries (Tanzania, Mozambique, Malawi, Senegal, Nicaragua, etc) led to the development of the WHO's current DOTS strategy
Establishment of World TB Day on 24th March ......................................................................................1982
Mandate extension and name change to include other respiratory diseases: the IUAT becomes the International Union Against Tuberculosis and Lung Disease (IUATLD) .................................................................1986
Official delegation to WHO points out impact of HIV on tuberculosis ....................................................1987
Harvard University publishes its Burden of Health Study; policy makers subsequently adopt the cost-effective IUATLD model as part of integrated health services ..................................................1989
WHO declares TB a global emergency and adopts the IUATLD developed DOTS strategy to combat TB worldwide .......................................................................................................................1993

Still a global struggle .................................................................................................................................2002
More than 1 million patients with tuberculosis have been cared for within the collaborative framework of the IUATLD programmes
The IUATLD is strengthening its collaboration within the Stop TB Partnership to reach the targets of 70% case detection of new smear-positive cases and cure for at least 85% of these
Pioneering work of the IUATLD Child Lung Health Division shows excellent results in treating pneumonia in children in sub-Saharan Africa
Nearly 10 million patients treated under the DOTS strategy
As mentioned in the Advocacy section (p. 29), the first Stop TB Partners’ forum was held in Washington on 22-23 October 2001, covering the theme “50/50: Towards a TB-Free Future.”

Progress has been made in the last year since the Amsterdam Declaration. The Global Drug Facility (GDF) has been set up by the Stop TB Partnership and is delivering anti-tuberculosis drugs to low income countries. A Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) is being set up to fund projects in the poorest affected countries. A dynamic Global Drug Alliance is functioning and searching actively for new drugs, and last but not least, a Global Plan to Stop TB was presented at the Forum; this plan provides a good working document for the Stop TB Partnership for their activities during the next few years to reach agreed-upon targets by the year 2005.

TB and HIV are inextricably linked, especially in sub-Saharan Africa, where about two thirds of all tuberculosis patients are co-infected with HIV. Another menace is the potential risk of the spread of MDR-TB. If we do not ensure good quality tuberculosis services, using the DOTS strategy, there is a great risk of further spread of MDR-TB.

Many tasks lie ahead of us and DOTS coverage has only slightly improved to 23% worldwide since Amsterdam. Our goal is to achieve a detection rate of 70% of infectious cases and cure at least 85% by 2005. Therefore, additional efforts are needed.

The Stop TB Global Plan, which describes the strategies and priorities to achieve these targets, also outlines the resources needed. But only with the commitment from all partners are we going to be able to reduce the global burden of tuberculosis.

IUATLD staff and consultants are involved in several Stop TB working groups and task forces and are actively contributing to global TB control: Nils Bilbo in the Stop TB Coordinating Board, DOTS Expansion Working Group and Task Force on Communication and Advocacy; Paula Fujiwara in the Technical Review Committee of the Global Drug Facility and the Working Group on TB and HIV; Jose Caminero in the Green Light Committee, and Jose Luis Castro in the Task Force on Communication and Advocacy.

The year 2002 saw the establishment of the Global Fund to Fight AIDS, TB and Malaria (GFATM), described as an independent, public-private partnership working to attract significant new resources to fight AIDS, TB and Malaria and to disburse these funds to effective prevention and treatment programmes in countries with greatest need. The IUATLD was the only NGO member with TB-specific expertise on the Transitional Working Group, which worked in the last months of 2001 to prepare a draft modus operandi for the Board to review and operationalise in January 2002. IUATLD expertise is now presented on the Technical Review Panel, a multi-disciplinary panel of experts charged with reviewing country proposals and making recommendations to the Board.

The creation of the GFATM brought long-awaited global recognition of:
- the extent of the health and economic burden resulting from these diseases;
- the need to act more effectively, more rapidly and with greater resources than before;
- the need to work in a more coordinated manner;
- and the need to expose the grave denial of rights to health from which some communities suffer.

The pressure is on to increase the number of donors and the amounts given by them. In December 2001, the Commission on Macroeconomics and Health announced that at least $10 billion of additional donor funding would be needed to fight these three diseases. At its launch in January 2002, the GFATM had pledges for $2.1 billion. By April 2002, the Board had committed $166 million to 40 countries over two years, with further commitment pending programme performance and fund availability.

A small number of private sector donors have contributed to the GFATM, with Bill and Melinda Gates Foundation the largest philanthropic donor and Winterthur Insurance/Credit Suisse and ENI the largest corporate donors. Creating a global public-private partnership for health is an innovation, and the GFATM Board is working to find ways of fundraising and operating that are compatible to both the public sector and the diverse members included under the term “private sector”.

There are, however, a number of concerns about the GFATM process that still remain to be addressed. For example, how to situate the GFATM's mandated mode of operation (rapid disbursement to high impact initiatives) within a framework of planning and vision for stronger, sustainable health systems; how to protect existing, successful funding arrangements of governments for their health programmes or external donors for governmental health programmes; how to ensure that in-country staff and infrastructures are managing to deal with such large amounts of money and new procedures.

The IUATLD is committed to working with TB programmes as they strengthen and expand their DOTS strategies within 5-year plans, some of which have already received partial funding from the GFATM. The IUATLD will work to support countries as they integrate this new funding mechanism into their TB plans. It hopes to assist some countries to prepare applications, to maximise the impact of their GFATM funds and to ensure that the programmes continue to improve implementation and achieve equitable access to quality care for TB patients and HIV patients with TB or who are at risk of developing TB.
Scientific activities

The technical staff of the IUATLD carries out activities in tuberculosis, child lung health, tobacco control and prevention and management of asthma in low-income countries. During the period of the current Activity Report (1 July 2001-30 June 2002), activities were undertaken in all geographic regions of the IUATLD, in a total of 57 countries: 23 countries of Africa, 14 countries of Europe, 8 countries of Latin America, 8 countries of the Eastern Region and 2 each of the Middle East and North America Regions.

Technical Assistance

The IUATLD provides technical assistance in lung health to governments, associations and professional groups. It carries out these activities at the request of the partner agency and on a cost-recovery basis. Priorities for technical assistance are those lung conditions that exact the heaviest toll on lung health in low-income countries. Thus, the priorities rest with tuberculosis, tobacco, child lung health and asthma.

Three types of technical assistance are given:
• intensive (in which the contracting agency requests long-term support),
• contractual (in which contracts are agreed on for precise tasks), and
• other related activities.

Intensive Technical Assistance

Intensive technical support for public health programmes was provided to 15 countries:

AFRICA
Benin
Cameroon
Congo
Côte d’Ivoire
Democratic Republic of Congo
Djibouti
Malawi
Nigeria
Senegal
South Africa
Uganda

MIDDLE EAST
Sudan

LATIN AMERICA
Bolivia
Honduras

EASTERN REGION
Pakistan
**Benin**

This year, a joint evaluation (WHO, KNCV, Ligue Pulmonaire Suisse, IUATLD) was performed. Benin has a long history of tuberculosis control, as it is one of the countries where the DOTS strategy was first tested. With a treatment success rate of more than 80% and a smear positivity detection rate higher than 80%, Benin is still the leading country for West Africa in terms of TB control.

The five elements of the DOTS strategy are rigorously observed, particularly government involvement: for the first time this year all of the TB drugs will be paid for from the regular budget of the Ministry of Health. There have been no TB drug shortages at any level since 1985; supply orders are based on the quarterly reports, which are reliable and computerised at the central level. Trained staff directly observe treatment whenever rifampicin is part of the combined regimen.

External quality assessment of the laboratory network is performed regularly and the central level, accompanied by the regional level, supervises each centre twice yearly. As in most of the Sub-Saharan countries, the number of TB cases is increasing, slowly but regularly. Part of this increase is due to the attraction of the programme for inhabitants of neighbouring countries (in particular Nigeria), but this is difficult to measure; another factor is the AIDS epidemic, with 16% HIV+ among new smear-positive TB patients.

The challenge in the next year will be the development of decentralisation of the services in the main cities.

**Cameroon**

After starting from scratch, the TB control programme is in expansion in Cameroon, where 7 of the 10 provinces are now implementing the programme. About one third of detected TB cases are treated under the DOTS strategy. Two main elements are slowing expansion: the lack of drugs and the lack of personnel at central level.

Things are changing, however, as the Minister of Health has decided, within the framework of the fight against poverty, to make TB control a priority and as a consequence to increase funds and staff considerably for this purpose. At the same time, the GDF has been requested to procure part of the TB drugs for next year.

The IUATLD will visit this country on a regular basis, as soon as a mutual agreement has been signed.

**Congo**

After the civil war, the TB control programme was successfully re-launched in the main cities of Congo in spite of the fact that the number of cases has more than doubled in the last 2 years as a consequence of the war and that services are overburdened.

Rapid but carefully organised decentralisation in the main cities, with intensive supervision organised and run by the clinicians of the main TB centres, fluorescent microscopy in the main centre, regular drug supplies from the French Ministry of Foreign Affairs and since February 2002 by the GDF, have allowed the NTP to overcome this burden and to offer services of quality to TB patients. This huge effort has been made possible thanks to the dedication of the health personnel.

Challenges for next year will include the involvement of the government for funding the programme activities and increasing the staff in the main TB centres.
Côte d’Ivoire was one of the first countries to have tried to formally link the AIDS and TB programmes. Experience has shown that there was no benefit for the TB patients, nor for the NTP itself, mainly due to the tremendous demands of the HIV/AIDS programme, which took all the energy. A Ministry specifically dedicated to HIV/AIDS has now been created and the NTP will be run independently under the Ministry of Health. Relations with the HIV/AIDS programme will of course continue to be strong, but each programme will be responsible for its own mandate. As a result of these organisational problems, despite a plan to reduce the number of patients attending the main TB centre in Abidjan, this number increased by 20% last year. With more than 4,500 patients per year in this centre, decentralisation is of the highest priority.

A new team is eager to overcome these constraints, and politicians are mobilised to find rapid solutions to facilitate patient follow-up during treatment. Already standardised treatment regimens have been modified according to international recommendations, with four drugs given during the intensive phase for new smear-positive cases.

The DRC is one of the poorest countries in the world. Its economic situation has been worsening for many years due to war and conflicts, and the majority of the population lives in poverty. The IUATLD began intensive technical assistance to DRC in 2000 when it was identified by the Stop TB Initiative as one of the 22 high-burden countries. This year, three visits were made to DRC by the IUATLD expert (two regular visits and one with GDF). Good collaboration with NTP officers and with the Ministry of Health was created and positive results were registered.

- A 5-year plan was established and approved by the Ministry of Health in 2001.
- Attribution and delivery of TB drugs by GDF for 100,000 patients with buffer stock for one year in 2002.
- Maintenance of support by the usual partners, Damien Foundation and The Leprosy Mission International (TLMI).
- New financial support by USAID through two projects for expansion of DOTS in DRC; the second project focuses specifically on provinces in war.
- Constitution of a management committee for TB drugs involving the manager of the central unit of the NTP, the WHO NTP officer, and partners for drug purchase and distribution (PATIMED).

A number of new events in the organisation of the NTP took place this year:

- The ex-NTP Manager, Dr Henriette Wembanyama, took up her new function as NTP Officer at the WHO office in Kinshasa.
- The new NTP manager, Dr Etienne Bahati, began in May 2002.
- To increase the institutional capacity of the central unit, the Ministry of Health appointed two new doctors and a pharmacist to the central unit (on IUATLD recommendations).

Despite the time needed to set up the new organisation of the central unit and the changes in collection of epidemiological data by centre, NTP performance was maintained throughout the country, and improvements were noted in several provinces, specifically in the two provinces of Kasai. In 2001, 63,816 cases of tuberculosis were diagnosed, 68% of which were smear-positive (39,556 new cases, 2,933 relapses, 378 failures and 681 return after default). Treatment success is not yet at a sufficiently high level: of the 39,556 smear-positive cases reported in 2000, 3,000 cases were not evaluated. Among those patients evaluated, success rates were as follows: 80% for new cases, 70% for relapses, 65% for return after default and 57% for failures. The cure rates were respectively 71%, 65%, 57% and 53%.

With the withdrawal of the French Cooperation, which had been supporting tuberculosis activities since the country’s independence in 1977, the National Tuberculosis Programme was in real danger. Fortunately, the GDF has been able to take over and there should be no drug shortages for the next 3 years.

The NTP is running well in this country, where about 50% of cases come from neighbouring countries. Development of TB control programmes in these countries is essential for the control of tuberculosis in Djibouti. Treatment success is between 75% and 80%, and the programme is well decentralised. Shortage of staff is crucial, however: there is one nurse aide in charge of more than 1,000 TB patients per year.

The Horn of Africa is a hot spot for TB transmission. In this desert environment, atypical mycobacteria are rare. Interesting surveys are conducted regularly, and we hope these will help us to better understand how to measure the annual risk of infection.
**Malawi**

In March 2002, the Malawi Child Lung Health (CLH) Project, with faculty from the IUATLD and the Malawi Community Health Science Unit (CHSU), conducted the third course for In-Patient Management of Childhood Lung Disease for district hospital staff. The purpose of the course is to introduce participants to standardised management of major childhood lung diseases; it therefore focused on severe and very severe pneumonia in children less than 59 months of age.

Ten participants came from each of the six new districts chosen to implement the Child Lung Health Project: the course is directed toward clinical practitioners and senior nurses. The adoption of the standard classification of pneumonia by degree of severity resulted in the use of standard antibiotics and supportive measures for treatment. A total of 161 participants from 16 enrolled district hospitals have completed the course.

To date 16 of the 26 government district level hospitals are implementing the CLH Project. These are: Nkatabay, Dedza, Ntcheu, Mulange, Thyolo, Rumphi, Salima, Balaka, Machinga, Kasungu, Mzimba, Lilongwe, Nkhotakota, Ntchisi, Mwanza and Chiradzulu.

By analysing the data collected for the 2001 it was found that the first 5 districts implementing the CLH Project had reduced their case fatality rate (CFR) for pneumonia by 40% over the estimated baseline CFR. This is a remarkable achievement in the face of HIV, famine and the cholera epidemic, cut backs in health service funding and extreme shortage of staff.

Taking as baseline data the government case fatality figures for the second 5 districts, and comparing them with the case fatality rates of April 2001 to end of March 2002, there was a decline of 11.5% in Rumpfi, 49.1% in Kasungu, 35.3% in Salima, 35.0% in Balaka, but an increase of 1.0% in Machinga. Exclusive of Machinga, there is an overall reduction of the CFR for the 12-month period of 32.2%; including Machinga, this drops to 26.0%.

There appears to be a genuine impact on CFR, as indicated through the data collected, which will hopefully continue provided that the project continues to strengthen its implementation activities, especially supported visits and in-service training.

The CLH Project district hospitals are supplied with antibiotics used for the standard case management (SCM) of all categories of pneumonia, and by following the same ordering mechanism developed within the National TB Programme, i.e., always having a running stock and a buffer stock, they can guarantee that there will be no rupture in supplies. In February 2002, Nkata Bay, Dedza, Ntcheu, Mulange and Thyolo received oxygen concentrators equipped with flow-splitters, enabling four children to receive oxygen at any given time. It is planned that by the end of this year Rumpifi, Salima, Balaka, Machinga, Kasungu, Mzimba, Lilongwe, Nkhotakota, Ntchisi, Mwanza and Chiradzulu will also have received oxygen concentrators.

The CLH Project is highly regarded by the Malawi Ministry of Health and Population, and was presented as one of its successes by the Minister of Health when he addressed parliament in June 2002.

**Nigeria**

The first combined IUATLD/WHO visit to the National Tuberculosis and Leprosy Control Programme (NTBLCP) of Nigeria was organised in October 2001 in the framework of the Stop TB Initiative to support TB programmes in the 22 countries where the TB burden is the highest.

Nigeria, with a population of 120 million, is a federation of 36 states plus the Federal Capital Territory (FCT) of Abuja. Currently, only 21 states are implementing the DOTS strategy. These states are assisted by international NGOs traditionally involved in leprosy (GLRA, NLR, Damien Foundation) and which have included TB control in their objectives in the last few years. In the other states and the FCT, drug supplies are more than irregular, TB diagnosis is not primarily based on sputum examination, and there is no notification system to evaluate the number of patients diagnosed and cured.

Since October 2001, there have been many positive changes: the Canadian International Development Agency (CIDA) is now supporting the NTP and funding arrived in June 2002, the GDF will contribute to the purchase of the TB drugs, and WHO-AFRO is taking the lead as the external technical agency to support the NTP. The IUATLD will continue to participate as a technical advisor, and will be particularly involved in Lagos State where there has until now been no service (one microscopy centre for 10,000,000 inhabitants, almost no free TB drugs, no standardised regimens, and no reporting system).
The Senegal National Tuberculosis Programme (NTP) regained its strength this year with the appointment of the new NTP coordinator.

An important process was the proposal of a USAID country mission to support the national programme with US$ 800,000, to be channelled through the IUATLD, in order to supplement the external financial support provided by LHL. The national programme prepared a proposal, and adapted it to its needs. The final proposal met with the agreement of all partners concerned.

It is hoped that this additional financial support will help the programme to improve its treatment results and overall performance.

IUATLD Consultant: Dr Hans L Rieder and Prof Nadia Aït-Khaled
Funding Agency: Norwegian Heart and Lung Association (LHL)
Local Partner: Dr Moustapha Ndir, National Tuberculosis Programme

The IUATLD began intensive technical assistance to South Africa in 1999 as part of its contribution to the Stop TB Initiative and in cooperation with the World Health Organization. South Africa is one of the 22 countries identified by Stop TB as having the greatest burden of TB patients.

Since 1998, the DOTS strategy has been expanded to 150 of the 174 districts in the country, and a total of 331,047 patients have been reported to the National Tuberculosis Programme. The majority of them (67%) were smear-positive cases of pulmonary tuberculosis. A high proportion of the patients were reported from the four provinces Gauteng, Kwazulu-Natal, Eastern Cape and Western Cape.

The outcome of treatment of new cases with smear-positive pulmonary tuberculosis has been reported. Only 59% of these patients were recorded as being successfully treated. A high proportion (31%) of the patients were transferred to other facilities to continue treatment, or defaulted from treatment.

The National Tuberculosis Programme has recently undertaken a review of the sputum smear microscopy services for tuberculosis patients. In collaboration with the KNCV, the programme has developed a medium-term plan for tuberculosis control.

IUATLD Consultant: Prof Donald Enarson
Funding Agency: French Ministry of Foreign Affairs
Local Partner: Dr Refiloe Matji, National Tuberculosis Programme

The IUATLD began its collaboration with Uganda in September 2001. The National Tuberculosis and Leprosy Programme (NTLP) has been committed to implementing a model of community-based tuberculosis treatment countrywide that is fully embedded and sustainable within the Ugandan context. The key person is a sub-county health worker who mobilises the local governing body to identify a community volunteer acceptable to the patient to give home-based directly observed tuberculosis treatment. Based on results in a few demonstration districts in rural areas, which showed improved treatment outcome and a 50% decline in costs to both the health system and the patient, the country embarked on an ambitious plan to extend the model to the rest of the country by 2003.

The NTLP is not, however, without its constraints. The programme is under-funded for the value of what it already does and can deliver. There is a lack of personnel to deal with the country’s more than 30,000 cases. There is a need for additional diagnostic services, at both primary and national levels. The programme in Kampala, the largest urban area of the country, comprises 25% of the country’s case load, but treatment success results have been lacking. Finally, there is a lack of coordination with the National AIDS Programme (NAP), a serious deficiency given that half of the tuberculosis patients are also infected with HIV.

Since the visit, several significant events have occurred which should help to improve outcomes. CIDA has invested over US$ 1 million to achieve additional TB cures using the DOTS strategy; the Kampala City Council is now funding the salary of a medical officer to address the complex needs of Kampala City, and the Centers for Disease Control and Prevention in Uganda has created and filled a position for a medical officer to interface between them and the NTLP central unit. The NTLP and NAP have also begun to collaborate to address the needs of those individuals dually infected with HIV and TB.

IUATLD Consultant: Dr Paula Fujiwara
Funding Agency: Canadian International Development Agency (CIDA), TBCTA with funds from USAID
Local Partner: Dr Francis Adatu-Engwa, National Tuberculosis and Leprosy Programme
**Middle East**

**Sudan**

The IUATLD has worked in collaboration with the National Tuberculosis Programme, the Norwegian Heart and Lung Association (LHL) and the World Health Organization to support tuberculosis control efforts in Sudan since 1995.

Sudan is the largest country in Africa; it has also been seriously affected by civil disturbances that have made health service delivery very difficult in large areas in the south and west of the country.

The DOTS strategy was adopted as the policy for tuberculosis control in the country and began to be implemented in demonstration sites in 1994. Since that time (as of mid 2001), 182 of 216 basic management units have introduced DOTS into their health services. Treatment services have been steadily decentralised, which has made them increasingly accessible to the population. The result has been that an increasing number of women and children are being identified with tuberculosis.

Over the period of collaboration (up to mid 2001), a total of 156,193 patients have been reported, of whom the majority (53%) are patients with smear-positive pulmonary tuberculosis. By mid 2000, the outcome of treatment of 38,000 new smear-positive patients had been reported. The majority (69%) had been successfully treated. The proportion of patients transferring for continuation of care in other institutions was low (6%), but the number not completing treatment is higher (17%).

As part of the capacity strengthening activities, the Programme Manager and some of her staff have undertaken studies to obtain graduate (Masters and Doctoral) degrees, and as part of their studies, they have produced a series of scientific articles explaining the work they have been doing in the National Tuberculosis Programme. The Manager, Dr El Sony, is Vice President of the IUATLD and President of the Middle East Region.

**Latin America**

**Bolivia**

The National TB Control Programme of Bolivia has made significant progress since the visits made by the IUATLD in 1996, 1997 and 2000. There were two visits in 2001 (26 August – 2 September, and 3–9 December). These visits are part of the collaboration agreement between the Ministry of Health and the IUATLD. The objectives are: 1) to evaluate the functioning of the NTP; 2) to analyse the changes that have taken place since the previous visits; 3) to conduct an Intensive Tuberculosis Course for intermediate NTP personnel (3-5 December), and 4) to sign a collaboration agreement between the IUATLD and the National TB Control Programme.

The Bolivian NTP has many positive aspects: it is implemented throughout the entire country, it has an adequate distribution of health facilities and laboratories, and adequate norms and documentation; it has a well-trained and motivated Central Unit that is effectively connected to the network of laboratories. Among the most important achievements are the implementation of the DOTS strategy, which started in 1998 and which has progressed significantly during the last year, especially in the departments of La Paz and El Alto. These departments have the largest burden of TB and the most problems. This has resulted in notable improvements in case detection and cure rates, as well as in training and supervision. It is hoped that DOTS coverage will be extended to the entire country by the end of 2002. Other positive aspects include the development of a 5-year work plan, which is being implemented, the provision of drugs by the government, and financial support by the UK Department for International Development (DFID).
The National TB Control Programme of Honduras has also made significant progress since the visits made by the IUATLD in 1996 and 1997. In 2001, the IUATLD conducted two visits (6-13 May and 22-26 August) as part of the agreement between the Ministry of Health and the IUATLD. The objectives of these visits were: 1) to evaluate the functioning of the NTP; 2) to analyse changes since the last visits; 3) to conduct an Intensive Tuberculosis Course for universities and medical school faculties (7-9 May); 4) to conduct an Intensive Tuberculosis Course for intermediate NTP personnel (24-25 August), and 5) to sign a collaboration agreement between the IUATLD, the National TB Control Programme and the Gorgas Memorial Institute of Alabama (USA).

The Honduras NTP has many positive aspects, such as being implemented throughout the entire country with adequate distribution of health facilities and laboratories as well as adequate norms and documentation. It has a well-trained and motivated Central Unit that is effectively connected to the network of laboratories. Among the most important achievements is the implementation of the DOTS strategy, which started in 1998. By the end of 1999 DOTS coverage had been extended to 33% of the country’s health facilities, to 60% by the end of 2000, and to the entire country by the end of 2001. This has resulted in notable improvements in case detection and cure rates, as well as improvements in training and supervision. Other positive aspects include the development of a 5-year work plan which is being implemented, the government is providing medicines, and the United States Agency for International Development (USAID) has provided financial assistance during the last 3 years.

IUATLD Consultant: Dr José Caminero
Funding Agency: United States Agency for International Development (USAID)/Pan-American Health Organization
Local Partner: Dra Nohemy Paz de Zabala, National Tuberculosis Programme

The IUATLD began cooperation with the National Tuberculosis Programme in Pakistan, together with the World Health Organization and with the support of the US Centers for Disease Control and Prevention, in 2000, as part of its contribution to the DOTS Expansion programme of the Stop TB Initiative.

Pakistan is a country with a very large population (140 million in 2000), and is one of the 22 high-burden countries for tuberculosis. Over the past year, substantial progress has been achieved in implementing the DOTS strategy, with its extension to all provinces of the country, covering 25% of the population. A strategic plan for expansion throughout the country has been officially adopted and is now being implemented. One of the most important strengths of the National Tuberculosis Programme is its integration into the core of primary health care, through the assistance of a group of Lady Health Workers.

The information system in the National Programme is just being implemented, and during 2001 a total of 10,703 patients were reported, of whom 42% were sputum smear-positive. The treatment results of 1,113 new smear-positive patients were reported for 2000, 72% of whom were successfully treated.

IUATLD Consultant: Prof Donald Enarson
Funding Agency: Canadian International Development Agency (CIDA)
Local Partner: Dr Syed Karam Shah, National Tuberculosis Programme
Other forms of technical support were provided for tuberculosis, asthma, child lung health and tobacco prevention in 18 countries. This consisted of review of technical documents, advice on research, participation in technical working groups, and advice to national programmes. The countries in which the support was carried out were: Algeria, Bangladesh, Burundi, China, France, Guinea, India, Kenya, Mozambique, Nepal, Norway, RD Congo, South Africa, Switzerland, Tanzania, United Kingdom and Vietnam.

Expert consultations were made on optimal cessation programmes for students and interpretation of survey data on individuals’ knowledge, attitudes and behaviours concerning tobacco. Activities included reflection and advocacy for the most effective tobacco control programmes for health professionals and for NGOs, and recommendations for the health care component of national tobacco control programmes.

Advisory Committees

Technical staff of the IUATLD Secretariat participated in the activities of advisory committees for:

- Acute Respiratory Infection Association (ARIA)
- European Commission
- Euro-TB
- French Ministry of Foreign Affairs
- French Ministry of Health
- Global Drug Facility (GDF)
- Global Fund for AIDS, Tuberculosis and Malaria (GFATM)
- International Non-Governmental Coalition Against Tobacco (INGCAT)
- International Study of Asthma and Allergies in Childhood (ISAAC)
- International TB Foundation (ITF)
- International Tuberculosis Surveillance Centre (ITSC)
- Stop TB Coordinating Board
- Tuberculosis Coalition for Technical Assistance (TBCTA)
- US Agency for International Development (USAID)
- US Centers for Disease Control and Prevention (CDC)
- Wolfheze Conferences
- World Conference for Health Promotion and Education
- World Conference on Tobacco and Health
- World Health Organization Eastern Mediterranean Region, Headquarters and Western Pacific Region.
SCIENTIFIC ACTIVITIES

Education

- WORLD CONFERENCE
- REGIONAL CONFERENCES
- THE COURSES OF THE IUATLD
- OTHER EDUCATIONAL ACTIVITIES
- PUBLICATIONS
- ADVOCACY
Since 1994 the IUATLD has organised its World Conference every year, instead of every 4 years, alternating between Paris and one of its member countries. The decisions on the host countries and the dates of the conferences are made by the IUATLD General Assembly, based on proposals made by its Board of Directors. The representatives of the six IUATLD Regions (Africa, Eastern, Europe, Latin America, Middle-East and North America) receive proposals from their Constituent Members, and submit the proposals to the IUATLD Secretariat along with their own recommendations 3 years before the World Conference in question.

The 32nd World Conference on Lung Health was attended by over 1,500 participants from 116 countries who heard challenging addresses on a broad range of issues dealing with lung health.

The tone of the conference was set by the plenary addresses that outlined the dramatic impact of HIV in Africa and efforts to bring it under control, a framework for evaluating the interventions to promote lung health within the context of poverty alleviation, and recent advances in improving child survival in low-income countries.

A large part of the conference was directed toward issues dealing with tuberculosis and its control. Promising new developments in medications and vaccines, new methods for monitoring drug resistance, and innovative means for expanding access to care for tuberculosis patients within the evolving structures of the health services were considered. The challenge of tuberculosis and its control in various high priority locations and settings was explained and means for addressing this challenge were outlined. The patient as the focus of services was stressed, and approaches to emphasising the core role of the patient and the community in the provision of services and promotion of health were discussed. The challenges facing countries in the control of tuberculosis in cattle were stressed. The expansion and harmful effects of tobacco use were outlined and the targeting of vulnerable populations in tobacco addiction was explained.

International efforts to control the spread of this addictive epidemic, and the tangible means of involvement in the Framework Convention on Tobacco Control were discussed. The close relation between lung health and socio-economic conditions was explored and deficiencies in knowledge identified.

In addition to the formal presentations, numerous informal discussions took place in front of the wide range of posters presented at the meeting. A series of poster discussion sessions brought out the key issues presented in the posters.

A number of workshops and training courses were held around the conference. These discussed DOTS implementation and expansion, economic, epidemiological and behavioural methods for research, basic methods in bacteriology and in quality assurance, education in tuberculosis and health policy as regards lung health.

A series of small group meetings with distinguished professors and experts provided a forum for discussion of priority topics for the participants, including diagnosis of tuberculosis, the role of the doctor in the fight against tobacco, the impact of HIV on TB control, the management of MDR-TB and other topics.

Finally, a series of meetings of the working groups of the IUATLD’s Scientific Sections developed programmes in tuberculosis diagnosis, quality assurance, management of childhood lung diseases, training in tuberculosis, asthma risk factors, HIV and tuberculosis, tuberculosis in prisons and many others.
Each of the six Regions of the IUATLD (Africa, Eastern, Europe, Latin America, Middle-East and North America) generally organises one Regional Conference every 2 years. Venues and dates are chosen during the Regional Conference of each Region by their General Assembly.

The 24th Conference of the Middle-East Region was held in Khartoum, Sudan, in January 2002; the North American Region held its 7th Conference in Vancouver, Canada, in February-March; the 2nd Conference of the European Region was held in Bucharest, Romania, in April, and the 14th Conference of the African Region was held in Durban, South Africa, in June.

The 24th Conference of the Middle-East Region hosted a total of 1500 participants from 21 countries, 64 speakers and an extended audience through telecom from five universities (for part of the conference activities). There were six workshops, one post-graduate course, 17 symposia, five plenary sessions and several business meetings. The one-day post-graduate course was on improving the quality of in-patient care for children with lung diseases: planning and implementing an Integrated Child Lung Health Programme. There were a number of sessions on tobacco prevention in low-income countries, including an anti-tobacco demonstration held during the conference involving school-children and government representatives, as well as participants.

The conference was hugely successful, both in the level of the scientific content, and in the level of participation.

The 7th Annual Meeting of the IUATLD American Region was held in Vancouver, British Columbia, Canada, on February 28-March 2, 2002. This year’s theme was “TB Cure For All – North American Challenges and Contributions”. Four hundred participants from all over North America, India, China, Cambodia, Bangladesh, Yugoslavia, Lithuania, Kazakhstan, Ecuador and Mexico attended the conference.

As in the past meetings, internationally acclaimed speakers contributed their expertise to this premier educational event. The conference offered a unique forum for public health professionals, practising physicians, researchers, and policy makers in North America and other regions to learn about the latest advances in tuberculosis research, and in the control and prevention of TB.

This year, 10 participants from China, India, Bangladesh, Cambodia, Ecuador, Lithuania, Yugoslavia, and Mexico were awarded the International Travel Grant Award to help them participate in the meeting. Another success for IUATLD-NAR.
The Conferences of the IUATLD: Regional Conferences (continued)

2nd Conference of the Europe Region

Bucharest, ROMANIA, 17–20 April 2002

Sponsors: TBCTA with funds from USAID, IUATLD
Local Partners: Société Roumaine de Pneumologie

Theme: “Constraints and opportunities for tuberculosis and lung diseases in Europe”

T

here were a total of 1017 participants in the Europe Region meeting, 760 from Romania and 257 from abroad, in particular Italy, Russia, Moldavia, France, Ukraine, Germany and Holland.

The main topics covered were tuberculosis, smoking, COPD, asthma, lower respiratory tract infections, occupational lung diseases and TB/HIV in Europe. There were four post-graduate courses, two of which were held in English and Russian, each of which attracted more than 80 participants. Two special nurses’ sessions discussed “Nurses, allied professionals and patients: new perspectives for DOTS expansion policy”, and “Nursing issues in TB and migration, TB and MDR, TB and DOTS.”

The innovation of this conference consisted of two special sessions devoted to the presentation of the best oral communications among the communications for TB and non-TB diseases. Among the TB oral communications, six were selected to be presented, of which the presentations from Latvia were selected as being the best. The authors received prizes consisting of two TB books by L. Reichman.

The Opening Ceremony was attended by a large number of the Romanian medical fraternity as well as the political arena. The welcome speech given by the Minister of Health Dr. Daniela Bartos expressed the government’s wholehearted support for the Conference, and for the collaboration between the different schools of pneumology from Europe and the world.

Due to the large number of participants, the wide variety of topics covered and the high professional level of the speakers and facilitators, the Conference was considered a great success.

14th Conference of the Africa Region

Durban, SOUTH AFRICA, 11–14 June 2002

Sponsors: Centers for Disease Control and Prevention (CDC), TBCTA with funds from USAID, the French Ministry of Foreign Affairs, IUATLD, The Royal Ministry of Foreign Affairs, Norway, the Swiss Development Corporation
Local Partners: Department of Health, Republic of South Africa

I

n Durban, more than 400 participants from 30 African countries attended 4 days of symposia, organised in plenary sessions in the morning and the afternoon. Some of the participants also attended workshops before and after the conference.

Four symposia were devoted to tuberculosis and measures likely to reinforce the NTP: the subregional tuberculosis control initiatives in Southern Africa (SATCI), in the Horn of Africa (HATCI), in the Maghreb (MATCI) and in West Africa (WATCI); the conditions of regular tuberculosis drug supply in African countries; training of health personnel involved in tuberculosis control (laboratory technicians, nurses and physicians); and practical management of multiresistant tuberculosis cases. Two symposia were devoted to the integration of tuberculosis control activities into primary health care and essential clinical services at district level, and concerted management of tuberculosis and AIDS control programmes in high HIV prevalence countries.

Three symposia were held on respiratory health in children: acute respiratory infection, tuberculosis and asthma in children; the quality of care in primary health services; and management of respiratory symptoms in HIV-infected children: COPD and Pneumocystis carinii pneumonia. Finally, three symposia were devoted to respiratory health problems in Africa: the epidemiology of asthma in Africa based on the results of the international ISAAC survey; the problem of tobacco in Africa and the strategies needed to limit its impact; and occupational lung disease, in which the South African health services have considerable and unique experience in silicosis, asbestosis and occupational asthma.

Before the conference, a seminar organised by the IUATLD was held on the methodology of controlled clinical trials (in tuberculosis chemotherapy). On the last day a workshop was organised by the WHO on the theme tuberculosis and AIDS.

During the conference, which was beautifully organised by Professor Xaba-Mokoena, there was lively debate between participants in both French and English.
The Courses of the IUATLD

Courses for NTP managers

The International Union Against Tuberculosis and Lung Disease (IUATLD) has a long history in conducting or collaborating in international training courses on tuberculosis. In April 1990, the tuberculosis component of an international course on tuberculosis and leprosy control was moved from Addis Ababa, Ethiopia, to Arusha, Tanzania. This move was instigated because it was recognised that it needed to be held in a country that had adopted the principles of tuberculosis control developed by the IUATLD in its collaborative tuberculosis control programmes in low-income countries. This change of venue enabled course participants to obtain first-hand exposure to the principles of sound tuberculosis control policy and to appreciate both the potentials and the obstacles faced in a low-income setting.

Since then, similar courses modelled on the Arusha course have been developed in Cotonou, Benin (in French), Managua, Nicaragua (in Spanish), and Hanoi, Vietnam (in English).

The five core modules start with a module on the bacteriological basis of tuberculosis control, to provide participants with a thorough knowledge of the etiological agent of tuberculosis. Once this background is understood, the clinical presentation and diagnosis of tuberculosis is exposed to review the impact of tuberculosis on the individual. The clinical presentation is limited to diagnostic tools and skills that are available in virtually every situation, i.e., history taking, clinical examination and the least sophisticated imaging technique, radiography. The next module deals with the impact of the etiological agent on the community, i.e., the epidemiological basis of tuberculosis.

When participants have acquired a theoretical knowledge of these three core modules, intervention strategies to reduce transmission, morbidity and mortality in the individual and the community are discussed. As each of the three major intervention strategies has its own advantages and shortcomings, they are presented in the context of applicability, availability of resources, and the objectives of specific control measures. Participants are finally taught how to apply these theoretical bases to the sound principles of tuberculosis control.

These five modules are embedded in two other modules: a participants’ module, where participants briefly report on aspects of tuberculosis in their country of work, and a field visit to the National Tuberculosis Programme of the host country in the final week, with a review of its operations and a critical appraisal of its accomplishments and impediments.

Participants are expected to have responsibilities at the regional/provincial or national level of tuberculosis control, and to have a strong public health background, be sufficiently academically interested in following the theoretical presentation, and to be willing and able to absorb a large amount of material.

Courses for specialist physicians

All Latin American countries have many chest physicians, professional societies, universities and health care schools. Specialist physicians usually practise very separately from the activities of the NTP, and do not respect the rules of the NTP. Differences of opinion between the NTP and specialists often limit the success of the TB programme. This situation led the IUATLD and PAHO in 1997 to identify improved collaboration with professional societies and the specific training of specialist physicians as a priority for the region. In 1998 a course was designed by the IUATLD to work with this important sector.

The course comprises 25 hours of specific training over a total of 3-5 days (depending on the country, as all specialists have very limited time available for training). Entitled “Importance of the role of chest physicians and their integration into NTP strategies”, the course is directed at a select group of professionals (not more than 30 at a time), to allow interactive participation and teaching. All topics are reviewed in depth in each course, with a distribution of the time as follows: 60% for updating participants on the specific topic and for establishing their level of competence, 30% for discussing practical application of this knowledge, and 10% for obtaining their agreement to act in collaboration with the NTP in the future.

At the end of each course a meeting is organised with the members of the central unit of the NTP, all the course participants and the IUATLD faculty to develop an agreement to improve TB control. All participating specialists sign this agreement of collaboration.

Courses for university and medical school faculty

If the implementation of the DOTS strategy is to be maximised, it is necessary to work intensively with universities, medical schools and other schools for health care personnel to introduce all aspects of the NTP into the curriculum for general physicians and other health care personnel. For this purpose, specific training in TB is required for professors teaching in these universities and public health schools. This will ensure that future generations of physicians will have a thorough grounding in the principles of tuberculosis control.

For this reason, the IUATLD developed an intensive training course (18 hours in 2 days) for professors of universities and medical schools. The methodology of these courses is very similar to that of the specialist physician courses, and concentrates above all on interactive participation and teaching, distribution of periods of time for different topics and adoption of agreements to collaborate with the NTP to improve TB control.
The Courses of the IUATLD

Intensive courses for NTP personnel

To improve the management of TB control at the different levels of the programme, in 2002 the IUATLD designed an intensive (18 hours in 2 days) national course for personnel working in the NTP, to be given in selected countries.

Courses on research methods for the promotion of lung health

In addition to the above courses, the IUATLD has over a decade of experience in conducting courses on research methods for the promotion of lung health. Their objective has been to enable participants to develop research protocols addressing health issues of their interest and/or importance to their communities. These courses have been conducted in many regions of the world, usually in collaboration with other organisations or institutions. More than 250 individuals have participated in these courses. The philosophy for this initiative is based on that expressed in the report of the Commission on Health Research for Development and implicit in its title (Health Research: Essential Link to Equity in Development. New York: Oxford University Press, 1990). The Commission’s recommendations are also summarised in an article published in the general medical literature (Evans JR. Essential national health research: a key to equity in development. New Engl J Med 1990; 323: 913-915). A key element in these recommendations is that “Every country should take account of its own circumstances and implement long-term programmes to build research capacity and conduct essential national health research.” The IUATLD’s initiative in developing courses on research methods for the promotion of lung health is to support those countries wishing to follow the Commission’s recommendations. The focus has been on Africa, the Black Sea area, the Middle East and East Asia, drawing on the Union’s experience of several decades in offering courses related to tuberculosis management in these areas.

The operations research course is based on the recognition that data are frequently available in national tuberculosis programmes that could provide answers to important questions for improved management. However, skills to efficiently collect the information and to perform basic analyses using the power of computing are often underdeveloped. The course takes the participant through all the steps of such a project, from formulating a research hypothesis, to designing a questionnaire, ensuring high-quality data collection, analysis, and the interpretation of findings in the form of a written report. Participation in the course requires a keen interest in carrying out this type of research and a basic knowledge of how a computer functions, i.e., proficiency in utilising keyboard and file management functions.

Collaborators and faculty

The IUATLD Secretariat is responsible for the organisation and content of the courses, which are conducted in close coordination with the local National Tuberculosis Programmes. The principles underlying the selection of the faculty in all international courses of the IUATLD are essentially the same, and renowned international experts in their respective fields guarantee high scientific standards for the courses.

The international courses of the IUATLD offer opportunities for motivated and responsible individuals to gain a thorough understanding of the theoretical basis of tuberculosis control, in a low-income setting that attempts to put these principles into public health action. The courses also aim to strengthen the capacity of low-income countries to conduct health systems and services research that is adapted to local needs, and to identify individuals from low-income countries who would be suitable for careers in public health.

Courses in 2001-2002

Between 1 July 2001 and 30 June 2002, four IUATLD courses for tuberculosis programme managers were held, in Spanish, French and English, in Nicaragua, Vietnam, Benin and Tanzania. One intensive course on the management of MDR-TB cases was held in Mexico, for the countries of Central America and the Caribbean. Five courses for tuberculosis specialists were held, two in Mexico, one in Nicaragua, one in Bolivia, one in Costa Rica, to encourage the participation of private physicians in the NTP, and two courses for university faculty were held, in El Salvador and in Honduras. An intensive course for personnel working in the NTP was held in Honduras. During this period, two courses on Research Methods for the Promotion of Lung Health were held, one in Senegal and one in Kenya. In addition, a course on Operations Research in Epidemiology for Tuberculosis Control was held in Ethiopia.
The objective of this 20-hour intensive course is to improve the management of TB cases at the peripheral and regional level. Thirty participants attended this course, which began with a presentation on the status of the tuberculosis control programme in Honduras by Dra Nohemy Paz, Director of the NTP.

International Tuberculosis Control Course
Granada, NICARAGUA, 7-19 August 2000

The objective of this 2-week intensive course is to provide a theoretical background for the tuberculosis control strategy recommended by the IUATLD and the WHO/PAHO for low-income countries, and to provide practical exercises in the organisation and management of tuberculosis control services at the peripheral level as well as supervision of these services at intermediate level. The first part of the course consists of bacteriology, followed by epidemiology, intervention strategies and the organisation and management of a tuberculosis control programme. The second part consists of practical exercises and field visits.

More than 84 participants from 19 countries have been trained in this course since 1992. In August 2000 there were participants from eight countries: six from El Salvador, four from Nicaragua, two from Guatemala, two from the United States, and one each from Bolivia, Colombia, Honduras and Panama.

Intensive course for personnel working in tuberculosis programmes
La Ceiba, HONDURAS, 23-25 August 2001

In the mid-1990s, when the international courses were developed in Africa, several participants attended from Asia, including some from Vietnam. It was then recognised that a course modelled along the same principles was needed to suit the specific needs of the South-East Asia region. The first course in Vietnam, held in 1997, was composed of 17 Vietnamese including four participants from other South-East Asian countries. In 2001, 30 participants from 14 countries attended the course.

International tuberculosis course
Hanoi, VIETNAM, 27 August – 14 September 2001

Donors:
The Hilton Foundation,
The Pan American Health Organization (PAHO), TBCTA with funds from USAID
Local Partners: Ministry of Health of Nicaragua
Consultant: Dr Jose Caminero Luna
Faculty: Dr Jose Caminero Luna,
Dr Pedro Eduardo Valenzuela Hiriart, Dra Martha Fabiola Prado Malespin, Dra Yadira Pérez Pauagua
The objective of these intensive 14-hour courses is to improve the collaboration of specialist physicians with the National Tuberculosis Control Programme. Forty participants attended every course, which began with a presentation on the status of the tuberculosis control programme in Mexico by Dr Elizabeth Ferreira, Director of the NTP.

At the end of each course the participants adopted a detailed agreement with the NTP to become involved in the diagnosis and treatment of tuberculosis cases according to WHO/IUATLD and NTP guidelines.

**Cours international sur la lutte antituberculeuse**

Cotonou, BENIN, 14-28 September 2001

This annual 3-week course began in 1993. A total of more than 180 medical doctors from Sub-Saharan Africa, Madagascar, Haiti and Comoros have been trained in TB control. A rapid evaluation made in 2001 showed that most of the medical doctors remain for more than 3 years in TB control after their training in Cotonou.

In 2001, 24 participants attended from 14 different French-speaking countries.

Donors: French Ministry of Foreign Affairs
Local Partners: Ministry of Health, Benin
Consultant: Dr Arnaud Trébucq
Faculty: Professeur Martin Gninafon, Dr Léon Tawo, Dr Ferdinand Kassa, Professeur Séverin Anagonou, Dr Valérie Schwoebel, Dr Arnaud Trébucq

**International training course on tuberculosis control**

Arusha, TANZANIA, 12–30 November 2001

In 2001, 24 participants from 14 different French-speaking countries attended the course: Eritrea (4), Kenya (2), Malawi (1), Namibia (1), Somalia (3), South Africa (3), Tanzania (4), Uganda (1).

Donors: TBCTA with funds from USAID
Local Partners: Ministry of Health, Tanzania, Damien Foundation
Consultant: Dr Hans L Rieder
Faculty: Dr Hans L Rieder, Dr Saidi M Egwaga, Mr Timothy M Chonde, Dr Thuridur Arnadottir, Dr Armand Van Deun

**Intensive course for personnel working in tuberculosis programmes**

Santa Cruz de la Sierra, BOLIVIA, 3-5 December

The objective of this intensive course of 20 hours is to improve the management of the TB cases in the peripheral and regional level. Thirty participants attended this course, which began with a presentation on the status of the tuberculosis control programme in Bolivia by Dra Mirtha del Granado, Director of the NTP.

Donors: The UK Department for International Development (DFID)
Local Partners: Programa Nacional de Control de la Tuberculosis (PNT), Bolivia
Consultant: Dr Jose Caminero Luna
Faculty: Dra Mirtha del Granado

**Courses for specialists, lecturers and practitioners**

**Tuberculosis specialists course**

Tijuana (2-3 July 2001), Veracruz (4-5 July 2001), and Mexico City (6-7 July 2001), MEXICO

The objective of these intensive 14-hour courses is to improve the collaboration of specialist physicians with the National Tuberculosis Control Programme. Forty participants attended every course, which began with a presentation on the status of the tuberculosis control programme in Mexico by Dr Elizabeth Ferreira, Director of the NTP.

Donors: United States Centers for Disease Control and Prevention (CDC), The Pan American Health Organisation (PAHO), and the Programa Nacional de Control de la Tuberculosis, Mexico
Local Partners: Programa Nacional de Control de la Tuberculosis (PNT), Mexico
Consultant: Dr Jose Caminero Luna
Faculty: Dr Jose Caminero Luna, Dra Elizabeth Ferreira
**Tuberculosis specialists course**

**Managua, NICARAGUA, 20-22 August 2001**

The objective of this intensive 25-hour course is to improve the collaboration of specialist physicians with the National Tuberculosis Control Programme. Thirty participants attended this course, which began with a presentation on the status of the tuberculosis control programme in Nicaragua by Dra Fabiola Prado, Director of the NTP.

At the end of the course, the participants adopted a detailed agreement with the NTP to become involved in the diagnosis and treatment of tuberculosis cases according to WHO/IUATLD and NTP guidelines.

**Donors:** The UK Department for International Development (DFID), The Pan American Health Organisation (PAHO)

**Local Partners:** Programa Nacional de Control de la Tuberculosis (PNT), Nicaragua

**Consultant:** Dr Jose Caminero Luna

**Faculty:** Dr Jose Caminero Luna, Dra Fabiola Prado

---

**Tuberculosis specialists course**

**San José, COSTA RICA, 25-27 February 2002**

The objective of this intensive course of 25 hours is to improve the collaboration of specialist physicians with the National Tuberculosis Control Programme. Thirty participants attended the course, which began with a presentation on the status of the tuberculosis control programme in Costa Rica by Dra Zeydi Mata, Director of the NTP.

At the end of the course, the participants adopted a detailed agreement with the NTP to become involved in the diagnosis and treatment of tuberculosis cases according to WHO/IUATLD and NTP guidelines.

**Donors:** NTP of Costa Rica, Task Force Training, TBCTA with funds from USAID

**Local Partners:** Programa Nacional de Control de la Tuberculosis (PNT), Costa Rica

**Consultant:** Dr Jose Caminero Luna

**Faculty:** Dr Jose Caminero Luna, Dra Zeydi Mata

---

Managua. Two TB patients take their medication below a map outlining the spread of TB.
**Tuberculosis course for university and medical school faculty**

San Salvador, EL SALVADOR, 18-19 March 2002

This course was intended for university and medical school faculty, with the aim of encouraging the inclusion of education about tuberculosis in the teaching programmes of university and medical students. Clinical, diagnostic and treatment aspects were covered in the course, with special emphasis on tuberculosis control. Thirty participants attended the course, which was introduced by Dr Julio Garay, Director of the NTP. At the end of the course there was a discussion about the utility of the course and what each participant thought was lacking in education about tuberculosis in their own faculty. There was general agreement that little was taught about the NTP, that the information given to students was generally insufficient, and that training in tuberculosis control, the DOTS strategy and the guidelines of the NTP should be a priority for all medical and nursing students.

**International intensive course in management of multidrug-resistant TB**

Mexico City, MEXICO, 6-11 May 2002

The objective of this 50-hour (1 week) intensive course was to provide a theoretical and practical background for the management of MDR-TB cases. The first part of the course (25 hours, 3 days) consisted of the theoretical basis of resistance, with practical examples; the second part of the course (25 hours, 3 days) consisted of bacteriological practice.

More than 30 participants from 9 countries (Mexico, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama, Dominican Republic and Haiti) attended these courses, including the NTP Manager, the Director of the TB Laboratory Network, and the person responsible for MDR-TB from each country.

At the end of the course, the participants adopted a detailed agreement concerning the basis of the management of MDR-TB cases in the region.

**Tuberculosis course for university and medical school faculty**

Tegucicalpa, HONDURAS, 13-15 May 2002

This course was intended for university and medical school faculty, with the aim of encouraging the inclusion of education about tuberculosis in the teaching programmes of university and medical students. Clinical, diagnostic and treatment aspects were covered in the course, with special emphasis on tuberculosis control. Thirty participants attended the course, which was introduced by Dra Nohemy Paz, Director of the NTP. At the end of the course there was a discussion about the utility of the course and what each participant thought was lacking in education about tuberculosis in their own faculty. There was general agreement that little was taught about the NTP, that the information given to students was generally insufficient, and that training in tuberculosis control, the DOTS strategy and the guidelines of the NTP should be a priority for all medical and nursing students.
The objective of this course was to enable participants to develop research protocols of sound technical quality. Participants came from Kenya, Sudan, Zambia, South Africa, Malawi, Zimbabwe and Nigeria. During the 8 days of the course, they developed the following research protocols:

- Diagnostic dilemmas in childhood pulmonary TB: addressing the problem
- Voluntary counselling and testing (VCT) as an entry point to TB care in HIV-positive individuals
- Risk factors for developing tuberculosis in infected children in household contact with a smear-positive pulmonary source case
- Evaluation of a phage-based test for the detection of Mycobacterium tuberculosis in smear-negative sputum samples in developing countries
- The impact of decentralisation of TB health services on diagnostic delay in Nairobi City, Kenya
- Evaluation of diagnostic performance of the WHO algorithm in smear-negative TB.

Donors: TBCTA with funds from USAID
Local Partners: Kenya Medical Research Institute
Consultant: Prof Donald Enarson
Faculty: Prof Margaret Becklake, Dr Joseph Odhiambo, Dr Lucy N’gan’ga, Dr Andy Dean, Dr Renee Ridzon

Research Methods for the Promotion of Lung Health
Aberdare, KENYA, 7-13 April 2002

Operational research in well-structured NTPs is essential if we wish to see improvements in TB control. For this first course organised in the French language, 14 participants from six Sub-Saharan countries were invited to Dakar. The French version of the IUATLD Guide “Research Methods for Promotion of Lung Health” was used during the course. By the end, each country had written its own protocol and will hopefully implement the selected research projects within the next year.

Donors: French Ministry of Foreign Affairs
Local Partners: Dr Moustapha Ndir
Consultant: Dr Arnaud Trébucq
Faculty: Pr Nadia Aït-Khaled, Dr Arnaud Trébucq

Research Methods for the Promotion of Lung Health
Dakar, SENEGAL, 7-13 April 2002

In 2001, 10 participants from two countries attended the course: nine from Ethiopia and one from Senegal.

Operations Research in Epidemiology for Tuberculosis Control
Addis Ababa, ETHIOPIA, 8-19 October 2001

Professional staff of the IUATLD made 100 scientific presentations at national and international scientific meetings during the year. They were made in Argentina, Belgium, Canada, El Salvador, England, France, Germany, Honduras, Ile de la Reunion, India, Mexico, Morocco, Mozambique, Netherlands, Norway, Pakistan, Panama, Poland, Romania, South Africa, Spain, Sudan, Switzerland, United States of America, Vietnam, Zambia and Zimbabwe. They also contributed to courses, other than IUATLD courses, in Denmark, Estonia, France, Germany, Japan, Kazakhstan, Morocco, Norway, Poland, Switzerland and Zambia.
**Guides**

**Guide de l‘achat des médicaments antituberculeux**  
*A guide for the procurement of anti-tuberculosis drugs*  
A Trébucq, C Rambert.  
Year of publication: 2001  
Languages: French and English  
1000 copies printed in French and English

This guide for National Tuberculosis Control Programmes, national essential drug programmes or central medical stores, and their partners, is a needed addition to tools to improve effective supply of essential drugs in low- and middle-income countries. The major challenge for most countries today is not whether or not to launch a DOTS programme, but how to urgently scale-up its coverage while improving quality and impact. Safe and efficient drug procurement is a prerequisite for any such expansion. Getting the procurement principles right is especially important for TB control, even relative to many other primary care interventions. Mistakes in quantification of need, standardisation of regimens, quality of products purchased and timely and efficient purchase and delivery, all could have dangerous repercussions for ill tuberculosis patients and for the communities within which they live.

**Interventions for tuberculosis control and elimination**  
H L Rieder.  
Year of publication: 2002  
Languages: English  
Printed and distributed 5000 and then reprinted 5000 in 2002.

This is the fourth module of a series of guides based on the material taught in the international TB courses. It deals with the interventions directed against the *Mycobacterium tuberculosis* complex: treatment, prophylactic treatment, BCG vaccination and preventive chemotherapy, by assembling information on each available intervention and weighing the role of each in current practice.
The Newsletter (August 2001 and February 2002) were published and sent to our members and partners during this period.

The Newsletter is published in the three official languages of the IUATLD, French, Spanish and English.

The English version can be downloaded in pdf from the IUATLD website: www.iuatld.org

During the reporting period 1 July 2001 – 30 June 2002, the International Journal of Tuberculosis and Lung Disease (IJTLD) continued to improve in quality. The Science Citation Index published in 2002 for the year 2000 gave the IJTLD an impact factor of 2.011, a distinct improvement over the previous year’s IF of 1.233.

Following the move to the web-based manuscript tracking system ManuscriptCentral, an increase in numbers of articles submitted to the IJTLD was observed. A record 444 articles were received, giving an average of 37 papers a month compared to 25/month for the previous reporting period. The geographic provenance of the articles can now be tracked more easily using the programme (Figure): articles came from 66 countries, with a net increase in papers from India.

The on-line version of the Journal on the ingenta website, sponsored by the Sequella Foundation, continued to be made available to fully paid-up members of the IUATLD.

As the eight-year editorship of Professor Michael Iseman was drawing to a close in 2002, calls were made for a successor to apply for the post.

The International Journal of Tuberculosis and Lung Disease

The theme for World TB Day, 24 March 2002, was “Stop TB, Fight Poverty”, suggesting that tackling TB, one of several illnesses that affect the poor, is one way of achieving greater global prosperity.

The IUATLD once again participated in the communications programme of the Stop TB Partnership for World TB Day. Unlike previous years, a sustained campaign emphasising this year’s theme was envisioned. Stop TB partners were encouraged to develop year-round activities and stress the targets for case detection and cures, as this indicates both that the global partnership has a plan and that massive expansion of DOTS is necessary to achieve the targets.

Over the year 2002 the Stop TB Partnership developed a Countdown Campaign towards 2005 in support of reaching the global targets to stop TB. “Stop TB, Fight Poverty”, World TB Day 2002 was the first event marking the countdown. “Stop TB, Fight Poverty” is a call to the global community to expand DOTS treatment, increase access to treatment and to stop TB. The Global Plan to Stop TB, launched in October 2001, proposes the expansion of national access to DOTS, the internationally accepted strategy for TB control and treatment.

World TB Day Pack 2002
As in previous years, on behalf of the Stop TB Partnership the IUATLD produced a World TB Day Pack for 2002. Including fact sheets on TB and poverty, a special edition of the Stop TB Newsletter, a poster and suggestions on activities and events.

One full-time staff member was responsible for the definition of the conception, production and distribution of the pack in close collaboration with the Stop TB Secretariat.

More than 6000 packs were distributed worldwide through the IUATLD and WHO networks.
When the first independent researchers gathered data about the health effects of tobacco use, society more or less agreed that tobacco deaths were an acceptable price to pay for the supposed benefits of tobacco commerce. That calculation has changed. Four million deaths a year now, more than 70 million over the last 50 years, an estimated 450 million over the next 50 years – that is just too many.

The tobacco industry’s power and influence have muddied attempts to understand what harm is produced by active and involuntary exposure to tobacco and tobacco smoke, why people start, why they continue to use tobacco even when they wish to stop, how they quit and how to help them succeed in quitting.

We know that tobacco use is a part of human behaviour – it existed before the advertising and the multinationals. Tobacco control advocacy aims to remove the cultural and legal acceptability of the tobacco industry’s pursuing greater and greater numbers of new users and opposing all measures that might encourage people not to use or to stop using tobacco. The IUATLD is working to develop joint tobacco control efforts with other international organisations and the WHO and, through the Tobacco Prevention Division, maintains its advocacy efforts to counter tobacco industry tactics throughout the world.

The IUATLD provides financial and technical support as founding member, along with the International Union Against Cancer and the World Heart Federation, of INGCAT, the international tobacco control advocacy organisation, and actively participates in the Framework Convention Alliance to work for a strong Framework Convention on Tobacco Control.

The first Stop TB Partners’ Forum was held in Washington on 22-23 October 2001, covering the theme “50/50: Towards a TB-Free Future”.

The Director General of the World Health Organization, Dr Gro Harlem Brundtland, accurately summarised the situation of tuberculosis:

“Tuberculosis – a disease that has taken perhaps more lives than any other in all of human history – continues to cause an immense burden of suffering and death around the world. Yet there is hope. Progress since the Amsterdam Declaration has been remarkable. Now is the time to act, together, as we count the 50 months remaining to achieve our 2005 targets”.

Representatives from over 120 organisations and 19 high-burden countries reviewed the progress made since the Amsterdam Declaration in March 2000. All key players, high level representatives from governments, development agencies, foundations, NGOs, public health specialists, show strong commitment to decreasing the burden of tuberculosis.

Stop TB Partners’ Forum in Washington

The first Stop TB Partners’ Forum was held in Washington on 22-23 October 2001, covering the theme “50/50: Towards a TB-Free Future”.

The Director General of the World Health Organization, Dr Gro Harlem Brundtland, accurately summarised the situation of tuberculosis:

“Tuberculosis – a disease that has taken perhaps more lives than any other in all of human history – continues to cause an immense burden of suffering and death around the world. Yet there is hope. Progress since the Amsterdam Declaration has been remarkable. Now is the time to act, together, as we count the 50 months remaining to achieve our 2005 targets”.

Representatives from over 120 organisations and 19 high-burden countries reviewed the progress made since the Amsterdam Declaration in March 2000. All key players, high level representatives from governments, development agencies, foundations, NGOs, public health specialists, show strong commitment to decreasing the burden of tuberculosis.
During the year 2001-2002, the technical staff of the IUATLD published 17 scientific articles in the peer-reviewed literature, including the following journals: American Journal of Epidemiology, American Journal of Respiratory and Critical Care Medicine, Bulletin of the World Health Organization, Canadian Journal of Public Health, Clinics in Infectious Disease, European Respiratory Journal, the International Journal of Tuberculosis and Lung Disease, Israel Medical Journal, Journal of Allergy and Clinical Immunology, Pediatric Pulmonology and the journal Pneumologie. In addition, they published 4 books, 2 book chapters and 6 other scientific articles.

The focus of the activities of the Tobacco Prevention Division in 2001-2002 included efforts to improve the involvement of health care workers in tobacco control and to increase the effectiveness of cessation interventions in both low and high revenue countries within general care and among patients with lung diseases, including TB. Because of the social and behavioural nature of tobacco control research, outcomes must be measured over the long-term, and research results will start to become available in 2003.

The main aim of the Health Policy Unit (HPU) is to research factors that influence the formulation and implementation of policies relating to lung health. It is currently developing methodology for analysing how lung health strategies are transferred between global, national and subnational levels.

As part of this research initiative, the Unit prepared a questionnaire and workshop entitled “DOTS Expansion - district level policy processes”, which seeks to define the unique policy-related issues, needs and strategies of the district level, as it adapts and implements its national DOTS strategy. Results from the questionnaire and workshop are destined to inform DOTS expansion efforts.

The first of these workshops was held in June 2002 in Durban, South Africa, at the IUATLD Africa Region Conference. Teams were comprised of the medical officer, nurse and laboratory manager from districts in Benin, Democratic Republic of Congo, Senegal, South Africa, Tanzania and Uganda, accompanied by their national programme managers. The HPU is also studying how tobacco industry strategies were designed to influence health policy. It uses industry internal documents, now in the public domain. It aims to assist the lung health community to start using such data to inform their tobacco control strategies. A Latin American regional profile is being elaborated.
The International, Multicentre Controlled Clinical Trials Programme

The IUATLD has recently embarked on a programme of international, multicentre controlled clinical trials (CCTs) through the development of a network of participating centres in countries of high prevalence of tuberculosis. This has been undertaken in collaboration with other organisations actively involved in CCTs, including the British Medical Research Council's Clinical Trials Unit, UK, and the Centers for Disease Control and Prevention, USA.

The objectives of developing such a network are threefold:
- To identify effective regimens of treatment.
- To develop an international network of clinical trials centres.
- To strengthen the capacity of clinical trials centres in operations research.

Study A

The first CCT, Study A, was launched in November 1997. The objectives of this investigation are to study the outcomes in patients treated with one or other of two 8-month chemotherapy regimens: 2(EHRZ)3/6EH, or 2EHRZ/6EH. The control regimen is 2EHRZ/4RH.

The participating centres are:
- The Henan Tuberculosis Institute, He Nan, China.
- The Tianjin Tuberculosis Institute, Tianjin, China.
- The National Tuberculosis Programme Guinea, Conakry.
- The National Tuberculosis Programme Benin, Cotonou.
- The German/Nepal Tuberculosis Project, Kathmandu, Nepal.
- The National Tuberculosis and Leprosy Programme, Mozambique.
- The Tuberculosis Leprosy Project, Kathmandu, Nepal.
- The Kibong’oto National Tuberculosis Hospital, Moshi, Tanzania.

This trial has now completed the recruitment of patients and the total enrolled is shown in the table.

<table>
<thead>
<tr>
<th>CENTRES</th>
<th>NUMBERS ALLOCATED</th>
<th>NUMBER ENROLLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONAKRY</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>COTONOU</td>
<td>350</td>
<td>350</td>
</tr>
<tr>
<td>HENAN</td>
<td>150</td>
<td>197</td>
</tr>
<tr>
<td>KATHMANDU</td>
<td>350</td>
<td>285</td>
</tr>
<tr>
<td>MAPUTO</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>MOSHI</td>
<td>200</td>
<td>56</td>
</tr>
<tr>
<td>NEPALGANJ</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>TIANJIN</td>
<td>150</td>
<td>68</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1600</td>
<td>1355</td>
</tr>
</tbody>
</table>

Preliminary results will be presented at a special session during the IUATLD 33rd World Conference in Montreal on the 8th October 2002.

Study C

The second CCT, Study C, has just been launched. The objectives of this investigation are to study the outcomes in patients treated, by random allocation, with one or other of two chemotherapy regimens. The study regimen will consist of an initial intensive phase of 2 months of daily ethambutol, isoniazid, rifampicin and pyrazinamide, in a fixed-dose combined tablet, followed by 4 months of rifampicin and isoniazid in a fixed-dose combined tablet three times a week 2(EHRZ)/4(RH). The control regimen will consist of the same drugs, but will be given in separate formulations in the initial intensive phase.
Asthma Division activities

The Asthma Division focused its principal activities of research on the evaluation of the Asthma Guide published in 1996, on the cost of inhaled steroids and on education for asthma management.

Evaluation of the IUATLD Asthma Guide for Adults published in 1996

The preliminary results of a pilot study on implementation of the Guide in 10 developing countries showed that the technical implementation of the Guide is feasible and that the Guide’s standardised treatment card and register are filled out correctly by the practitioners. The diagnosis of asthma was confirmed in more than 65% of cases using the IUATLD guide criteria, and treatment with inhaled steroids was prescribed for the majority of cases of persistent asthma. However, dosages were not always those recommended, and in a number of cases inhaled steroids are not affordable for patients even for a first prescription. Almost all centres include some children in the study.

Research on the cost of drugs

Like previous studies, the research conducted this year in the Middle-East Region showed high costs of inhaled steroids, with big variations between countries and low affordability of inhaled steroids for patients. The price of one 200-dose 250 µg beclomethasone inhaler is US$61.50 in Kuwait, US$25 in Sudan and US$6 in Syria. However, on the international market we have found that a generic is available in a laboratory that is audited and validated at a price of US$3.4 per inhaler (for the purchase of a minimum of 20,000 inhalers). At this price, inhaled steroids might be affordable for the majority of patients.

Education for asthma management

A workshop on asthma management was conducted in Khartoum, Sudan, in November 2002. This workshop was coordinated by Nadia Alr-Khaled and Don Enarson, and attracted more than 40 participants. A number of topics for research on asthma in the Middle-East were identified. A film on asthma education was produced with our collaboration for diffusion on television in Africa this year (CAP Santé: asthme).

Other activities

Other activities of the IUATLD Asthma Division were launched during the period of this report.

- Revision of the IUATLD Guide (with financial support from the International Asthma Council): The first draft was completed, including the management of children aged over 5 years. The publication will be published in 2003 after review by other authors and experts.
- Audit in emergency rooms: The first draft of a protocol of research for an audit in emergency rooms was established this year. It will be discussed during the first meeting of a working group on this topic coordinated by Pr Peter Burney during the IUATLD Montreal conference in October 2002. In addition to its specific activities, the IUATLD Asthma Division conducted activities in collaboration with other groups.
- With WHO and the Ministry of Health of Morocco: On the Lung Health Initiative, two guides were finalised during this year and published: one for primary care and one for specialists at district level. These two guides proposed the standardised management of patients with respiratory symptoms in Morocco. The implementation of these guides began in several provinces of Morocco this year.
- With the ISAAC group in New Zealand: 16 centres were identified to conduct ISAAC phase III: 10 have already completed the study: four centres in Morocco, two in Tunisia, one in Algeria, one in Ile de la Réunion, one in Ivory Coast, and one in Togo. Four will complete the study during October-November 2002: one each in Guinea, the Democratic Republic of Congo, Congo and Sudan. Two centres were unable to find financial support for the study.
- With the ARIA group (Pr J Bousquet) and INSERM (Dr Isabelle Annesi): A workshop was conducted in Paris in September 2001 with the principal investigators of ISAAC from francophone Africa. As the results of ISAAC phase I showed a very high proportion of rhinitis in Africa, particularly in West Africa, two research projects were proposed and conducted this year in more than 10 centres. The first is epidemiological research: the addition of five additional questions to the ISAAC phase III questionnaire; the second is clinical research: the validation of a standardised questionnaire on rhinitis proposed by Isabelle Annesi (INSERM). The gold standard will be the diagnosis of doctors, with tests.
- One of the most positive points of our activities in asthma this year is the strengthening of the network of researchers on asthma from developing countries, and the increased collaboration with other international groups on asthma working with the IUATLD Asthma Division.
The goals of the **Scientific Sections** are to provide more opportunities for members to be active in the organisation, and to increase membership. The structure of the Sections includes an administrative committee made up of a Chair, a Vice Chair, a Secretary and a Programme Secretary, and Working Groups appointed by the Chair of the Section to undertake specific tasks within defined periods of time.

The work of the Sections is to undertake specific tasks relevant to the IUATLD and the scientific community, and to develop a scientific programme for the annual meeting. This is normally accomplished through Working Groups established to address specific questions or to accomplish specific tasks; a regular business meeting which is normally held during the annual meeting of the IUATLD; and a planning group for the annual meeting.

**Working Groups** are created as a means of addressing specific topics that are of importance to the members, the Sections and the IUATLD as a whole.

The usual goals of Working Groups include: planning a symposium for the annual meeting, development of a workshop on a specific topic of importance to the IUATLD, creation of a common protocol for research or programmatic action, and preparation of technical documents.

Each Working Group has a designated leader who assigns tasks, sees that they are carried out and reports on the activities of the Working Group. Members of the Working Group are usually members from the Section with particular expertise and interest in the topic of the Working Group, and occasionally, experts from outside the Section, particularly when aspects of the work involve disciplines not represented within the IUATLD, are invited to participate. Some Working Groups may be joint groups of several Sections when the topic is of mutual interest to each of the Sections.

The Working Group leader submits a written report on the progress of the Working Group to the Chair of the Section at each annual meeting, with a copy to the Director of Scientific Activities.
Bacteriology and Immunology

Chair: V. Vincent, France, vvincent@pasteur.fr
Vice Chair: F. Lamothe, Haiti, vcayemittes@acn2.net
Secretary: J. Ridderhof, USA, jridderhof@cdc.gov
Programme Secretary: N. Martin Casabona, Spain, nuriamc@cs.vhebron.es

Report of the Bacteriology and Immunology Section

Statements:
The following statement of the Bacteriology and Immunology Section is valid:

• Guidelines for surveillance of drug resistance in tuberculosis.

Chair:
V. Vincent, France, vvincent@pasteur.fr
Vice Chair:
F. Lamothe, Haiti, vcayemittes@acn2.net
Secretary:
J. Ridderhof, USA, jridderhof@cdc.gov
Programme Secretary:
N. Martin Casabona, Spain, nuriamc@cs.vhebron.es

Proposed symposia for Montreal 2002

• Appropriateness of using smear results to extend the intensive phase of TB treatment
• New techniques for drug susceptibility testing for TB and relevance for middle and low income countries
• Bacteriological investigation of extra-pulmonary TB in low-income countries

Working Groups of the Bacteriology and Immunology Section

Beijing strain
Leader
S. Hoffner, Sweden, sven.hoffner@smi.ki.se,
Armand Van Deun, Knut Feldmann, Véronique Vincent and
Sabine Rüsch-Gerdes also agreed to assist as Working Group members.

Objectives
• To contribute laboratory information about the hyper-virulent Beijing strain of M. tuberculosis
• To examine additional virulence studies including rapid identification of strains

Programme
This working group proposes to coordinate with the Working Group on Surveillance that intends to perform studies looking at the distribution of the strains in various populations.

International laboratory training opportunities

Leaders
Salman Siddiqi, (Salman-siddiqi@bd.com)
Dilip Banerjee (d.banerjee@sghms.ac.uk)

Objectives
• To contribute laboratory information about the hyper-virulent Beijing strain of M. tuberculosis
• To examine additional virulence studies including rapid identification of strains

Programme
This working group proposes to coordinate with the Working Group on Surveillance that intends to perform studies looking at the distribution of the strains in various populations.

Drug susceptibility testing of second-line antimicrobials for treatment of M. tuberculosis
Leader
A. Laszlo (laszloa@who.int)

Objectives
The production of guidelines on the above subject

Progress achieved
Guidelines published
• Guidelines for drug susceptibility testing for second-line anti-tuberculosis drugs for DOTS-Plus.

Non-tuberculous mycobacteria (NTM)
Leader
Nuria Martin Casabona (nuriamc@cs.vhebron.es)

Objectives
• To examine the geographic distribution of NTM
• To characterise pulmonary versus extra-pulmonary NTM infections

External quality assessment of AFB microscopy
Leader
J. Ridderhof, USA (jcr0@cdc.gov)

Objectives
• To facilitate consensus and develop a document that encourages, guides, and assists national and regional laboratories in implementing national quality control programmes.
  • To provide priorities, standards and recommendations for external quality assessment (EQA) methods, such as rechecking patient slides, sending out slides from the national laboratory, and on-site evaluation of laboratory equipment, resources and performance.
  • To improve the effectiveness of AFB microscopy networks and promote the role of quality control programmes in national reference laboratories

Timetable:
• July 2002 provide a final draft for clearance to WHO, IUATLD, KNCV, CDC, APHL and JATA.
  • August 2002 send cleared document to printer.
  • September 2002 distribute copies to countries.

Progress achieved:
Through consensus meetings, development, and circulation of several drafts, this Working Group has produced a draft guidance document that provides recommendations and specific protocols for different types of EQA. This EQA guidance document also provides forms, procedures, and discussion to encourage each country to analyse their current and projected resources for implementing or expanding EQA for AFB microscopy. This EQA guidance is a new format, in that the document represents the combined efforts and recommendations of many organisations in addition to the IUATLD.
The Bacteriology and Immunology Section of the IUATLD Working Group proposed a Five year plan for the consideration of its members and of the Coordinating Committee of Scientific Activities. The Group proposed that it continue with its educational programme, as outlined below, and expanded more energetically in the training programme, taking the training to the field level with the involvement of appropriate laboratory experts.

1. EDUCATION

SYMPOSIAS
Every year the Section proposes a number of symposia to the Scientific Committee of the IUATLD. The Committee accepts some of these proposals depending on available space on the programme as well as other considerations, such as overlap of topics with other Sections.

Proposals for 2002 are:
- New techniques for direct detection of mycobacteria in clinical specimens and their relevance for middle and low income countries
- Laboratory network management
- Drug susceptibility testing of M. tuberculosis against second-line and newer anti-tuberculosis drugs.
- Vaccine development for tuberculosis, progress and strategies

The Section wishes to continue with this activity, and will propose new exciting topics every year. Some of these topics will address basic requirements for mycobacteriology laboratories. In addition, new cutting edge technology and state of the art topics will also be presented for inclusion. Some of these have been highlighted below:
- New tuberculosis
- Mycobacterium bovis in human infections
- New drug developments
- Molecular diagnosis of tuberculosis
- New developments in serological diagnosis of tuberculosis
- Involvement of the commercial sector in the diagnosis of tuberculosis
- Mechanisms of pathogenesis

The Section, through its Programme Secretary and other Office Bearers, will submit its programme to the Scientific Committee for a fair allocation of symposia slots at future Conferences. The Programme Secretary will liaise with other Sections for more collaborative presentations, including nomination of speakers.

RESEARCH & DEVELOPMENT
(following Dr. Gangadharam’s suggestions):
The Section, though not in a position to directly support research activities by its members, would like to strongly encourage and facilitate, as and when possible, R&D activities by its members in future. This will take the form of advance proposals from active research groups for inclusion in future symposia and workshops. The Section in its Business meeting will have an agenda for R&D, and those members who are in a position to facilitate research should be actively involved in the proceedings. Following, though not exhaustive, is a short list of research interests that may be encouraged.
- Research needs/support
- Clinical and applied research
- Basic research – Universities & Research Institutes – funded by national and international research funding bodies
  - molecular pathogenesis including microarray technology
  - drug developments
  - rapid diagnosis including rapid sensitivity tests and development of simple diagnostic kits
  - drug actions and interactions
  - antibiotic resistance.
  - biology of M. tuberculosis isolates from clustered and non-clustered cases
  - laboratory organisation for DOTS-Plus project

2. TRAINING

a) The Bacteriology and Immunology Section
has a large pool of expertise in various aspects of laboratory sciences, including operational and management functions. The members of the Section should be able to impress upon and offer this expertise to the Union to develop various training programmes. A panel of experts should be set up (by the Bacteriology & Immunology Committee) who will volunteer their services but supported by the IUATLD.

b) The IUATLD should be persuaded to exploit this pool of expertise by facilitating development of these programmes in low income countries. This will require financial, logistic and other support from the IUATLD Secretariat, including arranging collaboration through international (such as the IUATLD/WHO) international training programme and national agencies.

c) An important role of the Section will be, besides developing training programmes, to help establish new laboratories, improving existing ones and establishing quality control programmes. In particular, the programmes should include training in microscopy, culture and susceptibility testing or introduction of new techniques suitable for those particular laboratory environments.

In order to develop an appropriate training programme the following issues need to be assessed through a small Working Group with detailed knowledge about laboratory settings and feasibility in low income countries:
- Quantifying training needs – local, regional and global, scope and volume
- Identify areas of useful training
- Training the trainers
- Logistics and implementation of training programmes
- Identifying costs
  - Local - Government
  - Regional - NGOs
  - National - WHO & IUATLD, etc.
- Setting up National Reference Centres :
  - Proposals to Governments
  - Acceptance by Governments
  - Support from WHO/IUATLD
  - Monitoring
  - International Reference Centre & Quality Assurance

(Are there identifiable centres in the low income countries who can offer satisfactory training programmes in collaboration with centres in high income countries? IUATLD/WHO).

Postgraduate courses
The Section has organised a number of successful postgraduate courses during the past years. This course is targeted for relatively senior laboratory and clinical staff. It is proposed that these courses should continue and include both basic techniques in mycobacteriology as well as quality control, management and emerging technology.

3. COLLABORATION WITH OTHER SECTIONS

The Section is committed to collaboration with other Sections of the IUATLD. This should take the form of joint symposia and workshops. The Programme Secretary will liaise, well in advance, with counterparts in other Sections and offer this Section’s support or seek the help of other Sections to prepare and develop appropriate topics.

An example of an ongoing collaborative programme is one on MOTT study with the TB Section.

4. WORKSHOPS & WORKING GROUPS

These activities have been beneficial in the past, and the Section has produced a number of guidelines for the laboratories.
It is proposed that these activities should continue. The Section is involved in the production of new guidelines such as those for good laboratory practice, and new methodologies. Funding these activities has remained a problem, and it is proposed that when a new Working Group is set up the funding issues are considered in consultation with the IUATLD Secretariat.
Report of the Child Lung Health Section

Current activities include:
- Development of a protocol to improve diagnosis of childhood TB and review of scoring system
- Nationwide audit of child TB cases and diagnostic practices in Malawi
- Preparation of Atlas
- Report on CXRs in HIV-infected African children for Eur J Radiol
- Revise child TB/HIV Section for the second edition of the WHO TB/HIV manual
- Add chapter on child TB in the manual for National TB Programmes
- Develop guidelines on PCP prophylaxis in low-income countries

Planned activities include:
- Developing proposals for a study of clinical and laboratory diagnosis methods in children in selected areas
- Update Workshop on Research Priorities

**Statements**
It was proposed that a Statement on the consequences of tobacco for children, especially in low-income countries, would be of value and that the Section on Tobacco Prevention be approached to consider preparation of a joint Statement.

**Research Priorities**
- A project steering and monitoring group has now subsumed this function and the working group will be disbanded.
- The principal activities of this Group have been related to the launch and monitoring of the Malawi Child Lung Health Project.

**ARi monitoring and evaluation**
The principal activities of this Group have been related to the launch and monitoring of the Malawi Child Lung Health Project. A Project Steering and Monitoring Group has now subsumed this function and the working group will be disbanded.

Pneumonia is the first or second cause of death in children below 5 years of age in developing countries. The spread of the HIV/AIDS epidemic has aggravated the childhood pneumonia problem in terms of morbidity and case fatality, particularly in sub-Saharan African countries.

**Leader**
A. Pio (pioa@cybertech.com.ar)

**Objectives**
- to describe methods of monitoring and evaluation of the case management of pneumonia within the context of ARI programmes in developing countries.

**Timetable**

**Progress**
The first stage developed a Guide for monitoring and evaluating the outcome of case management of pneumonia (non-severe) treated with oral antibiotics (cotrimoxazole or amoxycillin) prescribed by out-patient services to be accomplished at home. The case management strategy of the ARI programme has been integrated almost everywhere with the case management of the most frequent causes of death in children into a single strategy called Integrated Management of Childhood Illness (IMCI). The Working Group has therefore made the guide available to Ministries of Health and NGOs to be used in the context of IMCI programmes.

In a second stage, the Working Group collaborated actively with the IUATLD/Gates Foundation/Government of Malawi project on Child Lung Health. The main purpose of the project is to reduce the case fatality of respiratory diseases in children admitted into district hospitals. Among respiratory diseases, pneumonia is the overriding cause of child hospitalisation and case fatality.

The project established a sustainable and reproducible system for the diagnosis and treatment of pneumonia at district hospitals. A key element of the project is the information system for the monitoring and evaluation of pneumonia treatment outcomes, based on the IUATLD model for tuberculosis control.

Members of the Working Group collaborated with the IUATLD missions to Malawi for the evaluation of the Child Lung Health project and with the elaboration of the Guide on feasibility of monitoring case management of pneumonia in children under 5 years of age at district hospitals. The Guide will be published in 2002. The results of the use of the Guide and the results of the evaluation of the Malawi Project were presented in the WHO Meeting on Approaches to Monitoring the Quality of Paediatric In-Patient Care in Developing Countries, Pretoria, South Africa, November 2001, and at the 33rd IUATLD World Conference on Lung Health, Montreal, Canada, October 2002.
**Tuberculosis and HIV in children**

The previous two Groups, TB and HIV/ARI in children, have decided to merge to form a new Working Group. The leaders, terms of reference, programme of activities and timetable for completion are under discussion and will be submitted for Co-ordinating Committee approval at or before the Montreal meeting in 2002.

**Leaders**
N. Beyers  
(nb@gerga.sun.ac.za),
H. Campbell  
(harry.campbell@ed.ac.uk)

**Objectives**
- To identify deficiencies in knowledge on tuberculosis in children
- To prepare a plan of action to address these deficiencies

**Programme**
- To prepare an article for publication outlining the current status
- To develop a protocol to study the deficiencies
- To carry out and publish the results of this study

**Timetable**
- November 2000, training course on childhood tuberculosis, South Africa
- November 2001, article on challenges in diagnosis of TB in children
- April 2002, protocol on diagnosis of TB in children
- October 2002, workshop in priorities for research on TB in children
- December 2002, publication of an atlas on diagnosis of TB in children
- January 2003, research project on diagnosis of TB in children
- January 2004, preparation and submission of manuscript on research project

**Asthma in children**

This Group completed its activity by publishing a paper in Child Health Dialogue.

**Leader**
R. Gie  
(rp1@gerga.sun.ac.za)

**Scientific Meeting Programme**

The Section participated in the Paris conference with one postgraduate course, two symposia and one poster session.

**Business meeting**

Two business meetings were held during the conference. A statement for the Section was proposed and accepted at the second business meeting: “To promote lung health and improve patient outcomes by encouraging research, collaboration and participation of nurses and allied professionals.”

The Section discussed plans for the annual meeting 2002 in Montreal and for Paris in 2003. Several proposals on different topics were brought up.

- discussed the work that has been done by the Working Groups during the year. Two of the Working Groups have nearly finished their work and will soon be closed. The third Group is still continuing its work.

**Report of the Nursing and Allied Professionals Section**

- The Section has a vacancy in the post of Vice Chair. Plans for encouraging candidates were discussed.

**Case Management**

**Leader**
Judy Dick, South Africa

**Objectives**
- To produce a case management manual and organise a case management symposium for the 2004 conference in Mexico.

**Increasing NAPS activities at a regional level**

**Leader**
Gini Williams

**Objectives**
- The objective for this Working Group will be to expand into the regions, to collaborate with the region members and to develop a regional network. The work will start at next year’s regional meetings.
MEMBER ACTIVITIES

Activities of the Scientific Sections

International contact tracing, referral and communication

Leader
M. Voormolen
(ado@worldonline.nl, voormolm@ggdstedendriehoek.nl)

Objectives
• To update the international contact list
• To add e-mail addresses to the contact list
• To finish the definitive (English) version of the referral form

Progress
The referral form is in different languages (English, French, Spanish, German and Portuguese)

Timeline:
• January 2002: send the English version of the referral form to the secretary of the NAPS, Helen Wallstedt
• April 2002: develop other translations of the referral form (Russian and Arabic)
• April 2002: finish the updated international contact list
• In 2002: put the contact list and referral form on the IUATLD website
• April 2002: disband the Working Group.

Increasing NAPS activities at a regional level

Leaders
V. Williams
(gini@ginig.co.uk)

Objectives
• To increase the participation of NAPs from all regions of the IUATLD
• To develop regional NAP networks with representation in the NAP Section of the IUATLD
• To truly reflect issues and innovations for NAPs from high burden countries in NAP Section activities, international meetings and the organisation as a whole

Progress
August 2001, proposal put forward to the TB Coalition for Technical Assistance (TBCTA) for funding to support increased activities and attendance of nurses and allied professionals at IUATLD conferences held at regional level.

November 2003
One NAP rep per region will attend the NAPS business meeting in Paris

end 2004
Regional NAPS networks will be organising own activities at regional conferences

TB medication

Leaders
B. Vegter
(vegterbaukje@hotmail.com)
(to 1 November 2001)
M. Sebek
(sebekm@knclvtbc.nl)
(temporarily)

Objectives
• To determine the frequency and causes of medication errors during TB treatment.

Progress
On 1 November 2001 the following had been finalised:
• The questionnaire
• The investigation proposal
• The list of definitions

Timeline:
mid November 2001: Plan for NAPS workshops at regional events
end November 2001: Submit Working Group proposal to Coordinating Committee
end November 2001:
1. Identify regional IUATLD representatives
2. Contact regional conference organisers regarding space for NAPS workshop and potential local NAPS contacts

IUATLD event Activity Output Progress
August 2001
TBCTA meeting Submit proposal Funding Undecided
1-4 November 2001
International, Paris, France NAPS business meeting Agreement and volunteers Agreed
22-23 January 2001
Middle Eastern Region, Khartoum, Sudan. Workshop with local NAPS and Section reps Beginnings of a regional network. Identification of a regional rep
17-20 April 2002
European Region, Bucharest and Section reps Workshop with local NAPS and Section reps Beginnings of a regional network. Identification of a regional rep
12-14 June 2002
Africa Region, Durban Workshop with local NAPS and Section reps Beginnings of a regional network
6-10 October 2002
International meeting, Montreal, Canada Workshop with local NAPS and Section reps Strengthening of the regional network. Identification of a regional rep
November 2003
One NAP rep per region will attend the NAPS business meeting in Paris
end 2004
Regional NAPS networks will be organising own activities at regional conferences

Training and education

Leaders
M. Fraire
(mff8@cdc.gov)

Objectives 2002-2006:
• To develop, improve, and maintain access to training and education resources
  • Plan and conduct Training and Educational Materials exhibitions and discussions at regional and international IUATLD meetings.
  • Apply to the TB Coalition for Technical Assistance (TBCTA) for funding for a Training and Educational Materials exhibit booth.
  • Develop promotional flyers. Mail/e-mail promotional flyers to IUATLD members
  • Collect TB training and education materials from high and low burden countries to include in the National Prevention Information Network (NPIN) TB Resource Guide
• To assist IUATLD members in building training and education skills (capacity building)
  • Co-sponsor TB training and education post-graduate courses at regional and international IUATLD meetings
  • Plan TB training and education symposia for the World Conference on Lung Health in Paris 2003
  • Encourage poster abstract submissions highlighting successful training and education initiatives
• To collaborate with the TB Section Training and Education Working Group
  • Attend TB Section Training and Education Working Group meetings
  • Co-sponsor educational materials exhibit
  • Co-sponsor training and education post-graduate courses
  • Co-sponsor training and education symposia
  • Promote membership in the TB-Educate listserv (existing TB education and training listserv)
• To participate in the NAPS activities
  • Assist with the development of the NAPS promotional flyer
  • Assist with the development of the NAPS Web site
  • Promote NAPS membership and education Working Group to IUATLD members

Progress 1996-2001:
• Seven Training and Educational Materials exhibits and discussions
• Symposium: Approaches to training and education in TB control
• Symposium: Strategies for dealing with the TB caseload as a result of HIV
• Workshop: TB education
• Poster discussion: Approaches to training and education
• Postgraduate course: Role of the TB Public Health Nurse
• Postgraduate course: TB case management for nurses
• Postgraduate course: Effective training, education, and health communications
• Postgraduate course (co-sponsored): TB education

Timetable of Activities 2002-2006

<table>
<thead>
<tr>
<th>Activities</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Training and Educational Materials exhibitions and discussions</td>
<td></td>
</tr>
<tr>
<td>at regional and international IUATLD meetings</td>
<td>1</td>
</tr>
<tr>
<td>• Apply to the TB Coalition for Technical Assistance (TBCTA) for funding</td>
<td>2</td>
</tr>
<tr>
<td>• Develop promotional flyers</td>
<td>3</td>
</tr>
<tr>
<td>• Mail/e-mail promotional flyers to IUATLD members</td>
<td>4</td>
</tr>
<tr>
<td>Collect TB training and education materials from high and low burden</td>
<td>5</td>
</tr>
<tr>
<td>Collect training and educational materials from all IUATLD Sections</td>
<td></td>
</tr>
<tr>
<td>• Request materials via e-mail and/or IUATLD newsletter</td>
<td></td>
</tr>
<tr>
<td>Provide a link from the NAPS Web site to the NPIN TB Resource Guide</td>
<td></td>
</tr>
<tr>
<td>Promote membership in the TB-Educate listserv (existing TB education and</td>
<td></td>
</tr>
<tr>
<td>education listserv)</td>
<td></td>
</tr>
<tr>
<td>Encourage poster abstract submissions highlighting successful training</td>
<td></td>
</tr>
<tr>
<td>and education initiatives</td>
<td></td>
</tr>
<tr>
<td>Assist with the development of the NAPS promotional flyer</td>
<td></td>
</tr>
<tr>
<td>Assist with the development of the NAPS Web site (Training and Education</td>
<td></td>
</tr>
<tr>
<td>Working Group Section)</td>
<td></td>
</tr>
<tr>
<td>Promote NAPS membership to IUATLD members</td>
<td></td>
</tr>
<tr>
<td>Plan TB training and education symposia for World Conference on Lung</td>
<td></td>
</tr>
<tr>
<td>Health in Paris, 2003</td>
<td></td>
</tr>
<tr>
<td>Co-sponsor TB training and education post-graduate courses at regional</td>
<td></td>
</tr>
<tr>
<td>and international IUATLD meetings</td>
<td></td>
</tr>
</tbody>
</table>
MEMBER ACTIVITIES
Activities of the Scientific Sections

Respiratory Diseases

Statement:
The following statement of the Respiratory Diseases Section is valid:

- Variations in the prevalence of respiratory symptoms, self-reported asthma attacks, and use of asthma medication in the European Community Respiratory Health Survey (ECRHS).

Programme for the IUATLD meeting in Montreal in 2002

1. Contribution of epidemiology to address asthma needs.
2. Can the Global Strategy for Chronic Obstructive Lung Disease (GOLD) be applied in low-income countries? The size of the problem and the public health issues will be addressed.
3. Risk factors for childhood asthma. The aim is to address the risk factors for childhood asthma in developed and developing countries, including infection, exposure to allergens, environmental tobacco smoke, low income and whether breast feeding has a role in prevention of asthma.

Reports of the Working Groups of the Respiratory Diseases Section

Occupational lung disease

Leaders
D Enarson
(union@iuatld.org)

Group members:
M Chan-Yeung, S Kennedy

Objectives
- To produce a Guide for Occupational Lung Diseases in low-income countries.

Programme
- Sections of the Guide will be prepared by working group members
- The sections will be collated
- The Guide will be distributed to an advisory group
- It will then be published
- It will be tested in a pilot project in a selected country

Timetable
- January 2002, sections prepared
- August 2002, sections collated
- October 2002, draft presented to the Section

Research methods courses

Leader
A Gulsvik
(amund.gulsvik@med.uib.no)

Research methods courses have been run by the IUATLD in collaboration with international groups and local lung associations or pulmonary societies. Many useful protocols have been developed during these courses. A plan was put forward last year to prepare a comprehensive report detailing the achievements of the various courses in Africa, Central and South America, Istanbul and China.

Objectives
- To assist the Members and Secretariat in developing and evaluating a programme of training in research methods;
- To establish a network of research training courses;
- To evaluate the progress of this initiative and prepare a plan for its future.

Programme
- A series of courses have been held in Asia, Africa, the Middle East and Latin America

Air quality and lung health in developing countries

Leader
N Zidouni

Group members:
N Aït-Khaled, C Nejjari, J-F Tessier.

Objectives
- To assess the extent of health problems due to air pollution in Algeria and Morocco;
- To describe the strategies existing in Algeria and Morocco;
- To propose a framework for application and evaluation of these strategies

Programme
The Working Group will develop a symposium and produce an article for the IUATLD.

These proposals will be submitted to the Coordinating Committee of the IUATLD for support.

Emergency room treatment of asthma in low-income countries

Leaders
P Burney
(peter.burney@kcl.ac.uk)

Objectives
- To prepare a study to evaluate emergency room treatment of asthma in their respective hospitals.

Programme
- A series of courses have been developed and published
- A large number of research protocols have been developed in these courses

Timetable
- April 2002, a course in Nyeri, Kenya
- October 2002, a workshop to evaluate the course initiative

Risk factors for asthma

Leader
I Annesi-Maesano

(annes@vif.inserm.fr)

This is a joint initiative with the European Respiratory Society.
Report of the Tobacco Prevention Section

There are currently no active Working Groups in the Tobacco Prevention Section.

Tuberculosis in Animals

Report of the Tuberculosis in Animals Section

The Tuberculosis in Animals Section held four presentations at the 2001 Paris meeting, which included two from Europe, one from Africa, and one from the USA. Following the presentations, a meeting was held by the Tuberculosis Animal Section attendees to address the following topics:

Increase Membership in the Tuberculosis in Animals Section

Attendees noted that the number of members in this Section was small, and that most people who attended were guests. To address this issue, the Attendees made the following suggestion:

Improve Membership and Attendance

- It was noted by the Attendees that the number of persons attending the Tuberculosis Animal Section was less than expected, particularly from developing countries. It was additionally noted that the variety of persons attending (i.e., academia, federal health workers, state/local health workers, and private industry) needs improvement.
- Two suggestions were put forward to address this issue:
  1. that IUATLD consider reducing membership dues for individuals from developing countries;
  2. the IUATLD should increase its contribution to funding travel expenses for individuals from developing countries; and
  3. that IUATLD meetings should be advertised more. It was suggested that information be sent to universities, medical and veterinary government workers, and to private industry.

Report of the Tuberculosis in Animals Section

Contribution of M. bovis to the TB burden in humans

Leader:
Roderick Kazwala, Tanzania (kazwala@suansnet.ac.tz),
Jane Cunningham, WHO (cunninghamj@who.ch),
Jan Von Holmberg, Ethiopia (whothl@telecon.net.et),
John Kaneene, USA (kaneene@cvm.msu.edu)

In collaboration with the Tuberculosis Section and the Bacteriology and Immunology Section. There is a great need to provide information regarding the contribution of M. bovis to the TB burden in humans. To address this issue, two approaches were proposed:

1. The first approach was to conduct a thorough literature review with the objective of providing scientific evidence of published literature regarding the contribution of M. bovis to the TB burden in humans. It was suggested further that the results of this literature be presented at the next IUATLD meeting.
2. Professor Dirk Pfeiffer volunteered to conduct the literature review and to present his findings at the next meeting.

In addition to the Officers of the Section, the Tuberculosis Section recently created an advisory committee consisting of ten members. Terms of reference for the Advisory Committee have recently been completed.

Advisory Committee
Andrew Ratsela (ratsela@santa.org.za)
Dick Menzies (menzies@mekins.lan.mcgill.ca)
Abdel Mahjil Snouber (asnouber@yahoo.fr)
Pushpa Malla (malla@info.com.np)
Louissaint Myrtha (hsppida@compa.net)
Ziya Gulbaran (eiheldal@online.no)
Einar Heldal (eiheldal@online.no)
Kai Vinik (kai@tlc.cc)
Jie-Siu Wang (wangjie@mail.zlnet.com.cn)
Ashral Sadique (oidc@hotmail.com)

Scientific Meeting Programme:
The Tuberculosis Section contributed several symposia to the 2001 Paris meeting, on TB/HIV, TB in prisons and the late-breaker session which was sponsored by the CDC, Atlanta. New formats were introduced: the Year in Review, which drew a large audience and received very positive feedback; a thematic slide presentation with DOTS as the theme. We also sought to improve poster discussion, and despite the limitations in terms of space this was in general successful. The Section will be working with the Secretariat to tighten up both of these aspects for Montreal. We will also carry out an evaluation to document more clearly what the strengths and weaknesses of the meeting are.

The Tuberculosis Section proposed 15 symposia for the 2002 conference, including three thematic slide presentations, a late-breaker session and The Year in Review. In addition there will be symposia on MDR-TB in resource-limited countries, global partnership to control TB, HIV/TB in high and low prevalence countries, and health policy, systems and service research. The North American IUATLD will convene three symposia, a thematic slide presentation on HIV/TB, a symposium on North-South interactions focusing on relations with the Latin American region, and a symposium related to lung health among aboriginal persons.

Communications
The Section is working to develop better links with the regions. This is critical for the organisation as a whole, but especially for the Tuberculosis Section.

Working Groups of the Tuberculosis Section

TB/HIV
Leader
R. Ridzon (rrz3@cdc.gov)
K. G. Castro (kgcl@cdc.gov)

Objectives
• To obtain a better understanding of the pathogenesis of HIV/TB co infection to improve the outcomes of treatment of co-infected patients.
• To foster better collaboration between national HIV and TB programmes.
• To coordinate and sponsor HIV/TB sessions at AIDS and TB meetings to increase awareness of the impact of TB on the clinical course of HIV/AIDS, and HIV/AIDS on the natural history of TB.
• To encourage continued research on nosocomial transmission of M. tuberculosis in areas where HIV and TB are highly endemic.

Timeetable:
• Sponsor TB/HIV session at the 1999 IUATLD World Conference on Lung Health
• Propose and implement a TB/HIV symposium at the 2000 International AIDS Conference
• During 2001, prepare a draft document reviewing the evidence suggesting beneficial outcomes of cotrimoxazole preventive therapy in HIV-infected patients treated for TB
• Convene a TB/HIV session at the IUATLD World Conference on Lung Health
• Propose a TB/HIV session at the 2001 Paris meeting, on TB/HIV, TB in prisons and the late-breaker session which was sponsored by the CDC, Atlanta.

Plans:
• Publication of an updated review of the use of cotrimoxazole prophylaxis in persons with HIV/AIDS.
• November 2001, session at the IUATLD World Congress on Lung Health, Paris, France

Progress:
• September 1999, session at the IUATLD World Congress on Lung Health, Madrid, Spain.
• July 2000, satellite symposium at the 2000 International AIDS Conference, Durban, South Africa
• October 2001, draft review on the use of cotrimoxazole prophylaxis in persons with HIV/AIDS.

The HIV/TB Working Group sponsored a satellite session at the International AIDS Meeting in Durban, South Africa, held in July 2000. Given the delay in the publication of the UNAIDS recommendations for the use of cotrimoxazole in persons living with HIV/AIDS in Africa, the committee thought that there should be publication of a review of the use of cotrimoxazole prophylaxis in a peer-reviewed journal. The previously prepared summary of the subject will be updated and submitted for publication.

With the objective of fostering and sponsoring sessions at scientific meetings focusing on the interaction and copathogenesis of HIV and TB, there will be a TB-related session at the upcoming African AIDS meeting in Burkina Faso in December 2001. The committee will apply to sponsor a session at the upcoming International AIDS Meeting in Barcelona.
Mycobacterium bovis

**Leader**

A. Fanning  
(anne.fanning@ualberta.ca)

The committee listed below will take over leadership, in a collaborative effort between the Tuberculosis Section, the Bacteriology and Immunology Section, and the Tuberculosis in Animals Section.

**Objectives**

- To develop a protocol to address the question “What contribution does *M. bovis* make to the global burden of tuberculosis?”

**Timetable:**

A project has been developed which has the general agreement of the members. Funding has been sought, but has not been forthcoming.

**Progress:**

The group elected to make another effort to find funding for a pilot study in two countries, Tanzania and Ethiopia. This effort will be led by:

- Roderick Kazwala (kazwala@suanut.ac.tz)
- Jane Cunningham (cunninghamj@who.ch)
- Jan Von Holmberg (who@telecom.net.et)
- John Kaneene (kaneene@cvm.msu.edu)

Dr Marcos Espinal has been contacted by e-mail to ask about access to the banked specimens from the resistance study which might be tested for *M. bovis*—especially useful if collected originally in glycerol free media.

---

**TB education**

**Leader**

A Fanning  
(anne.fanning@ualberta.ca)

The new Steering Committee is comprised of a Chair (Dr Muhammad Amir Khan) and seven members from different geographic regions. The list of Steering Committee members is given below:

- **Region**  
  - Africa: Muhammad Amir Khan (asd@isb.paknet.com.pk)
  - Americas: Edith Alarcón
  - North America: Shelley Salpeter (shelley.salpeter@hhs.co.santa-clara.ca.us)
  - Europe: Inge Pool
  - Pacific: Charles Yu (choly@eudramail.co.ph)
  - Middle East: Zoubida Bouoyad (zbouayad@kazanet.net.mo)
  - SEARO: Pushpa Malla (pushpa@ntc.net.mp)

**Steering Committee resource persons include:**

- Anne Fanning, University of Alberta (former leader) (anne.fanning@ualberta.ca)
- Maria Fraire, CDC Atlanta (represents NAPS) (mff8@cdc.gov)
- Nick De Luca, CDC Atlanta (ndelucu@cdc.gov)
- Scott McCoy, CDC Atlanta (rum3@cdc.gov)
- Wanda Walton, CDC Atlanta (www2@cdc.gov)
- John D. Walley, Nuffield Institute for Health, UK.
- Odd Morkve, University of Bergen, Norway
- Karin Bergström, WHO Geneva (bergstromk@who.ch)
- Ian Smith, WHO Geneva (smithi@who.int)
- Elsa Balt, Africa (eskom@mweb.co.za)
- Karam Shah, EMRO (voskensj@kncvtbc.nl)
- A. Snouber, Europe (asouner@yahoo.fr)
- Carmelina Basri, SEARO (c_basri@yahoo.com)
- N. Nair, SEARO (nairm@who.hea.org)

---

**Progress**

1. **1998 TB course**
2. **1998-2000 sub-groups on access, inventory, needs and private sector**
3. **2001 course and workshop**

**Goals for 2001-2002:**

1. To link with the NAPS TB Education Committee, which has similar goals
2. To merge goals
3. To communicate mid-year for planning the 2002 meeting in Montreal
4. To establish a secretariat in Pakistan
5. To plan use of inventory populations.

**Activities**

The Working Group, through regular communication and collaborative efforts, decided the following:

- A Secretariat for the TB Education Working Group has been established at the Association for Social Development (ASD) office in Islamabad, Pakistan. This includes: availability of space, computers, internet, phone/fax etc. Huma Gul, at ASD, will provide administrative support to the Secretariat.
- To coordinate with Maria Fraire, representative of the NAP Section TB Education Working Group, to agree on the scope and the mechanisms for coordinated/joint work by the two groups.
- To prepare draft design of the workshop “Training and behaviour change”, obtain comments from committee members/resource persons and revise the design accordingly.
- To plan, arrange and conduct the workshop at the 33rd IUATLD Conference at Montreal, including funding for inviting speakers to share their training related experiences.
- To enlist the institutions/organisations able and willing to offer technical help in TB education.
- To enlist sources of information about training materials, and how to access these information sources.
- To help the TB Programmes to identify gaps in TB education, and address these gaps by better links with potential sources of technical help, including expertise and materials.
- To seek funding support to aid the TB programmes to address identified gaps in TB education.
**Tuberculosis**

**TB in prisons**

**Leader**
M Kimerling  
(kimerlim@ms.soph.uab.edu)

**Objectives**
- To review the information available on tuberculosis in prisons
- To summarise aspects of management specific to prisons
- To prepare a policy statement on TB in prisons

**Progress**
This was the third meeting of the ‘TB in prisons’ Working Group, and the second symposium on TB in prisons. Approximately 65 persons attended the session. The WHO TB in Prisons Manual was introduced and 50 copies were distributed to participants. Dr Alexander S Kononets, Medical Director of the Russian Federal Prison Administration, Ministry of Justice, gave a presentation entitled “Modern methods of approach to the TB problem in the Russian penitentiary system”. Dr Kononets expressed his support of tuberculosis programme activities in the prison sector. His presentation was followed by a discussion.

**Future directions**
Michael Levy, of Corrections Health Service (Australia), suggested that the Working Group broaden its agenda to also focus on human rights, through communication and collaboration with groups involved with penal reform, prisoners’ rights and human rights.

Tine Demeulenaere of the Damien Foundation suggested that involved parties from other countries be actively invited to participate in the working group. Persons from the Ministries of Justice and the Ministries of Health should be involved in meetings at the global and regional levels. There was also a suggestion to encourage individuals, especially those from high burden countries and affiliates of the Stop TB Initiative, to become more involved.

The Stop TB conference was suggested as an additional forum for conducting the Working Group meetings, but most participants agreed this was not feasible. Einar Heldal, of the Norwegian Institute of Public Health, expressed the need for continued correspondence among group members, namely via e-mail.

Other suggestions included the idea of promoting legal and medical education to prison entities through pilot projects. The sharing of data between countries was also encouraged. Finally, several participants said they want to see the topic of TB in prisons as a plenary session at the next IUATLD meeting.

**Mycobacteria other than tuberculosis**

**Leader**
I Campbell  
(ian.campbell@lhct-tr.wales.nhs.uk)

**Objectives**
- To define nomenclature for mycobacteria other than tuberculosis
- To encourage research on these organisms and on their treatment

**Progress**
Dr Campbell reported that the Bacteriology and Immunology Section of the Union had changed its mind about the way they would participate in the study, and this would make amendments to the protocol necessary, especially in the Section concerning procedure for allocation of treatment. Dr Kononets expressed his support of tuberculosis programme activities in the prison sector. His presentation was followed by a discussion.

**Future directions**
Michael Levy, of Corrections Health Service (Australia), suggested that the Working Group broaden its agenda to also focus on human rights, through communication and collaboration with groups involved with penal reform, prisoners’ rights and human rights.

Tine Demeulenaere of the Damien Foundation suggested that involved parties from other countries be actively invited to participate in the working group. Persons from the Ministries of Justice and the Ministries of Health should be involved in meetings at the global and regional levels. There was also a suggestion to encourage individuals, especially those from high burden countries and affiliates of the Stop TB Initiative, to become more involved.

The Stop TB conference was suggested as an additional forum for conducting the Working Group meetings, but most participants agreed this was not feasible. Einar Heldal, of the Norwegian Institute of Public Health, expressed the need for continued correspondence among group members, namely via e-mail.

Other suggestions included the idea of promoting legal and medical education to prison entities through pilot projects. The sharing of data between countries was also encouraged. Finally, several participants said they want to see the topic of TB in prisons as a plenary session at the next IUATLD meeting.
I am pleased to submit the annual Report of the Treasurer of the International Union Against Tuberculosis and Lung Disease (IUATLD) for the fiscal year ended 30 June 2002.

The IUATLD continues to experience financial stability, ending each year since 1999 with a budget surplus. The Secretariat has prudently managed its resources, invested in necessary office equipment, and successfully generated additional funding from development agencies and members.

The financial statements and the accompanying notes of the IUATLD include all funds and accounts for which the Board of Directors has responsibility. These statements illustrate the IUATLD'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 IUATLD's financial position. Their opinion appears on page 54. 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.

Financial overview

The IUATLD experienced substantial budget growth and favorable financial results in the fiscal year ended 30 June 2002. Through the generous commitment of our donors and members, the IUATLD's revenues increased by EUR 2.7 million (US $ 3.5 million), or 48% from the budget of the previous fiscal year. Through careful fiscal management we finished the year with a surplus of EUR 20,971 (US $20,668).

We continue to finance a significant portion of our major activities and budget requirements through grants and gifts. Grants and managed funds, as a percentage of total revenue, represent 68% of total revenue. Grant revenue is expected to continue to grow in the next few years, as a result of increased funding for tuberculosis control by development agencies.

The IUATLD's general fund, includes unrestricted funds received from members, donors, and friends of the IUATLD. The general fund underwrites most administration activities and the costs of publications.

One of the aims of the IUATLD is to gather and disseminate knowledge of all aspects of tuberculosis and lung disease. In pursuit of that goal the IUATLD publishes the International Journal of Tuberculosis and Lung Disease, the only journal dedicated to lung health worldwide. There are financial pressures today on the Journal's budget. The answer to that problem has to involve finding more efficient ways of distributing information. The IUATLD strives to find the least expensive way of publishing the scientific information consistent with the highest standards of peer review publications. It is inevitable that changes will occur in the way costs are distributed among the diverse groups of subscribers.

Financial statements

This report describes the financial position of the IUATLD. The document on the following pages consists of the audited financial statements for Fiscal Year 2002 audited by KPMG.

The audited financial statements present a snapshot of the IUATLD'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.

We are proud of what we have accomplished during FY 2002 as an organisation and look forward to building on these achievements as we strive to provide even more valuable services in the future. This is an exciting field with tremendous opportunities—and the IUATLD is poised to take advantage of those opportunities.

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

Thank you.

Louis-James de Viel Castel,
Treasurer
Financial Year 2002 (1 July 2001 - 30 June 2002)

IUATLD Budget

Revenues
Expenditures

Financial Year 2002
Expenditure

€ 8,751,656

Courses
Managed Funds
Administration
Publications
Conferences
Technical Assistance
Travel
Other

All figures are in EUR million

Financial Year 2002
Sources of Revenues

€ 8,772,628

Membership
Grants and Gifts
Managed Projects
Conferences
Courses
Other Income

Based on 18 months

## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tangible fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>€ 172,572</td>
<td>US$ 146,238</td>
</tr>
<tr>
<td>Building</td>
<td>€ 574,961</td>
<td>US$ 487,222</td>
</tr>
<tr>
<td>Fixtures and equipment</td>
<td>€ 57,381</td>
<td>US$ 48,625</td>
</tr>
<tr>
<td>Other tangible fixed assets</td>
<td>€ 90,448</td>
<td>US$ 81,730</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>€ 10,718</td>
<td>US$ 9,082</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>€ 912,080</td>
<td>US$ 772,897</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constituent members</td>
<td>€ 151,246</td>
<td>US$ 128,166</td>
</tr>
<tr>
<td><strong>Mutual assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>€ 2,289,915</td>
<td>US$ 1,940,474</td>
</tr>
<tr>
<td>Sundry debtors</td>
<td>€ 796,964</td>
<td>US$ 675,347</td>
</tr>
<tr>
<td>Cash and bank</td>
<td>€ 992,214</td>
<td>US$ 840,802</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>€ 4,230,339</td>
<td>US$ 3,584,789</td>
</tr>
<tr>
<td><strong>Transitory assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>€ 133,813</td>
<td>US$ 113,393</td>
</tr>
<tr>
<td>Unrealised exchange (assets)</td>
<td>€ 176,294</td>
<td>US$ 173,755</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>€ 5,276,232</td>
<td>US$ 4,471,079</td>
</tr>
</tbody>
</table>

**FY 2001** 1 US$ = 0.8474 €

**FY 2002** 1 US$ = 0.9856 €

Source: Federal Reserve Bank of the United States of America
## Fiscal Year 2002 (1 July 2001 - 30 June 2002)

### Liabilities

<table>
<thead>
<tr>
<th>Category</th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>429 820</td>
<td>364 229</td>
</tr>
<tr>
<td>Carried forward</td>
<td>(24 755)</td>
<td>(20 977)</td>
</tr>
<tr>
<td>Result from financial year</td>
<td>77 544</td>
<td>65 711</td>
</tr>
<tr>
<td><strong>Net equity</strong></td>
<td>532 119</td>
<td>450 918</td>
</tr>
<tr>
<td><strong>Investment grant</strong></td>
<td>1 355</td>
<td>1 148</td>
</tr>
<tr>
<td><strong>Contingent liability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dedicated funds</strong></td>
<td>294 205</td>
<td>249 309</td>
</tr>
<tr>
<td><strong>Debts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowing from credit institutions</td>
<td>596 390</td>
<td>505 381</td>
</tr>
<tr>
<td>Trade creditors and similar accounts</td>
<td>246 260</td>
<td>208 681</td>
</tr>
<tr>
<td>Tax and social security</td>
<td>167 429</td>
<td>141 879</td>
</tr>
<tr>
<td>Debts to funds managed by the IUATLD</td>
<td>529 671</td>
<td>448 845</td>
</tr>
<tr>
<td>Other debts</td>
<td>122 810</td>
<td>104 069</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1 662 560</td>
<td>1 408 853</td>
</tr>
<tr>
<td><strong>Transitory liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other deferred (income)</td>
<td>2 785 993</td>
<td>2 360 850</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>5 276 232</td>
<td>4 471 079</td>
</tr>
</tbody>
</table>
## Income Statement

### Operating income

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Contributions</td>
<td>834 936</td>
<td>707 525</td>
</tr>
<tr>
<td>Operating grant</td>
<td>161 868</td>
<td>137 167</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>3 953 716</td>
<td>3 350 379</td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>194 986</td>
<td>165 231</td>
</tr>
<tr>
<td>Write back of dedicated funds</td>
<td>521 139</td>
<td>441 613</td>
</tr>
<tr>
<td>Other income</td>
<td>150 336</td>
<td>127 395</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5 816 981</td>
<td>4 929 310</td>
</tr>
</tbody>
</table>

### Operating expenses

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>External charges</td>
<td>2 095 578</td>
<td>1 775 790</td>
</tr>
<tr>
<td>Taxes</td>
<td>86 883</td>
<td>73 625</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>655 387</td>
<td>555 375</td>
</tr>
<tr>
<td>Social contributions</td>
<td>215 295</td>
<td>182 441</td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>164 141</td>
<td>139 093</td>
</tr>
<tr>
<td>Obligations for specific projects</td>
<td>543 782</td>
<td>460 801</td>
</tr>
<tr>
<td>Obligations for other projects</td>
<td>388 716</td>
<td>329 398</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1 604 508</td>
<td>1 359 711</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5 754 350</td>
<td>4 876 236</td>
</tr>
</tbody>
</table>

### Operating result

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>62 631</td>
<td>53 074</td>
</tr>
</tbody>
</table>

---

*FY 2001 1 US$ = 0.8474 €
FY 2002 1 US$ = 0.9856 €

Source: Federal Reserve Bank of the United States of America*
# Finances

## Fiscal Year 2002 (1 July 2001 - 30 June 2002)

### Net Amount

#### Financial income

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Interest and similar income</td>
<td>4 302</td>
<td>3 646</td>
</tr>
<tr>
<td>Financial income from securities</td>
<td>7 016</td>
<td>5 945</td>
</tr>
<tr>
<td>Foreign exchange profits</td>
<td>46 650</td>
<td>39 531</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57 968</strong></td>
<td><strong>49 122</strong></td>
</tr>
</tbody>
</table>

#### Financial expenses

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2001</th>
<th>Financial Year 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>27 691</td>
<td>23 465</td>
</tr>
<tr>
<td>Losses related to financial assets</td>
<td>2 819</td>
<td>2 389</td>
</tr>
<tr>
<td>Discount on libraries</td>
<td>4 391</td>
<td>3 721</td>
</tr>
<tr>
<td>Foreign exchange losses</td>
<td>8 041</td>
<td>6 814</td>
</tr>
<tr>
<td>Addition to provisions against financial assets</td>
<td>114</td>
<td>97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43 056</strong></td>
<td><strong>36 486</strong></td>
</tr>
</tbody>
</table>

**Net Financial Income**

<table>
<thead>
<tr>
<th></th>
<th>€</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14 913</td>
<td>12 637</td>
</tr>
<tr>
<td><strong>(201 595)</strong></td>
<td><strong>(198 692)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Net result for the financial year**

<table>
<thead>
<tr>
<th></th>
<th>€</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77 543</td>
<td>65 710</td>
</tr>
<tr>
<td><strong>20 971</strong></td>
<td><strong>20 668</strong></td>
<td></td>
</tr>
</tbody>
</table>
To the Honorary Treasurer of International Union Against Tuberculosis and Lung Disease

Dear Sir,

In compliance with the assignment entrusted to us by the Executive committee, we are pleased to submit our report concerning the audit of the accounts of the association International Union Against Tuberculosis and Lung Disease, for the period beginning July 1st, 2001 and ended June 30th, 2002 as attached to the present report.

These financial statements have been prepared by the Union. Our responsibility is to express an opinion on these financial statements based on our audit.

Opinion on the annual accounts

We conducted our audit in accordance with the professional standards applicable in France. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made in the preparation of the accounts, as well as evaluating the overall financial statements presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements give a true and fair view of the financial position and its assets and liabilities as of June 30th, 2002 and of the results of its operations for the year then ended in accordance with the accounting rules and principles applicable in France.

Levallois-Perret, January, 17, 2003
KPMG Entreprises

François Kimmel
Partner
This work summarised in this Activity Report would not have been possible without the assistance and support of our donors. We would like to express our sincere thanks to the following organisations for their financial support during the past year:

Association fédérative nationale pour le Traitement à domicile de l’Insuffisance Respiratoire Chronique (ANTADIR)
Bill and Melinda Gates Foundation
British Columbia Lung Association
Centers for Disease Control and Prevention, USA
Chest Heart and Stroke Scotland (CHSS)
Canadian International Development Agency (CIDA)
Conrad Hilton Foundation
Department for International Development (DFID), UK
European Commission
Fogarty Foundation
French Ministry of Foreign Affairs
Global Alliance for TB Drug Development
International Asthma Council
International Tuberculosis Foundation
Marienfeld Laboratory Glassware
Misereor
Norwegian Agency for Development Cooperation
Norwegian Heart and Lung Association (LHL)
Pan American Health Organization
Rockefeller Foundation
Royal Ministry of Foreign Affairs, Norway
Sequella Global Tuberculosis Foundation
Sunrise Medical, France
Swiss Agency for Development Cooperation
TB Alert
Tuberculosis Coalition for Technical Assistance (TBCTA)
United States Agency for International Development (USAID)
World Health Organization / Stop TB Partnership

We would also like to thank the following people who were Benefactor Members of the IUATLD in 2002:

William Beckett (USA)
Margot Becklake (Canada)
Nils E Billo (Switzerland)
E Jane Carter (USA)
Jose Luis Castro (USA)
Pierre Chaulet (Algeria)
George W Comstock (USA)
Sir John Crofton (UK)
Edward Dessau (USA)
Thomas R Frieden (USA)
Paula Fujiwara (USA)
John Garrison (USA)
Lawrence J Geiter (USA)
Earl Hershfield (Canada)
Young Pyo Hong (Republic of Korea)
Philip C Hopewell (USA)
Syed Tozammel Hoque (Bangladesh)
Nobukatsu Ishikawa (Japan)
Kai Man Kam (China)
Sang Jae Kim (Republic of Korea)
Michael Lauzardo (USA)
Toru Mori (Japan)
Paul Nunn (Switzerland)
Richard O’Brien (USA)
Ikushi Onozaki (Cambodia)
Anil Muljibhai Patel (Australia)

Jorge A Pilheu (Argentina)
Rose Wong Pray (USA)
Lee B Reichman (USA)
Richard Riley (USA)†
Dean Schraunfage (USA)
Panagiotis Spyridis (Greece)
Tone Ringdal (Norway)†
Richard Urbanczik (Austria)
Louis J de Viel Castel (France)
David E Williams (USA)
Vidar G Wilberg (Norway)

† deceased
The activities of the IUATLD are carried out by the Secretariat in Paris, consultants and the members of the Union. In this past year the amount of work has increased substantially and all staff members and consultants have had to work very hard to accomplish all the tasks assigned to them. My warmest thanks to all of you for your unconditional commitment and hard work.

We have been very fortunate to be able to hire several very competent staff members to help us face these different challenges, make sure that we can absorb the additional work load and maintain our high standards. I am very pleased that Mr Jose Luis Castro has joined us to lead the Department of Finance and Development. This department has been strengthened with additional staff to ensure that we are able to administer all the additional funds received from different sources.

A new department dealing with HIV and tuberculosis is headed by Dr Paula Fujiwara. The tasks of this department will be to look at all the interrelations between HIV and tuberculosis and also policy issues regarding MDR tuberculosis.

Dr Raul Diaz, assistant Director for many years and responsible for the organisation of courses and conferences, retired at the beginning of 2002. We will miss his calm and wise advice on many matters. On behalf of the IUATLD I would like to sincerely thank him for all the support he has given us.

Several consultants are currently working for the Union. Their contributions are of high quality and very much appreciated by countries and other partner organisations. I am very sad to inform you that one of the IUATLD consultants, Dr Tone Ringdal, from Norway, recently died in a traffic accident while on holiday. Our memories will always be with Tone.

In the next few months, additional staff will be joining us: Wendy Atkinson will be responsible for all matters related to communications, and Juan Talledo will join us in October as a controller to strengthen the Department of Finance and Development. Additional office space has been rented to accommodate all the new staff. The Department of Scientific Activities will move to our new office at 44, rue d’Alesia, 10 minutes away from the Secretariat.

Nils E. Billo, MD, MPH
Executive Director, IUATLD
The IUATLD Board of Directors is now meeting twice a year, at the annual IUATLD World Conference on Lung Health and between World Conferences to discuss issues of concern. This is an opportunity to involve Board members more in Union activities, and to make them aware of developments in global tuberculosis control and contribute to improve lung health in general.

The main objective of the May retreat 2002 was to improve communication and coordination between the IUATLD Secretariat (permanent staff and consultants), the Board of the IUATLD, individual members represented in the Scientific Sections and the Regions of the IUATLD.

The President of the IUATLD, Anne Fanning, outlined the different challenges that the Union is facing but stated that there is a role for everybody. Some of these challenges are mentioned below and were discussed during the retreat.

- to maintain the IUATLD’s Mission
- to manage the additional demands for technical assistance and educational activities
- to communicate more effectively with members and partners
- to clarify the roles of the regions
- to strengthen the voice of high burden countries
- to raise the profile of the IUATLD

The management team, Nils Billo, Jose Castro, Donald Emerson and Paula Fujiiura, updated the Board about the different developments in TB control such as the working plan of the DOTS expansion WG of the Stop TB Partnership, the Global Drug Facility and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The IUATLD has been very involved in setting up these entities. Other initiatives such as the IUATLD Clinical Trials Programme and the Child Lung Health Project in Malawi are yielding promising results. The Regions reported on their activities, in particular the organisation of Regional Conferences. The Regions are requesting support from the IUATLD Secretariat to organise these conferences, particularly those Regions that have difficulties in raising funds such as the Africa and Latin America Regions.

Additional activities have required hiring of new staff, which means changes in the way the Secretariat operates. Jose Castro presented a restructuring plan for stronger record keeping, and announced that new tools will enable better management of the growing number of projects and additional funds.

Anne Fanning reported on the creation of the Stop TB Canada coalition. The “Stop TB – Halte à la Tuberculose – CANADA” coalition has been initiated in the region to ensure that the commitments made at the G8 Okinawa meeting — to reduce poverty and diseases of poverty, including TB, by 50% by 2010 — are kept.

The chair of the Communication, Membership and Fund Raising Committee, Scott McDonald, reported together with Jose Castro on different developments in these areas of responsibility. A new website in French, English and Spanish is in development. It was also noted that Sophie Aumonier would move to the Conference and Courses Unit and that a new person responsible for communication was being recruited.

The corporate relations policy was reviewed and approved with minor edits. It covers, in general terms, relationships with pharmaceutical industries and the non-acceptability of relationships with the tobacco industry.

The role of the Board was discussed at length, as were ways in which the Board could assist the Secretariat in its tasks. There are two types of Board—a Coordinating Board, and an Executive Board. The responsibilities of the IUATLD Board members may be summarised as follows:

1) to define and revise the mission of the IUATLD;
2) to evaluate partnerships with other organisations;
3) to support the planning process;
4) to ensure that funds are used appropriately;
5) to evaluate their own role and the role of the Secretariat;
6) to contribute to building and maintaining new relationships.

The need for appropriate levels of activity that are achievable and that provide advice and support for the staff was noted.

Board members may also be a catalyst for action, provide external assessment of progress, build credibility, participate in working groups on behalf of the IUATLD, influence policy, attend meetings, and prepare documents for donors. They may participate in country visits, mobilise donors and provide constructive criticism.

Comments from Board members were as follows:

- John Garrison commented on the improved level of the activity of the Board as compared to the former Executive Committee. In his experience, the CEO relates to the Chair, and the Chair to the other members of the Board.
- Twice-yearly meetings are reasonable, but more frequent contact with the Chair is important (links by the Chair to the rest of the Board are possible via the web, conference calls and small working groups);
- Professor Li-Xing Zhang suggested the possibility of sharing regional information through the Board;
- Professor Oumou Bah-Sow suggested that advocacy materials for country level would help promote tuberculosis and the IUATLD.

The Board indicated its willingness to perform tasks at the Secretariat’s request.

- Professor Larbaoui applauded the increased activity over the former Executive Committee, including the twice-yearly meetings, and the circulation of information about country visits. He suggested that members could be asked to play an ambassadorial role by sorting tasks, reviewing documents and participating in evaluation visits.
- Dr Jaap Broekmans pointed out that this is a supervisory advisory board, and that action is initiated by the Secretariat. The challenges are in building a global infrastructure so that there is the capacity to respond to central issues, and to hear about and support regional ideas.

- Issues at the Regional level include the development of a constitution, infrastructure and communication, and then reflection on activities, courses, projects and Regional conferences. The possibility of links between Regions, for instance between the North American and Latin American Regions was welcomed, and planning for the Africa Region was discussed. The issue of finding a role for section representation at the Regional level was discussed, and was further elaborated the next day in meetings with the Coordinating Committee of Scientific Activities.

The Coordinating Committee and the Programme Secretaries of the IUATLD Scientific Sections presented their deliberations, in particular the chosen theme for the World Conference 2003 in Paris. The theme “Globalisation and Lung Health” was deemed appropriate by the Board and there was general agreement that the Union’s role should be more than ever to safeguard the interests of low-income countries in the context of globalisation. This fits in very well with the mission of the IUATLD, which was discussed on several occasions during the retreat.

The IUATLD Board of Directors is now meeting twice a year, at the annual IUATLD World Conference on Lung Health and between World Conferences to discuss issues of concern. This is an opportunity to involve Board members more in Union activities, and to make them aware of developments in global tuberculosis control and contribute to improve lung health in general.