The Union
Health solutions for the poor
The Union’s mission is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations.

The Union was founded in 1920 as the International Union Against Tuberculosis, when 31 countries banded together to fight one of humanity’s oldest and most devastating infectious diseases.

Today The Union is both a non-profit Institute with five scientific departments and 14 offices worldwide and a federation of close to 3,000 member organisations and individuals who are committed to the same goals.

Its activities address several major health challenges facing low- and middle-income populations, including:

- Tuberculosis
- HIV
- Asthma
- Childhood pneumonia
- Tobacco-related and other lung diseases
- Indoor air pollution

While these health problems occur in all parts of the world and every sector of society, they create the greatest burden amongst the poor. It is to the alleviation of this burden that The Union dedicates its work.
The Union's mission is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations.

- Headquarters and offices in 14 countries
- 105 Union constituent and organisational members
- Technical assistance projects in 43 countries
- Education (courses, conferences, etc) in 30 countries
- Research projects in 18 countries, including clinical trials in 12 countries
- IHC TB-HIV programmes in 5 countries
- FIDELIS TB case-finding projects in 7 countries
- BI tobacco control projects in 38 countries

Activities based on data from December 2008; some offices open 2010.
Technical assistance, research and education are the core activities of The Union Institute. The work of its five scientific departments is supported and enhanced by a network of region and country offices, scientific units such as clinical trials and health policy research, Paris-based administrative services, and other units such as technical and management courses, conferences and publications.

**The Union Institute**

Technical assistance, research and education are the core activities of The Union Institute. The work of its five scientific departments is supported and enhanced by a network of region and country offices, scientific units such as clinical trials and health policy research, Paris-based administrative services, and other units such as technical and management courses, conferences and publications.

**Tuberculosis**

The Union’s tuberculosis experts have played a leading role in the global fight against tuberculosis for 90 years. Today’s Department of Tuberculosis works with dozens of countries each year, helping them to develop the skills and systems needed to run clinically effective, administratively sound tuberculosis control programmes.

With the increasing incidence of multidrug-resistant tuberculosis (MDR-TB), The Union has been offering intensive technical assistance in the most-affected regions to strengthen TB laboratory networks and improve the diagnosis, management and prevention of MDR-TB. In 2008, The Union signed a 5-year Cooperative Agreement with the United States Agency for International Development (USAID) for up to $80 million to launch TREAT TB —Technology, Research, Education and Technical Assistance for TB.

**HIV**

Tuberculosis and HIV are inextricably intertwined, with one third of all HIV-positive individuals also infected with *Mycobacterium tuberculosis*. In sub-Saharan Africa, TB has become a leading cause of HIV/AIDS-related death.

To address this dual epidemic, The Union’s HIV Department developed the Integrated HIV Care for Tuberculosis Patients Living with HIV/AIDS (IHC) Programme. Active in a number of countries, Union staff work with colleagues from national TB and AIDS programmes to strengthen their collaboration in the area of TB-HIV. These country-based activities have demonstrated that HIV diagnosis and treatment can be integrated with TB treatment and carried on afterwards using existing health services. The Union has also conducted operational research to identify barriers to integrated care and provides training to improve understanding of the “two diseases, one patient”.

**Deaths from tobacco use will rise from 5 to 8 million per year by 2030 if tobacco control is not improved.**
**Union Institute.**

**Lung Health and Non-Communicable Diseases**

The Department of Lung Health and Non-Communicable Diseases addresses the increasing burden of respiratory diseases among low- and middle-income populations. The department has successfully applied the model for tuberculosis services developed by The Union to problems such as childhood pneumonia, asthma and smoking cessation. A recent project funded by the World Bank explored the efficacy of approaching lung health from a comprehensive, rather than disease-specific, perspective. The department also studies links between tuberculosis and smoking and issues such as the impact of indoor air pollution on lung health. One of the department's key projects is the Asthma Drug Facility, a procurement mechanism through which low- and middle-income countries can obtain quality-assured essential asthma medicines at affordable prices.

**Research**

The Department of Research, established in 2009, is comprised of the Centre for Operational Research (COR), the Clinical Trials Unit and the Health Policy Research Unit. The COR addresses the need to strengthen low- and middle-income country capacity in operational research and the ability to collect and use strategic information. Its focus is on tuberculosis and HIV/AIDS, as well as key non-communicable diseases, such as diabetes mellitus and hypertension. The Health Policy Research Unit develops methodologies to analyse the complex processes by which policies are decided, communicated and adapted. The Clinical Trials Unit’s current focus is on ANRS Phase 2 pharmacokinetic studies of HIV-infected TB patients on antiretroviral therapy (ART) and rifabutin that are being conducted in South Africa and Viet Nam.

---

**Tobacco Control**

Deaths from tobacco use will rise from 5 to 8 million per year by 2030 if tobacco control is not improved. This pandemic will have the greatest impact in the 15 countries where 80% of tobacco users live, including China, India and Brazil. The Union has been active in tobacco control for 25 years. As a part of the Bloomberg Initiative to Reduce Tobacco Use (BI), the Department of Tobacco Control co-manages the BI grants programme, which has funded 97 projects in 38 countries since 2007. The Union also offers courses to build capacity in tobacco control organisations, produces technical guides and other resources, advises on drafting and implementing smoke-free legislation and researches issues such as the link between tobacco use and tuberculosis.

---

**Region and Country Offices Bring the Union Close to Those We Serve**

The Union’s region offices serve as centres for technical, educational, advocacy and administrative work. They also provide a local link to The Union’s region members, partners, government agencies and non-governmental organisations. Country offices are established to meet the specific needs of projects such as TB-HIV programmes and tobacco control.

**Region Offices**

and locations are:
- Asia Pacific (Singapore*)
- Europe (Edinburgh, Scotland)
- Latin America (Lima, Peru*)
- Middle East (Cairo, Egypt)
- North America (New York, USA)
- South-East Asia (New Delhi, India)

**Country Offices**

are located in China, DR Congo, Mexico, Myanmar, Russia, Uganda and Zimbabwe.
DOTS has been used to treat more than 37 million TB patients in 180 countries.

Health Solutions for the Poor

The Union’s innovative uses of technical assistance, research and education lead to creative and sustainable health solutions for the poor.

DOTS

The tuberculosis control strategy known as directly observed treatment, short course — or DOTS — was based on Union field research in the 1980s. The World Health Organization (WHO) adopted DOTS as the official international TB control strategy in 1995, and it has since been implemented in 180 countries to treat 37.3 million patients. It continues to be part of today’s Stop TB Strategy.

TREAT TB

TREAT TB – Technology, Research, Education and Technical Assistance for TB – is an initiative based on the need for new approaches to this age-old disease. The Union and its partners aim to stimulate changes in international standards and practice and contribute new knowledge through field evaluations of diagnostic tools, clinical trials and operational research. TREAT TB is supported by a five-year Cooperative Agreement with the United States Agency for International Development (USAID).

Asthma Drug Facility

The cost of asthma medicines is a major obstacle to appropriate asthma management in low- and middle-income countries. The Union created the Asthma Drug Facility (ADF) as a procurement mechanism to provide affordable access to quality-assured essential asthma medicines. With these medicines and The Union’s standardised 4-step approach to asthma, more people around the world will be able to manage their asthma. El Salvador and Benin were the first countries to place orders through the ADF on World Asthma Day 2009.

The Burden of Disease Falls Most Heavily on the Poor of All Countries:

- Tuberculosis: 1.7 million deaths/per year
- HIV: 33.2 million cases/worldwide
- Asthma: 300 million cases/worldwide
- Childhood pneumonia: 2 million deaths/per year
- Tobacco use: 5 million deaths/per year
Integrated HIV Care

The Union’s Integrated HIV Care for Tuberculosis Patients Living with HIV/AIDS (IHC) Programme has demonstrated that national TB and AIDS programmes and stakeholders from public clinics to non-governmental organisations can collaborate successfully. In 2008 the Global Business Coalition on HIV/AIDS, TB and Malaria recognised the IHC Programme in Myanmar, saying it “excels in its multi-sector approach, full integration of HIV and TB, and focus on long-term sustainability through local capacity building”.

The Child Lung Health Programme

Pneumonia kills 2 million children under 5 years of age each year, although inexpensive and effective treatment is available. To help save children’s lives, the Child Lung Health Division developed a service delivery approach based on The Union’s TB model. In Malawi, this approach reduced the case fatality rate from child pneumonia by 54.8% between 2000 and 2005. The Child Lung Health Programme model has since been applied in pilot projects in Benin, Sudan and China.

Tobacco Control

Since the Framework Convention on Tobacco Control (FCTC) went into force in 2005, more than 160 nations have ratified it. One of The Union’s strategies for helping countries fulfil this commitment is to build capacity in both national and subnational governments, while supporting many small, often underfunded tobacco control organisations.

Centre for Operational Research

The Centre for Operational Research (COR) is dedicated to building capacity for research in low- and middle-income countries. Its training courses and operational research fellowship programme are designed to help participants conduct – and publish – their own research. This process reinforces all the skills needed to identify a problem, develop a solution, test it, evaluate it and change practice and policy. This ability to identify and implement local solutions to local problems is key to strengthening health systems.

THE UNION MODEL

The strategy that became known as DOTS is based on five elements:

- political commitment
- use of standardised drug regimens and directly observed treatment
- a controlled consistent supply of drugs
- use of sputum microscopy for diagnosis and
- accurate recording and reporting.

These elements also form the basis of The Union model and have been successfully applied to pneumonia, asthma, TB-HIV and other health issues.
Through its worldwide network of members, The Union reaches people in

The Union Membership

One of the great strengths of The Union is its dual structure as a federation of members and an Institute. Both organisations and individuals may join The Union, and, through the General Assembly, they approve the plans of the Institute and elect the Board of Directors that governs it.

Keeping lung health high on the regional agenda

As Union members, organisations and individuals affiliate with one of The Union’s seven regions and collaborate on a variety of activities, such as conferences that focus on regional issues, training sessions, newsletters and campaigns to keep lung health high on the political and scientific agenda of their region. The Union regions are Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia.

Collaborating on research and other scientific activities

Individuals also affiliate with other like-minded members to participate in scientific activities through the Scientific Sections. They collaborate on planning the scientific content for the Union World Conference on Lung Health, develop operational research projects, hold trainings, design exhibits, and contribute to the development of technical guides and other projects.

The Scientific Sections are Tuberculosis, HIV, Lung Health and Tobacco Control. Each Section has Sub-Sections and Working Groups dedicated to specific issues and projects.

Influencing the global agenda

With its emphasis on both individual and organisational participation, The Union ensures that voices at every level of the healthcare system are heard and have an opportunity to influence the policy and direction of the organisation. This system demonstrates The Union’s commitment to capacity building through broad participation in decision-making.

Other benefits of membership

Union members receive the monthly peer-reviewed *International Journal of Tuberculosis and Lung Disease* and access other publications, resources and discounts depending on their category of membership: constituent, organisational, individual or benefactor.

UNION MEMBER CATEGORIES

**Constituent members:**
One organisation per country may serve as the constituent member.

**Organisational members:**
Any organisation that shares The Union’s goals and interests may join.

**Individuals:**
All interested persons are welcome to join The Union.

**Benefactors:**
Individuals who wish to offer higher levels of support join in this category.

To join The Union, please go to www.theunion.org.
every corner of the world from remote villages to urban slums.

**Constituent members***

Each country is represented by one constituent member.

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

**Organisational members***

Any organisation may join as an organisational member.

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

* as of 1 November 2009

** FY 2008

**DONORS**

Action Damien
Agence Française de Développement (AFD)
Agence Nationale de Recherche sur le Sida (ANRS)
Belgian Cooperation
Blooming Philanthropies (through a grant managed by the World Lung Foundation)
Canadian International Development Agency (CIDA)
Central Tuberculosis Division (CTD), Ministry of Health and Family Welfare (MOFW), India
European Commission, Brussels
European Commission, DR Congo
Bill and Melinda Gates Foundation
Ligue Pulmonaire Suisse (LPS)
Norwegian Agency for Development Cooperation (Norad)
Norwegian Association of Heart and Lung Patients (LHL)
Scottish Government
Stop TB Partnership
Swiss Development Cooperation
Tuberculosis Control Assistance Program (TB CAP)
with funds from USAID administered by the Royal Netherlands Tuberculosis Foundation (KNCV)
United States Agency for International Development
US Centers for Disease Control
World Bank
World Health Organization
World Lung Foundation
World Vision
with funds from USAID
The Yadana Consortium operated by Total/MGTC
Sharing Scientific Knowledge

The Union is committed to the dissemination of information and expertise to support the development of strong public health systems and programmes. Its conferences, courses and publications offer a range of opportunities for people working in all parts of the world to stay abreast of the latest research and innovation. Most publications are available at no charge from the website at www.theunion.org.

Conferences

Union conferences bring together experts and advocates to share the latest progress reports, challenges and opportunities; participate in education and training; and support the fight for global lung health. The Union World Conference on Lung Health is held annually. The Union’s seven regions also hold regular conferences.

Courses

Union technical and management courses provide the knowledge and skills required to develop public health programmes that are clinically sound and administratively effective. Curricula cover both theory and international best practice, with an emphasis on the challenges presented by limited-resource settings.

The Journal

The International Journal of Tuberculosis and Lung Disease (IJTLD) is the only peer-reviewed journal dedicated to lung health worldwide. Its aims are the continuing education of physicians and other health personnel and the dissemination of the most up-to-date information on TB and lung health with particular focus on low- and middle-income countries.

Technical guides

The Union publishes technical guides, books, CDs, posters and other educational resources. Titles include the widely used Management of Tuberculosis (familiarly known as “The Orange Guide”), as well as guides on conducting clinical trials, managing asthma, tobacco control, improving child lung health and more.
The Union is committed to the dissemination of information and expertise to serve global health.

**How You Can Participate in The Union**

**Join**
The Union is a federation of members whose support provides vital unrestricted funds for innovative new programmes. Both organisations and individuals are welcome to join The Union. Members receive a variety of benefits. For individuals from low-income countries, the annual online membership fee is as low as 20 euros. You can join online at www.theunion.org.

**Donate**
When you make a gift to The Union, you are contributing to a 90-year tradition of public health innovation and service. The Union is registered as a charity in France, the United Kingdom and the United States, and donors are eligible for tax deductions according to the laws of these countries. In addition to outright gifts, The Union also accepts legacies and other types of planned gifts. For further information, please contact donationa@theunion.org.

**Stay Connected**
You can stay abreast of what’s happening in TB and lung health by subscribing to the *International Journal of Tuberculosis and Lung Disease*. Both print and online subscriptions are available at www.theunion.org.

Visit our website: Learn what’s happening with members around the world, enrol in courses, register for conferences or download new technical guides at www.theunion.org.
“The fact that The Union continues to be an active membership organisation – as well as a scientific institute – gives our organisation its international reach, guards its independence and sustains our deep understanding of local issues through roots that reach communities throughout the world”.

S Bertel “Bertie” Squire
MB BChir FRCP MD (Research)
Long-time member,
Board Member and President