KNOW. SHARE. ACT.

2015 ANNUAL REPORT
FROM EVIDENCE TO PUBLIC HEALTH ACTION

For nearly 100 years, The Union has drawn from the best scientific evidence and the expertise, experience and global reach of our staff, consultants and members to advance solutions to the most pressing public health challenges affecting people living in poverty around the world.
A MESSAGE FROM THE UNION’S PRESIDENT

In 2015 The Union celebrated its 95th year with its continuing work to eliminate tuberculosis and to reduce the morbidity and mortality associated with the lung diseases that have major impact in poor populations.

This annual report shares highlights of the successes of the year, but in doing so continues to underscore the challenges of social inequity and the continued need to strengthen healthcare systems.

The STREAM Trial and Francophone Observational Cohort will inform on short-course multidrug-resistant TB (MDR-TB) treatment – but the challenge remains to stem the tide of MDR production with better health systems that diagnose early and treat effectively.

DETECT TB in Uganda has doubled the TB case detection rate for children; yet, the treatment for TB in children is still guided on principles extrapolated from adults. TB-HIV care programmes in both Myanmar and Zimbabwe demonstrated that integrated care does save lives. The Bali TB-Diabetes Summit drew attention to these intertwined epidemics, of particular importance in the South-East Asia and Asia Pacific regions. Tobacco control efforts – the major preventive intervention both for the development of lung disease as well as the development of non-communicable diseases – has resulted in groundbreaking programmes in Bangladesh and several smokefree cities in China – while legal challenges continue to be brought by tobacco companies to block plain tobacco packaging.

This monograph is not merely a celebration of another year’s accomplishments – but an ongoing call to arms. Together we have our network across the world. Let us continue to develop knowledge and translate it into the improvement of daily lives for so many around the world. Know. Share. Act.

Dr E Jane Carter
President
The Union

“Let us continue to develop knowledge and translate it into the improvement of daily lives for so many around the world.”
When reviewing the past year, organisations traditionally speak of challenges faced then describe how their responses resulted in the common good.

But as I write this, tuberculosis (TB) continues to ravage communities across the world. Drug-resistant strains of the disease threaten to drive up TB fatalities even further. This so-called ‘illness of the past’ threatens futures everywhere.

Similarly, ‘Big Tobacco’ continues to devise devious ways to outwit jurisdiction and hook in the young and vulnerable in regions already stricken by poverty, disease and underinvestment. These are more than ‘challenges’; these are tragedies that affect individuals, communities and countries.

I am determined that, because the world of public health and the rules of engagement have changed, The Union must evolve into the leading partner combating resistance in all its forms: resistance from opponents who have vested interests elsewhere, resistance to drugs that are no longer working, resistance to innovative solutions.

2015 was a pivotal year for The Union, a time to set new agendas and put these issues front of mind as an organisation and as a federation.

I particularly want to point towards The Union’s work on clinical trials that are making such progress in tackling the grievous side effects of multidrug-resistant TB (MDR-TB) treatment. Work which was to later prove fundamental in the World Health Organization’s recent recommendation of a shortened treatment regimen for MDR-TB patients – just nine months compared to 24.

The 46th Union World Conference on Lung Health saw higher participation and media attention than any previous Union conference, and focused discussion on A New Agenda: Lung Health Beyond 2015.

The Union is laying the building blocks for the future, but we can only make an impact if we work collectively. So, I would like to commend the hundreds of Union staff, consultants and collaborators working across the world to combat disease, poor systems, bad policies, inertia from governments, paucity of funding and resources. The Union faces these issues every day, yet continues to deliver groundbreaking science, fundamental health practices and vital training to improve the lives of people around the world.

José Luis Castro
Executive Director
The Union

“2015 was a pivotal year for The Union, a time to create new agendas and put issues front of mind as an organisation and as a federation.”
Our Impact

Health solutions for the poor: global activities 2015

The Union’s 593 staff and consultants offered technical assistance, provided education and training and conducted research in 81 countries in 2015. In addition, Union members in 144 countries worked to fulfill our common vision of health solutions for the poor.
KNOW.

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

The Union conducts research that advances knowledge and leads to changes in public health policy and practice that strengthens health systems and saves lives. Our clinical research contributes to the development of new treatments, and our operational research provides solutions for programmatic challenges in limited-resource settings.
UNION PLAYS CRUCIAL ROLE IN DISCOVERING NEW LIFE-SAVING TB TREATMENT

As The Union was preparing this annual report, the World Health Organization (WHO) delivered a groundbreaking announcement recommending a much shorter and more effective treatment regimen for multidrug-resistant tuberculosis (MDR-TB).

Years of research and clinical studies developed by The Union and its partners have proved fundamental in preparing an evidence base for this important milestone.

The previous recommended MDR-TB standard treatment is an arduous 24-month regimen involving a large quantity of antibiotics, many with terrible side effects.

The shortened regimen reduces this treatment to nine months, which will reduce the burden on patients, on healthcare systems and on the resources of low- and middle-income countries.

The announcement is in response to the pressing need to improve treatment outcomes for MDR-TB – a public health emergency – and based on studies involving 1200 patients with uncomplicated MDR-TB in 12 countries. The studies referenced by WHO started with the Bangladesh Regimen which used a nine-month treatment regimen with a success rate of 84.5 percent, compared with the 24-month standard treatment of around 50 percent.

This was followed by The Union-coordinated West and Central Africa francophone study which had similarly high success rates – 82.1 percent (preliminary data – final analysis will be completed at the end of 2016) demonstrating that the nine-month regimen can be recommended in other environments than Bangladesh and in settings with high HIV prevalence.

Work also continues with the STREAM (Standardised Treatment Regimen of Anti-TB Drugs for Patients with MDR-TB) clinical trial which is also testing the effectiveness of a nine-month MDR-TB treatment regimen.

The success of STREAM Stage I, which reached its recruitment target with the enrolment of its 400th patient, has led to the opportunity to expand the trial. Stage II will test two other regimens – an all-oral treatment that eliminates the painful injections currently required which often lead to hearing loss – and an even shorter six-month simplified regimen.
A volunteer visits Davaaja daily in his home in Mongolia to administer his TB medicines. Davaaja is a participant in The Union’s STREAM clinical trial, which is testing a shortened nine-month treatment regimen for multidrug-resistant TB.

- Treatment times reduced from 24 to 9 months
- Based on studies involving 1200 patients
- The studies presented a 82.1% success rate
Research by The Union into the unique and effective tobacco control taskforces in Bangladesh was published in the *International Journal of Environmental Research and Public Health*.

The research suggested that Bangladesh’s distinctive approach to enforcing its tobacco control policy may offer a sustainable and flexible model for other countries. Through Bloomberg Initiative grants, The Union provided technical assistance at the national level, supporting the Ministry of Health to develop the concept. Union experts then worked with non-governmental organisations locally to operationalise plans.

The model requires key public authorities, including health and police departments, to work with civil society in their local communities to enforce smokefree areas, advertising bans and prohibition of sales to minors. Violators are brought to justice on the spot by mobile courts, which have the power to conduct random inspections, issue fines and destroy illegal material.

The study, ‘Multi-Stakeholder Taskforces in Bangladesh – A Distinctive Approach to Build Sustainable Tobacco Control Implementation’, showed that the taskforces are low-cost, tailored to local needs, and can effectively address violations in a timely and public manner.
CHINA STUDY SHOWS IMPACT OF DUAL TESTING FOR TB AND DIABETES

A study has shown that cross screening patients for both TB and diabetes could reduce the impact of both these diseases.

The Union has been providing technical support to the United States Agency for International Development (USAID) Control and Prevention of Tuberculosis (CAP-TB) project in China. One aspect of the project has been to detect TB earlier in high-risk groups, such as people with diabetes mellitus whose risk is threefold.

Ten community health centres in Yunnan Province took part and, of the 2,942 patients with diabetes, 278 (9.5 percent) proved to have positive TB symptoms and a small number were confirmed with TB. This represents a case registration rate nearly three times higher than that found in the general population in the same area. The Government there is now considering using this active case-finding approach going forward.

UNION STUDY CALLS FOR INTEGRATION OF TOBACCO CONTROL INTO TB AND HIV CARE

Union research published in the International Journal of Tuberculosis and Lung Disease identified a critical missed opportunity in current TB, HIV and TB-HIV programmes.

Patients with HIV and TB who also smoke create a perfect storm that dramatically increases poorer outcomes and death from these diseases.

The study showed that TB and HIV treatment provides an ideal opportunity to offer the support and advice proven to help patients quit tobacco. It proposed applying key actions from the World Health Organization’s ‘MPOWER’ package of interventions for reducing tobacco use, such as recording and monitoring tobacco use among people with TB and HIV and creating smokefree healthcare settings.

“Development of public health policy cannot benefit a population unless it is well implemented on the ground; that’s why The Union supports tobacco control at both the national and grassroots levels for effective enforcement.”

Dr Ehsan Latif
Director, Department of Tobacco Control
121 research studies

104 research and opinion papers

42 countries where research was conducted
NEW EDITORS IN CHIEF FOR UNION SCIENTIFIC JOURNALS

Two new editors in chief were appointed to the *International Journal of Tuberculosis and Lung Disease* (IJTLD). They are Prof Peter Davies, former consultant chest physician and Honorary Professor at the University of Liverpool, and Prof Kathryn DeRiemer, Associate Professor in the Division of Epidemiology, Department of Public Health Sciences at the University of California.

The Union’s quarterly online open-access journal *Public Health Action (PHA)* also appointed a new editor, Dermot Maher, the Coordinator of Research Capacity Strengthening for Tropical Diseases Research in Geneva.

SUSTAINABLE FUNDING MODELS ENABLE ALL COUNTRIES TO TAKE ON TOBACCO CONTROL

Union experts reviewed the experience of multiple countries that have semi-autonomous foundations to administer funds for tobacco control.

A discussion paper published by The Union sets outs how even countries with limited resources can reduce tobacco use if tobacco taxes are increased and funds are applied to comprehensive tobacco control programmes. The model must be adapted to suit the country, taking into account health priorities and the economic, social and political environment.

The paper sets out The Union’s approach to tobacco control – assisting governments to initiate programmes while helping establish independent financial mechanisms that ensure countries are not reliant on international donors for this work.

PUBLICATIONS

In 2015, 121 Union research studies in 42 countries were initiated; and 104 research studies and opinion papers were published in peer-reviewed journals, including:

- *Africa Health*
- *BMC Public Health*
- *BMJ Open Diabetes Research and Care*
- *Clinical Infectious Diseases*
- *European Respiratory Journal*
- *Frontiers in Public Health*
- *Global Health Action*
- *Indian Journal of Medical Research*
- *International Journal of Tuberculosis and Lung Disease*
- *Journal of the Acquired Immune Deficiency Syndromes*
- *Lancet HIV*
- *Lancet Infectious Diseases*
- *Pan African Medical Journal*
- *PLOS ONE*
- *Public Health Action*
- *The Pediatric Infectious Disease Journal*
- *Transactions of the Royal Society*
- *Tropical Medicine and International Health*
- *Tropical Medicine Hygiene*
- *Western Pacific Surveillance and Response*
SHARE.

We disseminate scientific knowledge to strengthen public health programmes.

The Union shares scientific evidence and expertise worldwide by assisting governments and other agencies at their request; convening conferences; training professionals to develop their technical, management and research skills; and disseminating scientific knowledge by publishing peer-reviewed journals and technical guides.
Photo shows recovered TB sufferer Bukunya, 6, and his mother Sarah, in Kawempe division, Kampala.

100% INCREASE IN CHILD TB CASES DETECTED

70% OF CHILDREN IN CONTACT WITH TB PATIENTS STARTED PREVENTIVE THERAPY
CHILD TB DETECTION RATES DOUBLE WITH LAUNCH OF NEW UGANDA PROJECT

The DETECT Child TB programme was launched in Uganda to improve case detection, management and prevention of TB in children.

In Uganda, children under 15 years of age account for seven percent of all TB cases reported to the Ministry of Health’s National Tuberculosis and Leprosy Programme (NTLP) each year yet, according to estimates, child TB cases should account for 15 to 20 percent. Reasons for this low detection rate include the difficulty in obtaining sputum samples from younger children, lack of training for healthcare workers on clinical diagnosis of child TB and a lack of household contact screening, which is known to increase TB case-finding among children. Preventive therapy is recommended by the NTLP for eligible child contacts but was not previously implemented.

The DETECT Child TB Project aims to Decentralise TB services and Engage Communities to Transform lives of Children with TB by strengthening district and community level healthcare delivery in two districts, Wakiso and Kabarole.

The project has developed and tested a model that can be applied at different levels of healthcare to address the health system challenges that are currently contributing to low detection of TB among children and to a lack of provision of preventive therapy. Initial results have shown the numbers of TB cases detected in children have doubled where DETECT TB has been implemented and the proportion of child contacts started on TB preventive therapy has increased from zero to 70 percent among those eligible.

The project aims to expand to additional districts over the next two to three years. DETECT TB is implemented by The Union, with the NTLP, Baylor Uganda and Mildmay Uganda.
NEW ZIMBABWE PROJECT SEES UPTAKE OF TB-HIV TREATMENT RISE TO 90 PERCENT

The Union Zimbabwe Office has seen the uptake of antiretroviral therapy among co-infected TB-HIV patients at 23 supported sites increase to nearly 90 percent for the period October 2014–September 2015 through Challenge TB.

Under Challenge TB, The Union is building on the gains it has made in the fight against TB over the past decade, including the successful delivery of an integrated TB-HIV care model in selected urban primary care settings.

Despite gains, Zimbabwe remains one of the high-burden countries for both TB and HIV. The Union plans to decentralise this ‘One Stop Shop’ integrated model of care beyond the urban setting, bringing Zimbabwe closer to achieving universal coverage for greater impact.

The Union serves as lead partner, working closely with the National TB Programme through a Challenge TB grant from the United States Agency for International Development (USAID).
UNION INFLUENCE ON GLOBAL POLICY AND PRACTICE

Union staff and consultants are shaping global public health policy and practice through their service on national, regional and international committees, boards and steering groups.

Examples from 2015 include:
- The Non-Communicable Disease (NCD) Alliance Chair
- Journal of Health Management Editorial Board
- Global Plan to End TB Writing Group Technical Review Panel
- Regional Green Light Committees for MDR-TB
- Global Plan to Stop TB Chair
- Stop TB Partnership Executive Committee of the Board of Directors
- Global Fund to Fight AIDS, Tuberculosis and Malaria Technical Review Panel
- WHO Global Drug-Resistant TB Initiative
- Experts Committee for the reorganisation of the National Health Strategies by the Peru Ministry of Health
- WHO FCTC Implementation Review Mechanism Taskforce
- Accredited Observer to the WHO FCTC Conference of Parties

UNION REOPENS OFFICE IN DEMOCRATIC REPUBLIC OF CONGO

The Union reopened its office in the Democratic Republic of Congo (DRC) to support a new Challenge TB grant. The grant focuses on improving access to high-quality, patient-centred care for TB, TB-HIV and MDR-TB; preventing TB transmission and disease progression; and strengthening platforms for delivering TB services in the DRC. The office is headed up by Dr Jean Pierre Kabuayi, a DRC national. Challenge TB is funded by the United States Agency for International Development (USAID) to reduce TB’s impact in countries dealing with high burdens of the disease.

JOINING FORCES IN PERU TO CONFRONT MDR-TB

The Union Peru Office joined forces with the Peruvian Ministry of Health and with Janssen, the pharmaceutical company of Johnson & Johnson, to host a workshop in Lima, in October, looking at how best to deal with multidrug-resistant tuberculosis (MDR-TB) and the introduction of new drugs in the treatment of MDR-TB.
TOBACCO CONTROL

OVER 90% OF PUBLIC SUPPORT SMOKEFREE ENVIRONMENTS IN CHINA, SURVEY FINDS

More than 90 percent of participants in 2015’s China City Adult Tobacco Survey supported a total ban on smoking inside public places including healthcare facilities, workplaces, schools and taxis. The survey involved 31,151 people from 14 major cities, including Beijing, and was conducted by the Chinese Center for Disease Control and Prevention (China CDC).

The Union has worked with China CDC since 2007 and has supported five major cities to pass smokefree laws, affecting a total population of 45 million people. These city-level successes have created nationwide momentum to push for a total ban on smoking in public places. A national smokefree law has now been drafted by the National Health and Family Planning Commission. This is currently under review by the State Council.

UGANDA PASSES GROUNDBREAKING LAW TO REDUCE TOBACCO USE

The Ugandan Parliament passed a law in July 2015 that brings the country in line with the strongest tobacco control policies in the world.

This groundbreaking law will secure some of the toughest restrictions on the distribution, sale and use of tobacco products currently in place, including 100 percent smokefree public areas, a ban on sales of cigarettes in public places, no sale of tobacco to under-21s, a ban of shisha (water pipes), e-cigarettes and chewable tobacco products and the introduction of large pictorial health warnings on packs. The law will position Uganda as one of the leaders in tobacco control in the region.

The Union has supported the Ugandan Ministry of Health’s tobacco control efforts since 2012 to develop a national strategic plan.

UNION’S TOBACCO CONTROL WORK RECEIVES TOP RECOGNITION

Director of The Union Mexico Office, Mirta Molinari, received the Pan American Health Organization’s award for contributions to tobacco control.

In addition, Viet Nam’s Ministry of Health presented The Union with a special award for its tobacco control support over the last decade and an award for Services to Tobacco Control was given to The Union’s technical advisor in Pakistan, Fouad Aslam, as well as key staff at Smokefree Islamabad, a civil society organisation and Union grantee.

Union support for tobacco control has impacted*:

- **3.33bn** people in **35** countries through smokefree laws
- **2.82bn** people in **28** countries through advert bans
- **2.98bn** people in **25** countries through graphic health warnings
- **2.4bn** people in **13** countries through higher tobacco tax
- **202.8m** people in **3** countries where tobacco industry interference is banned

*2015 statistics have been refined to focus specifically on countries in which a new law was introduced, or an existing law has been strengthened, with technical assistance or funding support from The Union. Sub-national policies are included, through province-level population figures. Tobacco tax and tobacco industry interference figures appear lower than those in the 2014 annual report because the focus is now specifically on populations covered by laws that are actually in place, not counting the places where the laws/policies are yet to be enacted.
Beijing heralded the introduction of its new smokefree law on World No Tobacco Day with a vibrant celebration at the Birds’ Nest Stadium.

30% of the world’s smokers live in China.

45m people in 5 cities protected by smoke-free laws in China.

90% support restrictions on smoking in public spaces.
WORLD CONFERENCE HERALDS NEW AGENDA FOR TACKLING GLOBAL TB

The 46th Union World Conference on Lung Health was held in Cape Town, South Africa, in December, inspiring over 4,000 delegates to take up the fight as a new era in tackling lung disease begins.

The conference theme was ‘A New Agenda: Lung Health Beyond 2015’, which reflected the changing landscape of global public health. Speakers included South Africa Minister of Health, Dr Aaron Motsoaledi; UK Member of Parliament, Nick Herbert; and Global Fund Executive Director, Dr Mark Dybul.

As well as being the largest Union World Conference to date, this year’s event offered a record number of sessions over the five-day scientific programme, during which several critical scientific revelations and updates were presented, promising to have real impact on patients who live with TB, including the first child-friendly TB medicines and shortened MDR-TB treatment regimens.

The Union and civil society came together in the planning of Imbizo, a community space on a grand and vibrant scale, bringing together events, discussion and learning; and delegates with the public.

Some of the most powerful moments came from the real-life stories told by people who have lived with, through and beyond TB. Phumeza Tisile, who lost her hearing (later restored through cochlear implantation), while being treated for extensively drug-resistant TB (XDR-TB), found a voice campaigning on behalf of others. Constance Manwa, who spoke about surviving TB and living with HIV, said she had learned to ‘live positively’.

“\textit{You can still do wonders as long as you learn to live positively.}”

Constance Manwa
TB survivor living with HIV, speaking to conference delegates

MAJOR TOBACCO CONTROL CONFERENCE HIGHLIGHTS CRITICAL LINK WITH NCDS

The 16th World Conference on Tobacco or Health (WCTOH) brought together some 2,000 tobacco control stakeholders for the largest international meeting of its kind in Abu Dhabi, UAE, in March.

The five-day event focused on the topic “Tobacco and Non-Communicable Diseases” (NCDs) and highlighted tobacco use as the greatest preventable risk factor for the four major NCDs – cardiovascular disease, cancer, chronic respiratory disease and diabetes – which account for 38 million deaths each year.

The Union acts as secretariat for the WCTOH.
THE UNION INVESTS IN ONLINE EDUCATION TO ENSURE EQUAL ACCESS TO TRAINING

Making training materials available online and free of charge ensures opportunities are more equally accessible to a worldwide audience. The Union invested in developing several online portals and multimedia courses in 2015, giving those who may not have the time or resources to attend a course the information and guidance necessary to advance in their field and improve health services and research efforts globally.

THE STRUCTURED OPERATIONAL RESEARCH AND TRAINING INITIATIVE (SORT IT) released 48 videos comprising all three modules of the intensive operational research course. This allows the SORT IT model to be disseminated online so that any individual or institution interested in developing operational research capacity may use these lessons to improve health policies, practices and outcomes.

SORT IT aims to improve healthcare delivery and public health through operational research, thanks to collaboration between The Union, Médecins sans Frontières and the World Health Organization’s (WHO) Special Programme for Research and Training in Tropical Diseases.

CHILDHOOD TB FOR HEALTHCARE WORKERS, a six-module course on how to diagnose, treat and prevent childhood TB, is available online in both English and French through The Union’s Childhood TB Learning Portal. The interactive course gives various patient scenarios and prompts participants to test their responses. It was developed through a partnership between The Union and the WHO.

TREAT TB’S INTRODUCTION TO OPERATIONAL RESEARCH provides health practitioners and researchers with a foundational overview of operational research, study design and ethical considerations. 2015 saw the launch of a Spanish version of the popular course, available in English since 2013. The United States Agency for International Development (USAID) funds the TREAT TB programme.

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

The Union delivers life-saving health services in areas of need, manages large-scale projects that improve the effectiveness of the public health sector and advocates for policies and resources that safeguard people’s health.
TB thrives in communities of people living in close proximity. This is an issue of particular concern in prisons, where overcrowding creates a breeding ground for TB and multidrug-resistance. TB in Pollsmoor is five times higher than in the general population.

In September The Union took a small group of South African and international journalists to visit Pollsmoor Prison on the outskirts of Cape Town to observe a newly introduced South African screening policy.

The policy was introduced by South African Health Minister and Chair of the Stop TB Partnership Coordinating Board, Dr Aaron Motsoaledi, to offer TB screening for all prison inmates in South Africa. It aims to address the high rates of TB in prisons. The screening is also extended to the inmates’ family members.
South Africa is one of the 22 countries with the highest burden of TB, with 318,000 cases reported in 2014. The country’s national strategic plan for HIV and TB targets high-risk groups such as mineworkers, prison staff and inmates. TB/HIV care is now delivered in 95 correctional facilities across the country, including Pollsmoor.

Pollsmoor area commissioner, Clifford Mketshane, says that, through the programme, 100 percent of inmates have been screened for TB. The prison now also cures 75 percent of patients, compared with just over half the previous year.

During a press tour to draw worldwide attention to the issue of TB in prisons The Union’s media team speaks with an inmate about his experience with TB.

“\textbf{This is a high-risk group, and it’s not just an issue for South Africa; it’s an issue all around the world. Anywhere you go, prison – or jail – is a place where you’re going to find tuberculosis if you look for it.}”

Dr Paula I Fujiwara
Scientific Director

Pollsmoor was an obvious choice for the press trip because, aside from the success it has seen with the screening programme, it is also the prison where Nelson Mandela contracted TB while an inmate there for much of the 1980s. The trip resulted in a number of press features highlighting South Africa’s fight against TB, including articles in such international media as \textit{The Guardian} and the \textit{Daily Mail}, helping to highlight South Africa’s fight against the disease.
NEW STUDY SHOWS ONE MILLION PEOPLE WITH TB INFECTED BY ANIMALS OVER PAST DECADE

A new study revealed that a lack of knowledge about human TB acquired from animals (zoonotic TB) is leading to inaccurate estimates of the number of cases, improper diagnosis and inadequate treatment of these patients.

The study, presented at the 46th Union World Conference, backed up years of Union efforts to improve awareness of zoonotic TB (ZTB) and to push for a global policy on this issue.

The Union has campaigned for more research and information on ZTB for years and this study along with a number of others has now put the issue firmly on the agenda.

A recent estimate from WHO indicates that approximately 121,000 people are affected by ZTB worldwide every year amounting to over one million cases in the last decade.

The Union’s zoonotic sub-section has driven awareness of this complex public health challenge by setting up a global working group to highlight the findings of such studies to physicians, veterinarians, diagnostic scientists, researchers, public health professionals and regulators. There has also been a targeted media campaign with worldwide coverage including CNN.

The work will not stop there with The Union supporting WHO in the creation of a roadmap of activity over the next year which includes implementing new studies to investigate the burden of ZTB among communities with a high risk of contracting *M. bovis* (the causal agent of bovine TB and ZTB); documenting the need for better diagnostic tools and systematic surveillance of *M. bovis* to give insights into its burden, and continued cross-professional collaboration to better prevent, diagnose and treat ZTB in high-risk areas of the world.

TB is caused by mycobacteria, different species of which have complex cross-infection patterns between domestic animals, wildlife species and humans.
CALL TO ACTION FOR A TB-FREE INDIA LAUNCHES CAMPAIGN TO END TB

India has the highest number of TB cases anywhere in the world but the Call to Action for a TB-Free India is working to change that. A key part of this nationwide campaign, launched in April, is to create new partnerships, find common ground on which to make joint commitments and bring about change with both private and public sectors working collaboratively.

Launched by the country’s Minister of Health, Shri J P Nadda, the TB-Free India campaign is galvanising support and raising awareness through events, media campaigns and high-level meetings in partnership with the Government of India. It is part of the Global Challenge TB project funded by the United States Agency for International Development (USAID) and implemented by The Union.

“As a TB survivor, I can tell you that this is a disease that can be fought against. I believe we all have a role to play - as spokespersons, community leaders, philanthropists and individuals - in making India TB-free.”

Mr Amitabh Bachchan
Legendary Bollywood actor and TB Champion for the TB-Free India campaign
To improve TB services, Project Axshya has trained over 25,000 rural healthcare practitioners to diagnose and treat TB. Dr Balraj works from a small clinic in the village of Datauli.
PROJECT AXSHYA RECEIVES GLOBAL FUND’S HIGHEST RATING

Project Axshya, a large-scale five-year project designed to improve access to TB diagnosis and treatment in India, is to continue through to 2017 thanks to approval by The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund).

The decision by The Global Fund was based on the consistently high performance of the project, which has achieved more than 100 percent on almost every target and received an ‘A1’ rating – the highest mark possible – on its recent performance review.

Implemented by The Union South-East Asia Office, Project Axshya is engaging communities in the battle against TB and has used a variety of innovative solutions to reach those with the greatest difficulty in accessing TB diagnosis and treatment services.

The project is implemented in nearly 300 districts across 19 states of India through a network of over 1000 non-governmental and community-based organisations and 15,000 community volunteers (Axshya Mitras).

“We have reached communities on an unprecedented scale that have previously been unaware of the TB treatment and diagnostics that are freely available in India. Since the project’s inception, 600,000 people have been tested for TB.”

Dr Sarabjit Chadha
Project Director, Project Axshya
BALI SUMMIT BRINGS WORLD’S ATTENTION TO TB AND DIABETES DOUBLE THREAT

More than 100 global health officials and experts gathered in a bid to fight the twin scourge of TB and diabetes in November. “Stopping a Looming Co-Epidemic: A Global Summit on Diabetes and Tuberculosis” was hosted by The Union to bring this public health threat to the attention of governments around the world.

TB and diabetes interact with each other on a number of levels, with each disease exacerbating the other and diabetes tripling a person’s risk of developing TB. This increasingly common co-infection is predicted to become a major public health problem unless urgent action is taken to avert it.

The summit culminated in the Indonesian Ministry of Health, together with The Union and the World Diabetes Foundation, signing the Bali Declaration and committing to fight this co-epidemic and draw increased attention and political will to the issue.

“We are committed to taking action to stop this double threat. We have evidence and we have practical solutions, but without the political will to address this issue, we cannot make progress against this twin scourge.”

José Luis Castro
The Union’s Executive Director
GLOBAL SUMMIT HERALDS NEW ERA IN FIGHT AGAINST TB

The second Global TB Summit, held in South Africa in November, culminated in an unparalleled political resolve to lead the fight against TB.

The Summit saw 50 political representatives from 30 countries meet to discuss what they could do, collectively and individually, to tackle the disease. Across a three-day programme the representatives heard presentations from the world’s leading experts and civil society members and visited TB programmes in the Cape Town area, culminating in the summit endorsing the Global Plan to End TB.

JOSÉ LUIS CASTRO SELECTED TO CHAIR NCD ALLIANCE

The Union’s Executive Director, José Luis Castro, became Chair of the Non-Communicable Diseases Alliance (NCD Alliance) in September, taking the lead as the organisation enters its next phase of global action.

The first ever Global NCD Alliance Forum was held in Sharjah, UAE, in November and culminated in more than 200 civil society representatives from 40 countries signing the Sharjah Declaration in the continued fight against NCDs.

MYANMAR DELEGATION VISIT EDINBURGH TO SEE TOBACCO CONTROL IN ACTION

A high-level delegation of ministers, diplomats and academics from Myanmar visited The Union’s Department of Tobacco Control in Edinburgh in August to observe Scotland’s progressive tobacco control laws in action and meet with experts in healthcare and policy development.

Currently 44 percent of adult men and 8.5 percent of women in Myanmar smoke, while 62 percent of men and 24 percent of women use smokeless tobacco.

During the visit Myanmar committed to introducing graphic health warnings covering 75 percent of tobacco packaging and to work with The Union on the development of e-learning courses for Masters in Public Health students. The Myanmar Health Minister also pledged to work with the Ministry of Finance to increase tobacco taxes on all tobacco products.
THE FEDERATION

We are a federation of members shaping global lung health.

The 31 national lung associations that formed The Union in 1920 became the first ‘constituent’ members, charged with leading — and funding — their new organisation. Today, The Union relies on its members — both organisations and individuals — to provide leadership, influence and support to reach our common goal.
Since our founding in 1920, The Union has drawn from the best evidence, skills and expertise of our members, staff and consultants to advance solutions to the most pressing public health challenges around the world.

Our vision, health solutions for the poor, is reflected in our innovative research and education programmes which have made an important contribution to the global fight against TB and lung disease.

Our Centennial Campaign is raising funds for these programmes in the lead up to our 100th anniversary in 2020. This money will support The Union to continue providing crucial technical assistance, education, training and research going forward into the next century.

CAPE TOWN PROVIDES BACKDROP FOR 4TH PRESIDENT’S CENTENNIAL DINNER

The 4th President’s Centennial Dinner took place at the Cavalli Wine and Stud Farm in Somerset West, near Cape Town, South Africa, in December as part of the 46th Union World Conference on Lung Health.

Close to 200 Union supporters gathered to enjoy the stunning Cavalli vineyards, gardens and art gallery. Guests attended this annual fundraising event, showing their support for Union projects and recognition of The Union’s 95 years of expertise and impact the field of public health.

The Hon. Stephen Mule MP, Kenya, spoke about the importance of The Union’s work and TB-HIV survivor Constance Manwa, who was treated through The Union-supported TB-HIV integrated care programme in Zimbabwe, also shared her experience and the renewed hope that recovery has brought her.

EDINBURGH FUNDRAISERS ON TOP FORM FOR SEVEN HILLS SPRINT

An ambitious 24k run covering the seven hills of Edinburgh was held in September to raise funds for The Union’s Centennial Campaign 2012–2020. Participants trained for several months to tackle the formidable trail which began at the historic Calton Hill and finished at Arthur’s Seat, with dazzling views across the city.

CENTENNIAL PARTNERS

The Centennial Campaign will support our next century of global impact. The following corporate partners generously supported the campaign in 2015.

Cepheid (Europe)
Qiagen (USA)
Sanofi (France)
The Union hosted the 4th President’s Centennial Dinner at the stunning Cavalli Wine and Stud Farm in December.
TUBERCULOSIS SECTION
A qualitative study entitled *Tuberculosis and mental health: a survey of national TB directors* has been established through the TB and Mental Health Working Group. The goal of the study is to assess the perceived mental health needs, current protocols, practices and receptivity to TB, and to look at mental health service integration in high burden countries.

TOBACCO CONTROL SECTION
The TB, HIV and Tobacco Working Group successfully secured substantial funding to study integration of tobacco control within TB care. Professor Lekan Ayo-Yusuf will first develop an intervention based on motivational interviewing to address smoking, alcohol misuse and poor drug adherence in TB patients and then evaluate its effectiveness and cost-effectiveness in improving patient outcomes. The research will be conducted in South Africa over the next three years.

ADULT AND CHILD LUNG HEALTH SECTION
The Adult and Child Lung Health Scientific Section formed a new working group on maternal–child tuberculosis to improve TB prevention, detection and treatment for women and children. TB during pregnancy and postpartum is associated with poor outcomes for both mother and child, especially in women with both TB and HIV. The working group will look at the integration of TB and TB-HIV services into maternal and child health settings.

The section also formed a new working group on asthma management in low- and middle-income countries. The working group is aiming to ensure a corticosteroid/bronchodilator combination inhaler is included on the World Health Organization’s (WHO) essential drug list. They are currently preparing a submission to WHO.

HIV SECTION
The HIV Section saw Anand Date hand over his chairmanship to Jeroen van Gorkom and welcomed Amy Bloom as the new vice-chair of the section.
ZOONOTIC TB SUB-SECTION
The issue of zoonotic TB (ZTB) is gaining traction. At The Union World Conference on Lung Health in Cape Town, ZTB received wide media coverage and featured in many well-attended sessions, including the first plenary session to feature ZTB, two symposia and an e-poster session. For more information on The Union’s work in ZTB, see page 28 of this annual report.

TB BACTERIOLOGY AND IMMUNOLOGY SUB-SECTION
The TB Bacteriology and Immunology Sub-Section contributed to five symposia, two workshops, a meet-the-expert session, four e-poster and oral presentations and 15 poster discussions during the 2015 Union World Conference.

NURSES AND ALLIED PROFESSIONALS SUB-SECTION
The Nurses and Allied Professionals Sub-Section considered new content for its popular guide *Best practice for the care of patients with tuberculosis* including: care for patients with complex needs, care for children and infection control.
MIDDLE EAST REGION CONFERENCE DRAWS 1500 DELEGATES
The 28th Conference of The Union Middle East Region, held in Cairo, Egypt, in conjunction with the 56th International Congress of the Egyptian Society of Chest Diseases and Tuberculosis, brought together 1,500 delegates from across the region to share the latest science on tuberculosis and lung disease and their treatment.

5TH CONFERENCE OF THE UNION ASIA PACIFIC REGION HELD
The Asia Pacific Region Conference, held in Sydney, Australia, attracted over 700 delegates with the theme ‘Reducing the burden of TB and lung disease by increasing and expanding regional partnerships’.

AFRICA REGION STRATEGIC PLAN APPROVED
The Union Africa Region approved the development of its strategic plan with a focus on five key objectives, including building and increasing strategic partnerships with key stakeholders and communities in the battle against TB.

NEW VICE PRESIDENT FOR UNION NORTH AMERICA REGION
James Johnston became the new Vice President and Programme Chair of The Union North America Region. The region focused on planning its annual conference, a joint meeting with the National TB Controllers Association to be held in Denver, Colorado, USA.

THE UNION EUROPE REGION Prepares UPCOMING CONFERENCE
The Europe Region focused on planning its upcoming conference in 2016, to be held in Bratislava, Slovakia, and updating its core information on suggested treatment protocols and initiation of webinars for enhanced training.
HONOURS

THE UNION MEDAL

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

Prof Denis A Mitchison (United Kingdom)

Prof Denis A Mitchison’s distinguished career in tuberculosis research began with his pioneering studies on anti-tuberculosis chemotherapy more than half a century ago. The author of some 250 scientific papers, he is the recipient of many awards including the Stop TB Partnership Kochon Prize (2008) and the British Thoracic Society Medal (2000). He also received the Medal of Honour from The Union in 1987 and holds an honorary lifelong membership. At 96-years-old, he continues an active career in TB research at the University of London.

HONORARY MEMBERS

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

Prof Nulda Beyers (South Africa)

Prof Nulda Beyers started the Desmond Tutu TB Centre at Stellenbosch University in 1990 with her husband Prof Robert Gie, who shared the dream of helping people with TB. Under her guidance as Director, the centre has grown to over 400 staff conducting wide-ranging research in TB and HIV. A professor in the Department of Paediatrics and Child Health, Prof Beyers is also credited with bringing attention to the neglected area of childhood TB.

Prof Beyers served as Editor in Chief (tuberculosis) for The Union’s International Journal of Tuberculosis and Lung Disease from 2003 to 2010.

Prof Donald A Enarson (Canada)

Prof Donald A Enarson’s distinguished career includes 18 years as The Union’s Director of Scientific Activities, decades of service as an editor of the International Journal of Tuberculosis and Lung Disease and his role as founding editor of Public Health Action.

Prof Enarson played a central role in overseeing the expansion of The Union’s TB technical assistance, education and research activities to include other major public health challenges, led The Union’s TB clinical trials Study A and Study C to completion and fostered the growth of operational research.

Prof H Simon Schaaf (South Africa)

Prof H Simon Schaaf was an early innovator in the study of TB drug resistance, focusing on child TB. His research pointed to the need for drug-susceptibility testing on children with culture-confirmed TB and has led to a greater understanding of how to handle dosages of TB drugs for children. He is Professor of Paediatrics and Child Health at Stellenbosch University and the Desmond Tutu TB Centre. He also treats children at the Tygerberg Hospital, Brooklyn Chest Hospital and through outreach programmes in several South African townships, as well as consulting on cases worldwide.

A long-time Union member, Prof Schaaf is chair of the Adult and Child Lung Health Scientific Section and represents the section on the Board of Directors.
THE PRESIDENT’S REPORT
The President reported that the Communications, Membership and Fundraising Committee had been split into three committees: Membership, Finance, and Communications and Fundraising, and that a major membership reorganisation has started. The new membership structures will be presented for vote at the General Assembly in Liverpool in 2016. She also reported that The Union Civil Society Advisory Panel has been constituted and that the panel is still seeking representatives from the Adult and Child Lung Health and Tobacco Control Sections.

ELECTIONS
The call for nominations for an additional two seats on the Board received an unusually large response. The election this year was also unusual in that all four of the current officers of the Bureau, or the Board’s executive committee, stood for re-election in the same year. The nominating committee recommended their re-election along with the following new members: Dr Kosuke Okada (Japan) and Dr Pamela Orr (Canada).

The General Assembly also validated the nomination of two new regional representatives: Mr Arinze Austin Obiefuna (Ghana) to represent the Africa Region and Dr Randall Reves (USA) to represent the North America Region.

RESOLUTIONS
The General Assembly unanimously approved the 2014 Annual Report, treasurer’s report and the audited accounts for the period of 1 January to 31 December 2014 and the budget for fiscal year 2016. The General Assembly also approved freezing constituent member fees for the next year at the rate of the World Health Assembly (WHA) scale of assessments that was approved in 2012 for 2013–2015, instead of applying fee increases based on the revised WHA scale of assessments for 2016.
DISCHARGE AND POWER
The General Assembly, having read the reports, gave full discharge to the President and the Board of Directors for the management of that period.

The Assembly gave power to the Board of Directors or its President by delegation, to fulfil all the formalities of distribution/diffusion relative to the aforementioned adopted resolutions.

UNION WORLD CONFERENCE 2016
José Luis Castro, Executive Director, informed the General Assembly that a Global Director of Conferences and Summits, Emily Blitz, had been appointed. The 2016 Conference will be held in Liverpool, UK.

AWARDS AND HONOURS
Prof Denis A Mitchison was awarded The Union Medal; and Prof Nulda Beyers, Prof Donald A Enarson and Prof H Simon Schaaf were made Honorary Members.

Dr Schraufnagel announced the winners of the 2015 Christmas Seals Contest:

1st Prize
The Philippine Tuberculosis Society, Inc. (Philippines)

2nd Prize
The Japan Anti-Tuberculosis Association (Japan)

3rd Prize
The Hong Kong Tuberculosis, Chest and Heart Diseases Association (Hong Kong)

IN MEMORIAM
The following members and staff who passed away in 2015 were remembered for their contributions to our common cause:

Dr Annik Rouillon
Former Executive Director of The Union

Prof Rudolph Ferlinz
Past President

Prof Gunnar Dahlström
Former Scientific Committee Chair

Prof Vladislav Erokhin

THANK YOU
The President thanked the General Assembly and the meeting was adjourned at 18.15.

The Federation – the governing body of The Union – is made up of Union members who meet yearly at the General Assembly, held in conjunction with The Union World Conference. It is an opportunity for Union members to review the past year and the plans for the coming one, elect new members and officers to the Board of Directors and conduct other business.

The General Assembly 2015 was held on Saturday, 5 December, in Cape Town, South Africa. Dr E Jane Carter, The Union’s President, welcomed constituent, organisational, honorary and individual members and scientific section chairs to the proceedings.
CONSTITUENT MEMBERS
Countries that belong to The Union may be represented by one constituent member which plays an important leadership role in the federation.

**Australia**  
Australian Respiratory Council

**Austria**  
Verein Heilanstalt Alland

**Bangladesh**  
National Anti-TB Association of Bangladesh (NATAB)

**Benin**  
Ministère de la Santé

**Bolivia**  
Ministerio de Salud y Deportes

**Brazil**  
Fundação Ataulpho de Paiva

**Burkina Faso**  
Ministère de la Santé

**Chad**  
Programme national de lutte contre la tuberculose Tchad

**Chile**  
Ministerio de Salud Pública

**China**  
Chinese Anti-Tuberculosis Association (CATA)

**Congo, Democratic Republic of**  
Programme national de lutte contre la tuberculose

**Côte d’Ivoire**  
Comité antituberculeux de la Côte D’Ivoire

**El Salvador**  
Ministerio de Salud Pública y Asistencia Social

**Estonia**  
Tartu University Clinics, Lung Clinic

**Finland**  
Finnish Lung Health Association – Filha Ry

**Germany**  
Deutsches Zentralkomitee zur Bekämpfung der Tuberkulose (DZK)

**Ghana**  
Ghana Society for the Prevention of Tuberculosis and Lung Disease

**Guatemala**  
Liga Nacional Contra la Tuberculosis

**Haiti**  
Programme national de lutte contre la tuberculose

**Honduras**  
Programa nacional de tuberculosis

**Hong Kong**  
The Hong Kong TB Chest and Heart Diseases Association

**Iceland**  
Reykjavik Health Care Services

**India**  
The Tuberculosis Association of India

**Indonesia**  
The Indonesian Association Against Tuberculosis

**Israel**  
Israel Lung and Tuberculosis Association
Japan
Japan Anti-Tuberculosis Association (JATA)

Korea, Republic of:
Korean Institute of Tuberculosis (KIT)

Luxembourg
Ligue de Prévention et d’Action Médico-Sociale

Malawi
Ministry of Health and Population

Malaysia
Malaysian Association for the Prevention of Tuberculosis

Mongolia
Mongolian Anti-Tuberculosis Association

Myanmar, Republic of the Union of
Myanmar Medical Association

Nepal
Nepal Anti-Tuberculosis Association

Netherlands
Royal Netherlands Tuberculosis Foundation (KNCV)

Norway
Nasjonalforeningen for Folkehelse

Pakistan
Pakistan Anti-Tuberculosis Association

Peru
Sociedad Peruna de Neumologia

Philippines
Philippine Tuberculosis Society, Inc (PTSI)

Rwanda
Programme national intégré de lutte contre la lèpre et la tuberculose

Saudia Arabia
Ministry of Health

Senegal
Ministère de la Santé

Singapore
SATA CommHealth

South Africa
South African National Tuberculosis Association (SANTA)

Sri Lanka
Ceylon National Association for the Prevention of Tuberculosis (CNAPT)

Sweden
Swedish Heart Lung Foundation

Switzerland
Ligue Pulmonaire Suisse (LPS)

Taipei, China
National Tuberculosis Association

Tanzania, United Republic of
Ministry of Health

Thailand
The Anti-Tuberculosis Association of Thailand

Tunisia
Ligue Nationale Contre la Tuberculose et les Maladies Respiratoires

Turkey
Turkish Anti-Tuberculosis Association

Viet Nam
National Hospital of Tuberculosis and Respiratory Disease

ORGANISATIONAL MEMBERS
Any not-for-profit organisation may apply to join The Union as an organisational or associate organisational member.

Canada
British Columbia Lung Association (BCLA)

France
AlterSanté Internationale et Développement

France
Comité National contre les Maladies Respiratoires (CNMR)

Germany
Kuratorium Tuberkulose In Der Welt E.V.

Nepal
SAARC Tuberculosis & HIV/AIDS Centre (STAC)

Norway
LHL International Tuberculosis Foundation (LHL International)

Philippines
Tropical Disease Foundation

Singapore
International Union Against Tuberculosis and Lung Disease, Asia Pacific Ltd

ASSOCIATE ORGANISATIONAL MEMBERS
Brazil
Alliance for the Control of Tobacco Use (ACT)

Burkina Faso
Association Kasabati

Congo, Democratic Republic of
Equilibre International – Equinte

India
Association for Rural Area Social Modification, Improvement and Nestling (ARASMIN)
Fiscal 2015 highlights

- Total net result for the year was a deficit of 0.211 million euro compared to a surplus of 0.228 million euros in 2014
- Total revenue was 51.779 million euro compared to 36.836 million euro in 2014
- Total expenditures was 51.991 million euro compared to 36.608 million euro in 2014
- Total operating revenue was 45.6 million euro compared to 31.1 million euro in 2014
- Total operating expenditure was 43.9 million euro compared to 32.9 million euro in 2014
I am pleased to submit the annual report of the Treasurer of the International Union Against Tuberculosis and Lung Disease (The Union) for the fiscal year ended 31 December 2015.

The Union in 2015 saw growth of close to 47 percent when compared with its operating revenues in 2014. It continued to demonstrate high-quality technical expertise and rigour, supported by donors repeatedly investing new funds in the organisation. During 2015, The Union received funding from one new donor and a new project totalling $8 million. Growth was also seen at the different offices of The Union. Two of the offices now manage budgets in excess of $5 million, with funding from multiple projects.

In addition to the 46th Union World Conference on Lung Health held in Cape Town, The Union also managed another large conference – the 16th World Conference on Tobacco or Health held in Abu Dhabi. The Union also held for the first time a global summit on diabetes and tuberculosis. As The Union moves ahead, it will need to engage with various stakeholders and be an important partner. It will need to invest in these partnerships, such as the NCD Alliance, the Global TB Caucus and others with which we work closely. The growing contributions from a number of donors, both big and small, of 45.6 million euro ($50 million) for Fiscal Year 2015 shows the trust they have in our ability to efficiently manage programmes. We need to continue to manage our resources all the more prudently, and we therefore need to continue our efforts at fiscal discipline and high productivity, two hallmarks of The Union’s operating philosophy.

In the years ahead as The Union commits itself to its mission, it will need to actively seek resources, both financial and human, to ensure it is able to deliver on its goals. The nurturing of new talent and development of experts will be essential for us to meet the goals we would like to achieve. In order to successfully do this, a task force has been set up to assist in the development and implementation of plans to cultivate new opportunities.

In 2015 and beyond, investments required to achieve the organisational goals will initially put stress on our finances but will be necessary to fulfil our mission.

**FISCAL 2015 HIGHLIGHTS**

- Total net result for the year was a deficit of 0.211 million euro compared to a surplus of 0.228 million euros in 2014.
- Total revenue was 51.779 million euro compared to 36.836 million euro in 2014.
- Total expenditures was 51.991 million euro compared to 36.608 million euro in 2014.
- Total operating revenue was 45.6 million euro compared to 31.1 million euro in 2014.
- Total operating expenditure was 43.9 million euro compared to 32.9 million euro in 2014.

The key to The Union’s success, and essential to maintaining a leadership position in global health, will be maintaining a keen focus on our areas of strength. We will need to adjust budgets prudently and proactively, always aware of the need to protect our gains and to ensure pursuit of our strategic priorities. It is imperative that The Union focus on those areas in which it has expertise and resources so that it can continue to provide its beneficiaries with high-quality products.

With the breadth of resources entrusted to The Union by donors, government agencies, members and other supporters, the need for prudent fiscal oversight is great. Working closely with our Board of Directors and our auditors, we will continue to review and improve our financial policies, procedures and practices.
FINANCIAL STATEMENTS

This report describes the financial position of The Union. The document on the following pages consists of the audited financial statements for Fiscal Year 2015 audited by KPMG.

The audited financial statements present a snapshot of The Union’s entire resources and obligations at the close of the fiscal year. A complete Audit Report, including detailed comments and notes to supplement the Balance Sheet and the Income and Expenditure Accounts, is available upon request. We have presented the accounts in euros and US dollars in order to facilitate comparison of accounts.

The financial statements and the accompanying notes of The Union include all funds and accounts for which the Board of Directors has responsibility. These statements illustrate The Union’s formal financial position presented in accordance with generally accepted accounting principles.

The auditor, KPMG, provides an independent opinion regarding the fair presentation in the financial statements of The Union’s financial position. Their opinion is attached to this report. Their examination was made in accordance with generally accepted auditing standards and included a review of the system of internal accounting controls to the extent they considered necessary to determine the audit procedures required to support their opinion.

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

Thank you.

Louis-James de Viel Castel
Treasurer
International Union Against Tuberculosis and Lung Disease Charitable Organisation

Registered office: 68 Boulevard Saint-Michel – 75006 Paris

Statutory auditor’s report on the financial statements

Year ended 31 December 2015

Ladies and Gentlemen,

In compliance with the assignment entrusted to us by the General Assembly, we hereby report to you, for the year ended 31 December 2015:

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

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

1. Opinion on the financial statements

We conducted our audit in accordance with professional standards applicable in France; those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit involves performing procedures, by using sampling techniques or other methods of selection, to obtain audit evidence about the amounts and disclosures in the financial statements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made, as well as the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion. In our opinion, the financial statements give a true and fair view of the assets and liabilities and of the financial position of the organisation as at 31 December 2015 and of the results of its operations for the year then ended in accordance with French accounting principles.

Without qualifying the opinion expressed above, we draw your attention to the note 3.4.9 “Sundry Debtors” to the annual accounts regarding the receivable balance of €643,410 from 2015 concerning the WCTOH project.
2. Justification of our assessments
In accordance with the requirements of article L.823-9 of the French Commercial Code (Code de commerce), we bring to your attention the following matters.

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

Accounting estimates
Dedicated funds
Your organisation sets up dedicated funds, such as presented in note 3-2-3 of the appendix of the social accounts. External funding received and allocated to a specific project meets the criteria laid down by the French accounting rules and principles. Our audit includes sampling tests to review the calculations made and to validate the coherence of variation in dedicated funds of the Balance Sheet and those in the Income Statement.

Contingencies and loss provisions
Your organisation sets up provisions against exchange losses and provisions for disputes, such as mentioned in note 3-2-3 of the appendix of the social accounts.

Wear and tear allowances
Your organisation sets up provisions to cover the deprecations noticed or envisaged on assets, such as mentioned in note 3-1-4-2 of the appendix of the social accounts.

Our audit includes evaluating the appropriateness of the data and the hypotheses on which these estimates are based, using sampling tests the calculations made by the organisation, and comparing the accounting estimates of the previous periods with the corresponding realisations.

These assessments were made as part of our audit of the financial statements, taken as a whole, and therefore contributed to the opinion we formed, which is expressed in the first part of this report.

3. Specific verifications and information
We have also performed, in accordance with professional standards applicable in France, the specific verifications required by French law.

We have no matters to report as to the fair presentation and the consistency with the financial statements of the information given in the treasurer’s report, and in the documents addressed to members with respect to the financial position and the financial statements.

Paris La Défense, 1 September 2016
KPMG S.A.
Economie Sociale et Solidaire
Bernard Bazillon
Partner
## ASSETS

### FIXED ASSETS

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<tr>
<td>Software</td>
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<td>Land</td>
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<td>Fixtures and equipment</td>
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<td>Other tangible fixed assets</td>
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<td>Financial fixed assets</td>
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<td>TOTAL FIXED ASSETS</td>
<td>4,315,924</td>
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### CURRENT ASSETS

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<td>Constituent members</td>
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<td>Suppliers advance</td>
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<td>Managed funds receivable</td>
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<td>Receivable on committed grants</td>
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<td>Inter-offices accounts</td>
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<td>Other receivables</td>
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<td>Sundry debtors</td>
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<td>TOTAL CURRENT ASSETS</td>
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### BANK & CASH

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<td>TOTAL BANK &amp; CASH</td>
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### PREPAID EXPENSES

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<td>TOTAL PREPAID EXPENSES</td>
<td>63,982</td>
<td>69,657</td>
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### FOREIGN EXCHANGE UNREALISED LOSSES

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<tbody>
<tr>
<td>TOTAL EXCHANGE LOSSES</td>
<td>1,231,552</td>
<td>1,340,791</td>
</tr>
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</table>

### GRAND TOTAL

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18,000,980</td>
<td>19,597,669</td>
</tr>
<tr>
<td></td>
<td>17,256,652</td>
<td>20,951,302</td>
</tr>
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</table>

### EXCHANGE RATE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>1 euro = 1.0887 USD</td>
</tr>
<tr>
<td>2014</td>
<td>1 euro = 1.2141 USD</td>
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</table>
## LIABILITIES

### EQUITY

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>Reserves</td>
<td>2,287,820</td>
<td>2,490,750</td>
<td>2,287,820</td>
<td>2,777,642</td>
</tr>
<tr>
<td>Result carried forward</td>
<td>-3,291,584</td>
<td>-3,583,548</td>
<td>-3,519,753</td>
<td>-4,273,332</td>
</tr>
<tr>
<td>Result from the fiscal year</td>
<td>-211,410</td>
<td>-230,161</td>
<td>228,169</td>
<td>277,017</td>
</tr>
<tr>
<td>Restatement reserve on premises</td>
<td>1,887,396</td>
<td>2,054,808</td>
<td>1,887,396</td>
<td>2,291,487</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>672,222</td>
<td>731,849</td>
<td>883,632</td>
<td>1,072,814</td>
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</tbody>
</table>

### CONTINGENCY RESERVES (CONTINGENCY LIABILITY)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
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<tr>
<td>TOTAL CONTINGENCY RESERVES</td>
<td>1,147,596</td>
<td>1,249,388</td>
<td>836,403</td>
<td>1,015,477</td>
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</table>

### DEDICATED FUNDS

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
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<tr>
<td>TOTAL DEDICATED FUNDS</td>
<td>10,241,424</td>
<td>11,149,838</td>
<td>7,249,492</td>
<td>8,801,608</td>
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### DEBTS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>Grants to be paid</td>
<td>282,362</td>
<td>307,408</td>
<td>700,679</td>
<td>850,694</td>
</tr>
<tr>
<td>Committed grants related to future budget years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inter-offices accounts</td>
<td>284,150</td>
<td>309,354</td>
<td>620,118</td>
<td>752,885</td>
</tr>
<tr>
<td>Borrowing from credit institutions</td>
<td>1,069,564</td>
<td>1,164,434</td>
<td>1,183,831</td>
<td>1,437,289</td>
</tr>
<tr>
<td>Current bank advances</td>
<td>1,358,917</td>
<td>1,479,453</td>
<td>1,337,782</td>
<td>1,624,201</td>
</tr>
<tr>
<td>Suppliers and similar accounts</td>
<td>343,350</td>
<td>373,805</td>
<td>1,137,555</td>
<td>1,381,106</td>
</tr>
<tr>
<td>Tax and social security</td>
<td>878,886</td>
<td>956,843</td>
<td>583,684</td>
<td>708,651</td>
</tr>
<tr>
<td>Charges to be paid (accrued expenses)</td>
<td>232,268</td>
<td>252,870</td>
<td>307,128</td>
<td>372,884</td>
</tr>
<tr>
<td>Other creditors</td>
<td>341,585</td>
<td>371,884</td>
<td>315,159</td>
<td>382,635</td>
</tr>
<tr>
<td>TOTAL DEBTS</td>
<td>4,791,082</td>
<td>5,216,051</td>
<td>6,185,936</td>
<td>7,510,345</td>
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</table>

### DEFERRED INCOME

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>TOTAL DEFERRED INCOME</td>
<td>445,837</td>
<td>485,385</td>
<td>575,347</td>
<td>698,530</td>
</tr>
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</table>

### FOREIGN EXCHANGE UNREALISED GAINS

<table>
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<tr>
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<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>TOTAL EXCHANGE GAINS</td>
<td>702,819</td>
<td>765,158</td>
<td>1,525,842</td>
<td>1,852,528</td>
</tr>
</tbody>
</table>

### GRAND TOTAL

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US $</td>
<td>€</td>
<td>US $</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>18,000,980</td>
<td>19,597,669</td>
<td>17,256,652</td>
<td>20,951,302</td>
</tr>
</tbody>
</table>
# Income Statement (€)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>General Funds (€)</strong></td>
<td></td>
<td><strong>Managed Funds (€)</strong></td>
<td></td>
<td><strong>Total (€)</strong></td>
</tr>
<tr>
<td>Contributions</td>
<td>376,771</td>
<td>384,220</td>
<td>760,991</td>
<td>688,004</td>
</tr>
<tr>
<td>Operating grant</td>
<td>3,663,171</td>
<td>-3,617,421</td>
<td>45,750</td>
<td>-424</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>168,407</td>
<td>42,112,086</td>
<td>42,280,493</td>
<td>27,656,362</td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>278,194</td>
<td>25,968</td>
<td>304,162</td>
<td>208,958</td>
</tr>
<tr>
<td>Other income</td>
<td>502,958</td>
<td>1,663,456</td>
<td>2,166,415</td>
<td>2,520,211</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>4,989,501</td>
<td>40,568,309</td>
<td>45,557,811</td>
<td>31,073,112</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases</td>
<td>-72,138</td>
<td>-1,445,719</td>
<td>-1,517,857</td>
<td></td>
</tr>
<tr>
<td>External charges</td>
<td>-1,840,551</td>
<td>-11,138,605</td>
<td>-12,979,156</td>
<td>-11,824,192</td>
</tr>
<tr>
<td>Taxes</td>
<td>-21,332</td>
<td>-15,248</td>
<td>-36,580</td>
<td>-46,110</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>-1,099,516</td>
<td>-4,536,832</td>
<td>-5,636,347</td>
<td>-4,350,133</td>
</tr>
<tr>
<td>Social contributions</td>
<td>-564,465</td>
<td>-1,150,158</td>
<td>-1,714,623</td>
<td>-1,515,449</td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>-632,300</td>
<td>1,308</td>
<td>-630,992</td>
<td>-761,977</td>
</tr>
<tr>
<td>Other expenses</td>
<td>-1,059,311</td>
<td>-20,320,742</td>
<td>-21,380,053</td>
<td>-14,408,870</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>-5,289,613</td>
<td>-38,605,996</td>
<td>-43,895,608</td>
<td>-32,906,731</td>
</tr>
<tr>
<td>Write back of dedicated funds</td>
<td>0</td>
<td>4,519,624</td>
<td>4,519,621</td>
<td>4,290,466</td>
</tr>
<tr>
<td>Obligations for projects</td>
<td>0</td>
<td>-6,653,100</td>
<td>-6,653,100</td>
<td>-2,650,621</td>
</tr>
<tr>
<td><strong>Operations on Dedicated Funds</strong></td>
<td>0</td>
<td>-2,133,476</td>
<td>-2,133,479</td>
<td>1,639,844</td>
</tr>
<tr>
<td><strong>Total Operating Result</strong></td>
<td>-300,112</td>
<td>-171,163</td>
<td>-471,276</td>
<td>-193,775</td>
</tr>
<tr>
<td><strong>Financial Result</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign exchange difference</td>
<td>448,492</td>
<td>-4,792</td>
<td>443,702</td>
<td>171,394</td>
</tr>
<tr>
<td>Interest and financial income</td>
<td>-75,463</td>
<td>108,446</td>
<td>32,983</td>
<td>202,934</td>
</tr>
<tr>
<td>Financial provisions</td>
<td>-285,056</td>
<td>75,162</td>
<td>-209,894</td>
<td>59,836</td>
</tr>
<tr>
<td><strong>Total Financial Result (Gain/Loss)</strong></td>
<td>87,973</td>
<td>178,816</td>
<td>266,791</td>
<td>434,164</td>
</tr>
<tr>
<td><strong>Exceptional Result</strong></td>
<td>2,093</td>
<td>-7,654</td>
<td>-5,561</td>
<td>-15,728</td>
</tr>
<tr>
<td><strong>Income Tax</strong></td>
<td>-1,363</td>
<td>0</td>
<td>-1,363</td>
<td>3,509</td>
</tr>
<tr>
<td><strong>Net Result for Fiscal Year</strong></td>
<td>-211,410</td>
<td>-1</td>
<td>-211,409</td>
<td>228,169</td>
</tr>
</tbody>
</table>

Aid in kind (drugs) 2,986,606 1,642,659
Free use of goods and services -2,986,606 -1,642,659
# INCOME STATEMENT (US $)

## OPERATING INCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>410,191</td>
<td>418,300</td>
<td>828,491</td>
<td>835,305</td>
</tr>
<tr>
<td>Operating grant</td>
<td>3,988,094</td>
<td>-3,938,286</td>
<td>49,808</td>
<td>-514</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>183,345</td>
<td>45,847,428</td>
<td>46,030,773</td>
<td>33,577,589</td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>302,870</td>
<td>28,271</td>
<td>331,142</td>
<td>253,696</td>
</tr>
<tr>
<td>Other income</td>
<td>547,570</td>
<td>1,811,005</td>
<td>2,358,576</td>
<td>3,059,789</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>5,432,070</td>
<td>44,166,718</td>
<td>49,598,789</td>
<td>37,725,865</td>
</tr>
</tbody>
</table>

## OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases</td>
<td>-78,537</td>
<td>-1,573,954</td>
<td>-1,652,491</td>
<td>-1,435,572</td>
</tr>
<tr>
<td>External charges</td>
<td>-2,003,808</td>
<td>-12,126,599</td>
<td>-14,130,407</td>
<td>-14,355,752</td>
</tr>
<tr>
<td>Taxes</td>
<td>-23,224</td>
<td>-16,601</td>
<td>-39,825</td>
<td>-55,982</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>-1,197,043</td>
<td>-4,939,249</td>
<td>-6,136,291</td>
<td>-5,281,496</td>
</tr>
<tr>
<td>Social contributions</td>
<td>-614,533</td>
<td>-1,252,177</td>
<td>-1,866,710</td>
<td>-1,839,907</td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>-688,385</td>
<td>1,424</td>
<td>-686,961</td>
<td>-925,116</td>
</tr>
<tr>
<td>Other expenses</td>
<td>-1,153,272</td>
<td>-22,123,192</td>
<td>-23,276,464</td>
<td>-17,493,809</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>-5,758,802</td>
<td>-42,030,348</td>
<td>-47,789,148</td>
<td>-39,952,062</td>
</tr>
</tbody>
</table>

## OPERATIONS ON DEDICATED FUNDS

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Write back of dedicated funds</td>
<td>0</td>
<td>4,920,515</td>
<td>4,920,512</td>
<td>5,209,054</td>
</tr>
<tr>
<td>Obligations for projects</td>
<td>0</td>
<td>-7,243,230</td>
<td>-7,243,230</td>
<td>-3,218,119</td>
</tr>
<tr>
<td><strong>TOTAL OPERATIONS ON DEDICATED FUNDS</strong></td>
<td>0</td>
<td>-2,322,715</td>
<td>-2,322,719</td>
<td>1,990,935</td>
</tr>
</tbody>
</table>

## TOTAL OPERATING RESULT

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL RESULT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign exchange difference</td>
<td>488,273</td>
<td>-5,215</td>
<td>483,058</td>
<td>208,089</td>
</tr>
<tr>
<td>Interest and financial income</td>
<td>-82,157</td>
<td>118,065</td>
<td>35,909</td>
<td>246,382</td>
</tr>
<tr>
<td>Financial provisions</td>
<td>-310,340</td>
<td>81,829</td>
<td>-228,512</td>
<td>72,644</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL RESULT (GAIN/LOSS)</strong></td>
<td>95,776</td>
<td>194,679</td>
<td>290,455</td>
<td>527,115</td>
</tr>
</tbody>
</table>

## EXCEPTIONAL RESULT

<table>
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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INCOME TAX</strong></td>
<td>-1,484</td>
<td>0</td>
<td>-1,484</td>
<td>4,260</td>
</tr>
</tbody>
</table>

## NET RESULT FOR FISCAL YEAR

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL FUNDS</strong></td>
<td>-230,162</td>
<td>0</td>
<td>-230,161</td>
<td>277,017</td>
</tr>
</tbody>
</table>

Aid in kind (drugs)                            | 3,251,518  | 1,994,352  |
Free use of goods and services                | -3,251,518 | -1,994,352 |
ACKNOWLEDGEMENTS

The Union gratefully acknowledges the following governments, agencies, foundations and corporations that supported The Union’s work in 2015.

CORPORATIONS
AstraZeneca
Becton Dickinson
Cepheid
Eli Lilly
Janssen
Johnson & Johnson del Peru S.A.
Otsuka
Qiagen
Sanofi
Yadana Consortium operated by Total/MGTC
Voxiva SRL, Peru

GOVERNMENTS AND AGENCIES
3MDG programme in Myanmar with funds from seven major donors (Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America)
5% Initiative, piloted by the French Ministry of Foreign Affairs and International Development and implemented by Expertise France
Agence Française de Développement (AFD)
CDC Foundation
CHALLENGE TB implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds from the United States Agency for International Development (USAID)
Commune de Premier Fait, France
Department for International Development (DFID) of the British Government
FHI 360 with funds from the United States Agency for International Development (USAID)

Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a grant managed by the United Nations Office for Project Services (UNOPS) in Myanmar
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) via Central Tuberculosis Division, Ministry of Health and Family Welfare, India
Ligue Pulmonaire Suisse
National Cancer Institute (NCI) via Courtesy Associates Chicago LLC
Ministry of Health, Government of Peru
National TB Programme, Viet Nam
New Venture Fund, USA
Norwegian Association of Heart and Lung Patients (LHL)
Pan American Health Organization/ World Health Organization (Washington DC)
Philippine Business for Social Progress
Seguro Social de Salud, Peru
Swedish Post Code
United Nations Development Programme (UNDP Iraq)
US Department of Health and Human Services Centers for Disease Control and Prevention (CDC)
United States Agency for International Development (USAID)
World Health Organization, Stop TB Partnership and TB REACH
World Health Organization, TDR

FOUNDATIONS AND OTHER ORGANISATIONS
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Anonymous
Bloomberg Philanthropies
ELMA Foundation
Institute of Tropical Medicine Antwerp
Johns Hopkins University
Vital Strategies with financial support from Bloomberg Philanthropies
Vital Strategies with financial support from the Bill and Melinda Gates Foundation
Vital Strategies with financial support from Schwab Charitable Fund
World Diabetes Foundation

CENTENNIAL CAMPAIGN 2015

PRESIDENT’S CIRCLE
(FROM €5,000)
Bruce Mandell, USA
Cepheid, Europe
José Luis Castro, France
Louis-James de Viel Castel, Switzerland
Qiagen, USA
Sanofi, France
Semir and Mahira Tanovic, USA
The Union North America, USA

BENEFACOR (FROM €2,500–€4,999)
E. Jane Carter, USA

SPONSORS
(FROM €1,000–€2,499)
Andrew Rendeiro, USA
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A former patient holds her child outside a private urban clinic in Kampala. The Union supports clinics like this one in Kampala’s poorest areas through the Slum Partnerships to Actively Respond to TB in Kampala (SPARK-TB), an intensive capacity-building effort that works with clinic staff to provide quality TB services and link them to Uganda’s National TB and Leprosy Programme.