

10th ANNIVERSARY REVIEW



1999-2009

The UK's National
Tuberculosis Charity







Archbishop Desmond Tutu

DESMOND TUTU

ARCHBISHOP EMERITUS OF CAPE TOWN

Patron of TB Alert

As Patron of TB Alert, I am delighted to introduce this very special report on the occasion of the charity's 10th anniversary.

I know about TB from personal experience. I had TB when I was a child, and my dear friend Nelson Mandela had TB as a prisoner. We were lucky – we recovered from the disease. But others are not so fortunate. TB remains one of the world's leading killers, taking three more lives every minute of every day. Like TB Alert, I firmly believe these deaths are preventable, because for over 50 years we have had an effective cure for this disease.

In 1993, TB was declared a Global Emergency by the World Health Organisation. And on World TB Day in 1999, TB Alert was launched at the House of Commons, bringing together leading experts to make an international impact towards controlling and ultimately eradicating TB. This year's World TB Day on March 24th marks the 10th anniversary of that launch. It is a time to celebrate TB Alert's achievements over the last decade, and to look forward to an expansion of the charity's highly effective work.

In just 10 years, this small organisation has enabled more than 35,000 people in developing countries to access life-saving

treatment for TB and other diseases of poverty. They have provided one-to-one information and practical treatment support to over 100,000 people in the UK and reached over 10 million people with their own awareness raising materials and activities and those of their partners. They have given tens of millions of people the chance to read about TB in the media and played a leading role in advocating for more funding and resources for TB globally. TB Alert has ambitious plans for the next decade and I ask you to join me in looking forward with them and helping these plans come to full fruition.

I hope you enjoy reading this review and I urge you to continue supporting TB Alert in this year of celebration and over the years to come. I recovered from TB and was given the chance of a future. Other people deserve that chance too, and by working together with TB Alert we can help give them that chance.

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TB TIMELINE

1988

TB figures in the UK start to rise for the first time since records began in 1913.

1993

The WHO declares TB a Global Emergency.

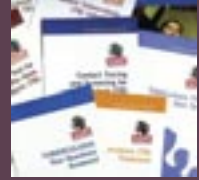


2000

Launch of the Millennium Development Goals (MDGs) which set a target to halt and begin to reverse the incidence of HIV, TB, malaria and other major diseases by 2015.

2001

Launch of the Stop TB Partnership (with TB Alert as a founding partner), and the first Global Plan to stop TB.



1988

1993

1999

2000

2001

2002

2003

10 YEARS OF TB ALERT

1999

March 24th - TB Alert launched.

2000

The media begin to consult TB Alert for information - our experts and patient advocates contribute to articles in the *The Sunday Times*, *The Guardian*, and *The Mirror*.

2001

First member of staff employed.

2002

The development of a series of nine leaflets for patients and contacts, including the extremely successful *Frequently Asked Questions About Tuberculosis*.

2003

Archbishop Desmond Tutu becomes TB Alert's Patron.

What is TB?

“Tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis*. TB usually causes disease in the lungs, but can also affect other parts of the body.

Only the pulmonary (lung) form of TB disease can be infectious to others. Transmission occurs through breathing in the bacteria coughed into aerosol form by someone with infectious TB, and usually requires prolonged close contact with an infectious person. TB is curable through a combination of drugs, but treatment must be continued for at least six months or the disease can re-occur in a drug resistant form. TB can affect anyone, but is much more likely to occur in people whose immune system is weakened, for reasons such as disease (e.g. HIV), malnutrition or severe stress.”

Professor Peter Davies, founding Trustee, Consultant Chest Physician and Director of the Tuberculosis Research Unit at Liverpool Heart and Chest Hospital.

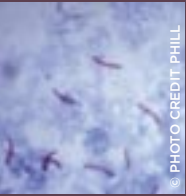


PHOTO CREDIT PHILL

1 Eradicating TB - the *Global Plan* targets:

By 2015

The global burden of TB disease (disease prevalence and deaths) will be reduced by 50% relative to 1990 levels. Specifically, this means reducing prevalence to 155 or fewer per 100,000 of the population, and reducing deaths to 14 or fewer per 100,000 per year by 2015, including people co-infected with TB and HIV. The number of people dying from TB in 2015 should be less than 1 million.

By 2050

TB will be eliminated as a global public health problem. Using the criterion for TB elimination adopted in the USA, this means the global incidence of TB disease will be less than 1 per million of the population.



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**2004**

Department of Health launches a TB Action Plan for the UK. TB Alert is a key stakeholder.

2005

The International Union Against TB and Lung Diseases (IUATLD) honour TB Alert's Honorary President Sir John Crofton with their highest award, the Union Medal.

2006

The second Global Plan to Stop TB (2006-2015) is launched, setting globally-recognised targets.¹

2007

Department of Health launches the TB Toolkit, providing guidance for planning and delivering high quality services for the prevention and treatment of TB in England. TB Alert is named in the Toolkit as a key source of advice to Primary Care Trusts.

2008

Global Leaders Forum on TB focuses attention on the link between TB and HIV and the need for enhanced action on co-infection.

2004**2004**

The launch of our sister charity, TB Alert India.

2005**2005**

The Department of Health provides its first grant to TB Alert to increase awareness of TB, a partnership which continues to this day.

2006**2006**

TB Alert joins with 14 other leading NGOs across Europe to launch Action for Global Health, an advocacy network to press governments to meet the health MDGs.

2007**2007**

Throughout the year, TB Alert's media activities create over 20 million 'opportunities to see' messages about TB.

2008**2008**

In one year, TB Alert's overseas projects benefit more than 10,000 people.

2009**2009**

TB Alert delivers its strategic plan (2009-2015) for fighting TB in Southern Africa.

TB Alert's vision: the control and ultimate eradication of TB

TB Alert's mission: increasing access to effective treatment for all

Behind our vision and mission lie many truths about TB:

Access To access treatment, people need to be aware of the symptoms of TB, which can be difficult to spot, especially in non-pulmonary TB or in people with severely-compromised immune systems due to HIV or malnutrition. For many people, access means overcoming barriers to health-seeking behaviour, such as misconceptions about whether TB can be cured, fears about the stigma associated with TB and the discrimination that can result. Many people, especially in developing countries, do not have easy access to a nearby clinic where they can be tested, nor the financial resources to cover lost income during the time needed for testing, diagnosis and treatment.

To effective treatment People in developing countries often pay for private treatment, unaware that better quality and free government treatment is available. Effective treatment requires good diagnostic facilities, but these are often basic or absent in developing countries, especially for drug-resistant TB. Clinicians need to be sufficiently trained to recognise and correctly diagnose TB and there needs to be a reliable supply of drugs. Patients need support to complete their treatment (which lasts at least six months), even though they will usually feel better after a few weeks but may continue to experience side effects until they are cured.

For all TB is a disease of poverty that usually affects people whose living conditions and health status makes them vulnerable to being infected by the disease. TB increases the economic burden on families who are already socially-disadvantaged, so tackling TB means tackling inequalities and recognising the universal right to health for all.





Ten years of information and support for patients and their contacts

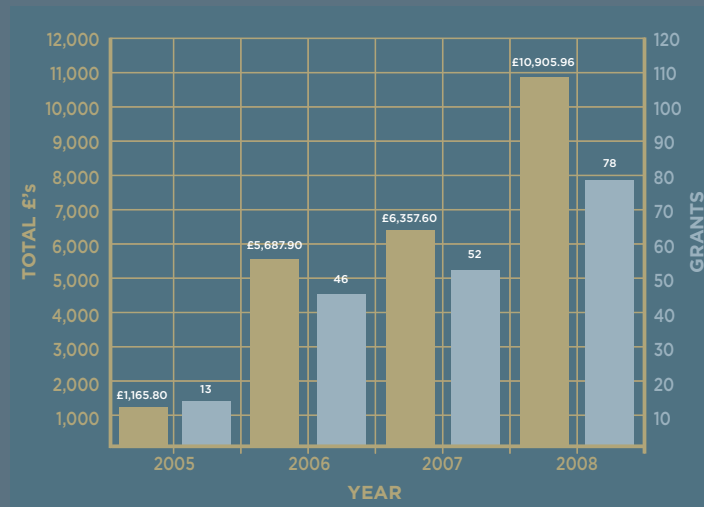
Clinical leaflets: TB is a complex illness and understandably patients don't always remember everything they are told when talking to doctors and nurses. Written materials act as a prompt to the verbal information they have been given, as well as providing reassurance. By 2002, there were a number of TB clinics providing their own patient information, but there was also a widely recognised need for an authoritative, standardised set of materials acceptable across the UK. Working with North West London TB Network, TB Alert developed, tested and distributed a set of nine leaflets. We now distribute approximately 25,000 leaflets a year and thanks to a donation from Genus Pharmaceuticals, we recently translated these into 20 foreign languages commonly spoken in the UK.

Treatment support: Via their TB nurses, TB Alert provides patients with treatment diaries. This is a simple pictorial booklet which alerts patients about which tablets to take and when, thereby helping them to complete their course of medication.

Helpline: From our inception, TB Alert has responded to calls from people wanting to know more about the disease. This is usually patients or their families and close contacts, but also key workers and non-specialist health professionals. We are always careful to insist on the importance of individuals talking to their own doctors, but we are able to pass on general knowledge about TB which often helps to inform and reassure. Increasingly, we also respond to email queries from many countries

around the world. Our helpline number has been published on public information leaflets produced by the Department of Health and NHS Direct refer many callers to us who have queries about TB.

Patient Support Fund: Through the calls we receive to our helpline and requests from TB nurses, we became aware that some patients are falling through the state benefit system and find it difficult to complete their treatment because they cannot afford small items such as transport costs for clinic visits. In 2005, Oxford Immunotec sponsored a small grants fund, which has grown steadily thanks to a number of other trust and company supporters. Since 2005, nearly 200 patients have been supported via the fund, with grants averaging £130.



Ten years of raising awareness in the UK



When TB Alert was founded, the British public (and a large proportion of GPs) believed that TB had been eradicated. It soon became clear to us that this belief was leading to cases of TB being missed or misdiagnosed with serious consequences for the individual and the risk of further infection.

A major part of our focus has been to re-enforce the message that TB remains one of the main killer infectious diseases in the world and that numbers are rising in the UK. This awareness is essential to underpinning a political will to act against the disease both in the UK and worldwide. We still have a long way to go, but we believe perceptions ARE changing, with a growing number of individuals and health professions understanding the truth about TB. Through our work with the media and a number of tailored awareness campaigns, TB Alert has helped create that change.

Many people need to be aware of TB and its cure: health professionals, policy makers and above all those people most vulnerable to TB.



World TB Day materials: Each year, we provide materials for approximately 150 events around the country. These include pens, balloons and postcards for the general public and targeted information and awareness items for GPs and non-TB specialist healthcare workers or key workers. In 2008 and 2009 we also displayed 'Think TB' messages on lamp-post banners in four metropolitan areas (TB hotspots) around the UK.

Working with Rotary: In 2001, we were partners with Rotary International in Great Britain and Ireland (RIBI) in a campaign to raise public awareness of TB. Over a 12 month period, nearly a million leaflets were distributed to Rotary clubs up and down the country, who employed local initiatives to explain TB to a wider public. We continue to work with and enjoy the ongoing support of RIBI.

Building awareness in communities at risk: Since 2005, we have received grants from the Department of Health to build our awareness work with particular focus on those communities and areas of Britain most at risk of TB. Today, this is our largest UK programme, and involves working with Primary Care Trusts (PCTs) on a range of diverse awareness raising strategies and supporting and advising them about reaching groups most vulnerable to TB.

As we move forward in 2009, we are increasing the scale our work with PCTs, government and statutory bodies, affected communities and third sector organisations. This is designed to develop a robust response to raising awareness about TB to groups who are most vulnerable. It is an exciting time of partnerships, coalitions and new ways of thinking and responding.



Britain's national tuberculosis charity

Ten years of influencing and supporting the Department of Health

In Britain, as in any other country, core responsibility for medical services to counter an infectious disease such as TB lies with government. So from our inception, TB Alert has worked with the Department of Health, urging them to greater action and collaborating with them on awareness activities:

- Together with the British Lung Foundation and British Thoracic Society, for a period of years we pressed for the government to produce a national TB policy to encourage action by local NHS Trusts and authorities. In October 2004 the government released *Stopping Tuberculosis in England: An Action Plan from the Chief Medical Officer*. The plan's first recommended action was to increase awareness of TB.
- Shortly after the launch of the action plan, we worked closely with Department of Health staff on the development of their own general leaflet on tuberculosis. We have since advised them on the design of cartoon-based awareness materials which depict symptoms for people who are not literate or whose first language is not English.
- In 2005, TB Alert received a three-year grant from the Department of Health for awareness raising work in the UK. This enabled us to expand on the close working relationship we had already developed, while crucially retaining

our independence and ability to challenge the government when we felt it necessary. This relationship continues to the present, with further grants received in 2008 and 2009.

- In the summer of 2005, the Department of Health announced the end of the universal BCG vaccine for all children at age 14, a policy which had been in place since the 1940s. While accepting the epidemiological reasons for this change, we have found ourselves spending a lot of time responding to public anxieties and explaining why a targeted vaccination programme is now in place which focuses on babies and at-risk communities.
- Throughout 2005 and 2006 we were engaged in the consultation and dissemination of information for the *NICE Guidelines on Tuberculosis*.
- For many years we called for TB drugs to be exempt from prescription charges. Our rationale for this was that the course of four drugs over six months could become a significant disincentive to patients on low incomes to complete treatment, leading to dangers of renewed transmission. We were pleased, therefore, when in 2007 the government finally agreed, if not to full exemption, to at least making the drugs freely available from TB clinics.



We are working to bring together the skills, expertise and knowledge of clinicians, health educators, local authorities, affected communities and the third sector; this is an approach based on creating a shared response that engages affected communities, so information, education and understanding of TB can filter to the people who are often called 'hard to reach'.



Ten years of promoting the voice of people affected by TB



Globally, TB often affects people who are poor and marginalised and whose voices are often not heard. TB Alert has always believed that the voice of people affected by TB is extremely valuable in advocating to service providers for appropriate and effective services, and in explaining to a wider audience the human impact of the disease. To this end, TB Alert includes people affected by TB in our decision making and planning processes. This approach carries across all of our work, and a number of specific activities are focused on promoting the voice of affected groups.

UK Action - Just after diagnosis, individuals often find it helpful to talk with another person who has recently gone through the same experience. TB Alert has often put people in touch with others who can mentor or support them through their treatment. In 2008, this informal arrangement led us to facilitate a new voice for people affected by TB in the UK – the TB Action Group (TBAG). This group represents and is made up of people affected by TB who want to improve TB services by knowledge acquired through members' own personal and varied experiences. The group focuses on three main areas of activity which complement the work of the organisation as a whole - awareness raising, peer support and lobbying.

Why use the term 'people affected by TB' and not 'TB patients'? This term was developed by our TBAG group in recognition of the fact that a person can be cured of TB and may no longer be a patient. It acknowledges that the experience has potential ramifications on many other areas of a person's life and that TB has a significant impact not only on the individual but also on their families and loved ones. It's important to consider all of these people in terms of the messages we promote and the support we provide.

Global Action - In Africa, supporting patient advocacy is an important theme of our work. Chichetekelo Outreach Partners (see page 20) focus on peer educator activities and this project has influenced our plans for future work in Africa. In India, we promote the role of local community organisations in helping people access the national TB programme and in demanding patients' health rights are met; a vital part of this is supporting the voice of people directly affected by the disease, who can not only raise awareness of TB but support patients through their treatment.

For many years we hosted the TB Survival Project (www.tbsurvivalproject.org) until it was able to become an independent charity in 2008. This is a web-based worldwide programme encouraging patients to share their experiences with each other and to campaign on TB issues.

TB Alert helps give a voice to poor and marginalised people who are so often not heard.

Ten years of refining our way of working in developing countries

The increase in TB cases worldwide, its link to the HIV epidemic and the appearance of drug-resistant strains, creates an urgent need for effective TB programmes.

TB Alert's overseas programme, which is delivered through local partners, helps people recognise the symptoms of TB and overcome the barriers which may prevent them seeking a diagnosis and completing treatment.

TB Alert is addressing TB/HIV co-infection by supporting the prevention and treatment of TB in people living with HIV. We promote the WHO's Three I's to decrease the impact of TB on people living with HIV: Isoniazid preventive treatment; Intensified case-finding for active TB; and Infection control.

TB Alert emphasises the importance of working with people who are most affected by or who are most vulnerable to TB. The most effective responses to TB and other health and development issues ensures that the voices of people who are often marginalised due to poverty, class, gender and/or HIV status can be heard to address stigma and discrimination. Such stigma and discrimination creates barriers to health-seeking behaviour, access to effective services and increases vulnerability.

TB Alert works with a diverse range of partners, including civil society organisations, health care providers, TB clinics and national and regional TB programmes. Our projects have a strong focus on the development and documentation of proactive approaches to TB case-finding, which lead to the dissemination of project achievements, lessons learned and improved policy and practice.



Access to TB treatment is a fundamental human right – a right which, if properly implemented, could save 1.7 million lives a year.



Projects Past and Present

TB Alert focuses on building capacity, leadership, responsibility and knowledge within existing community structures.

This ensures sustainable change, relevance and accountability and is an effective way to address stigma and discrimination at the individual, community and institutional level.

Our technical and financial support allows local non-governmental organisations (NGOs) and community based organisations (CBOs) to integrate TB into their existing programmes. This support enables NGOs to mobilise integrated community responses to TB and prioritise other health and development issues faced by the communities they serve.

South Africa

Jane Furse Hospital: Supporting the work of TB nurses. **1999→2000**

Indonesia

Indonesian TB Association: Funding for a TB clinic in Jakarta. **2000**

Zambia

Bwafwano Home Based Community Care Project, Lusaka: Training local volunteer caregivers to provide treatment, counselling and support for people affected by TB & HIV **1999→present**

See P20

Zambart, Lusaka: Developing a standardised training manual for home-based caregivers. **2000→2003**

Chichetekelo Outreach Partners:

Building the capacity of a group of people affected by TB/HIV to raise awareness and address stigma in the district. **2008→present**

See P20

Zimbabwe

Murambinda Hospital, Buhera District: Helping to maintain and improve Murambinda's TB programme in the face of rocketing inflation, malnutrition, increasing HIV and rising TB rates. **2002→present**

See P21

Malawi

Malawi Medical Journal: Sponsoring a TB-focused edition of the journal. **2001**

Paediatric Department, Queen Elizabeth Hospital, Blantyre:

Improving diagnosis, care and cure rates of TB in children and producing an information booklet for patients families. **2003→2006**

Active Contact Tracing, Mzimba District:

Early diagnosis and prevention of TB in vulnerable contacts of TB patients. **2005→present**

See P19

Bangladesh

LAMB Hospital: Community health and development programme in rural areas of Bangladesh, with a focus on fighting the stigma experienced by women with TB. **2001→2007**

Russia

International Union Against TB and Lung Disease: Translation of TB training materials into Russian. **2000**

India

Theni Network, Tamil Nadu: Helping a network of local NGOs extend good TB care to the whole of Theni District. **2001→2002**

Voluntary Health Association of Delhi (VHAD) - later called Delhi DOTS, when TB Alert India were given direct control of the project:

Setting up a network of TB treatment centres which were successfully handed over to be run by the local government. **2001→2007**

Emmanuel Hospitals Association, Northern States:

Supporting five hospitals in various ways including outreach, awareness activities and capital projects. **2001→present**

See P16

Calcutta Rescue: DOTS Outreach to remote communities. **2002→2006**

Gandhi Memorial Leprosy Foundation:

Providing outreach TB services to poor, marginalised populations in a very remote area of India. **2004→2007**

Vasavya Mahila Mandali (VMM):

Working originally as part of the KRISCHIP project in partnership with Lepra, we are now developing further work with VMM including a focus on Paediatric TB/HIV. **2004→present**

Hyderabad Urban DOTS:

Recruiting and training public and private medical practitioners to refer patients for treatment to the local government TB diagnostic centres. **2005→2008**

Rural Institute for Social Education (RISE), Andhra Pradesh:

Creation of the Andhra Pradesh Coalition Against TB and Health Issues (APCATH), which strengthens the capacity of a state coalition of 57 NGOs to fight TB and HIV. This led to the current five year APCHIP project funded by the UK Department for International Development, for which RISE is our lead co-ordinating partner. **2006→present**

See P17

DIVINE (Delhi): Increasing access to treatment and improving cure rates in slums of northern Dehli. **2007→present**

See P17



Ten years of building our influence in India

TB Alert's work in India dates back to 2000 when we funded our first projects in Delhi and Jharkhand State. Our more recent history began in 2002, when we saw the potential to lay down firm roots in a country which has more TB patients than any other in the world. Our networks led us to Tilak Chauhan, who had just retired as Chief Executive of Lepira India. Tilak became our Asia Representative and he still heads up our programmes in India.

The focus of our work in India is to build the capacity of NGOs to partner with the national TB programme. We believe effective treatment for patients can only be achieved by a strong partnership between civil society and the government's comprehensive TB programme.



A defining moment came in January 2004, when TB Alert India was registered as a separate, yet very close, sister charity based in Hyderabad, Andhra Pradesh (AP). Since inception the Chair has been Dr Jayant Banavaliker, who is the Medical Director of the largest TB hospital in Asia, and today TB Alert India has a team of two core staff and 40 project and field staff.

Three of TB Alert India's programmes demonstrate its scale and impact:

- In 2008, TB Alert's UK and India organisations received their first grant from the UK Department for International Development. The funding was for APCHIP, an ambitious five year project in southern Andhra Pradesh, which involves 36 NGOs working to improve the health of several million people across a range of health issues (see page 17).
- With TB/HIV co-infection becoming a growing problem in southern India, TB Alert India is one of three lead partners in AP implementing the state programme to increase early diagnosis of HIV and TB/HIV. Through a team of 107 outreach workers, patients are offered counselling and support through the treatment process.
- As a result of TB Alert India making its mark as a nationally respected NGO, it has become part of a national consortium led by World Vision and funded by USAID. This work involves identifying and training 75 NGOs to better integrate TB and TB/HIV care and control into their work. The project also involves supporting the AP State TB Office in piloting multi-drug resistant interventions in three districts and influencing major employers to better protect their workforces against TB.

The future is full of promise and potential for TB Alert India. They have plans to reach out to remote tribal communities and to continue developing innovative ways of helping the poorest people access free health care quickly and effectively. TB Alert India shows how perseverance, commitment and initiative can have a real impact at a national level and reach millions of people who are most in need.

India

In March 2006, India announced 100% coverage of DOTS¹. However, many significant challenges remain to ensure people with TB symptoms know how, and are practically able, to access the treatment available. As a result, an estimated one-third of people who need treatment for TB are not receiving it. Once diagnosed, another challenge is to ensure that patients complete treatment in order that their TB will not return in a drug-resistant form. TB Alert's work tackles these issues by focusing on raising awareness, increasing case detection, and tackling the stigma and discrimination which can prevent people from coming forward for diagnosis and treatment.

1 Navjivan Hospital

TB Alert is supporting one of Emmanuel Health Association's hospitals to reduce levels of TB in poor, tribal communities in Palamu district, Jharkhand State. The project has provided Navjivan with a van which travels to remote, hard to access villages. The van broadcasts films with health-related messages. The films give information blended with local film songs, to encourage people to access TB diagnostic and treatment services. The shows are also screened in remote schools to sensitise teachers and students to the signs and symptoms of TB and other endemic diseases and to raise awareness of available healthcare facilities and rights.

In 2009, this project will be evaluated to assess its impact. The evaluation will compare its successes to similar new interventions in Zambia and the results will be disseminated to inform other TB Alert projects.

¹ DOTS (Directly Observed Treatment Short-Course) is the recommended treatment regime for TB and 100% coverage means that every district has a government TB centre.

Total population	1,151,751,000
Life expectancy at birth m/f (years)	67/72
TB Incidence	168 new cases per 100,000 population per year
TB case detection	59%
TB treatment completion	79%
HIV adult prevalence rate	0.9%
Co-infection rate	1.2% of new TB cases are HIV positive
Population living on under a dollar a day	35%

Source of all country profile information: Epidemiological statistics from the World Health Organisation (2006), social/economic statistics from UNICEF and UNAIDS (2006).



2 Andhra Pradesh Community Health Interventions Project (APCHIP)



The State of Andhra Pradesh (AP) has high levels of endemic diseases, including TB and HIV; in some areas, up to 30% of TB patients are co-infected with HIV. This is exacerbated by poverty, low health awareness and poor access to public health services. This five year project, which is TB Alert's most ambitious to date, aims to halt and reverse the spread of TB, malaria, leprosy, HIV and other diseases in the six southern districts of AP, by partnering with local NGOs. The project will create Health Support Groups (HSGs) in villages and urban communities which will lead on providing quality, locally available health information, education and patient support to local communities. The project started in July 2008 and is building the capacity of the 36 implementing NGOs who already work with these communities, so they can better integrate health issues into their day-to-day work. Together with the new HSGs, NGOs can then advocate effectively to local leaders, policy makers and government health providers for improved health services.

Achievements: In the first six months of the project, 82 HSGs have been formed, 276 group awareness meetings held (attended by 3300 people) and 1197 community members and private health providers have been trained.

3 DIVINE (Delhi Integrated Community Volunteers Initiative), Delhi

After the innovative and successful Delhi DOTS project was handed over to the government, with an enviable record of having treated more than 2800 TB patients, TB Alert India was asked to establish a similar programme in another poor urban area, Burari in North East Delhi. The DIVINE project caters to a population over 500,000 people and provides services covering TB, TB/HIV, multi-drug resistant TB (MDR-TB) and paediatric TB. MDR interventions include setting up patient support groups, and the project's next development will be to organise TB sensitisation workshops for people living with HIV or AIDS.

Achievements: Supported by Eli Lilly India, two Microscopy Centres have been established and 300 patients were put on treatment during the first 10 months of the project.

This group of women (known as the DIVINE Housewives) in the Ibrahimpor area became involved in DIVINE because they knew that awareness of TB was very low and they felt it was an important humanitarian issue that needed to be addressed within their own community. When they first began to speak about TB, people were very frightened of the disease because they believed it to be hereditary. The women designed their own cultural programme. This included a talk about TB, its symptoms and treatment, a play and a poem about TB and a question and answer session with the crowd. They conduct the programme on a regular basis and attitudes are now starting to change, with more people coming forward for diagnosis and treatment.





Ten years of working with TB and HIV in Sub-Saharan Africa

In Sub-Saharan Africa, TB is the single leading cause of death among people with HIV. TB/HIV co-infection poses new challenges to health and socio-economic development. If people are to easily access testing and treatment services, these challenges urgently need to be addressed through better integration of TB and HIV services. The following pages include examples of current projects which address these challenges.

Malawi

Lilongwe •

In Malawi, the government's TB programme has achieved good cure rates for TB. However, due to multiple barriers preventing the poorest people accessing treatment, case detection in the country is low. High rates of HIV infection have led to increasing numbers of patients developing forms of TB which are difficult to diagnose, and there are increasing fatality rates in patients with all types of TB.

1 Mzimba Active Case Finding Project

This project has crucial importance as a test-bed for a new intervention which, if successful, may be expanded by the National Tuberculosis Programme. The project aims to demonstrate that there is a low-cost alternative to the full contact tracing exercise used in developing countries. This is systematic active case finding among the family contacts (i.e. the people most likely to be infected) of infectious TB patients. This helps diagnose TB earlier or prevent it. The project also includes voluntary counselling and testing for HIV, again to ensure people can access services earlier and at a lower cost to their own health and to health service resources.

In the first two years of the project, 599 patients' households were followed up and 27 contacts = diagnosed with TB. 309 children were given preventive therapy and 442 people were tested for HIV (200 were diagnosed HIV positive and started on treatment).

Alfred is taking medicine to prevent latent TB becoming active – so far, through the Mzimba project, 309 children whose parents have infectious TB have started treatment.



Total population	13,571,000
Life expectancy at birth m/f (years)	44/43
TB Incidence	377 new cases per 100,000 population per year
TB case detection	47%
TB treatment completion	73%
HIV adult prevalence rate	14.1%
Co-infection rate	70% of new TB cases are HIV positive
Population living on under a dollar a day	21%



“In Malawi, many patients with HIV and TB do not get diagnosed and therefore do not get treated. The majority of them ultimately die from TB. While alive, these patients infect other family or community members, and contribute to the on-going epidemic. This situation, which is tragic both for the individual and the community, can be rectified by active case finding – where health care workers actively seek out tuberculosis in people thought to be at high risk of the disease. The feasibility and effectiveness of active case finding needs urgent piloting and rolling out to ensure that as many people as possible can benefit from the approach.”

DR. TONY HARRIES, Member of TB Alert's Projects Committee, Senior Advisor at the International Union Against Tuberculosis and Lung Disease (IUATLD), former National Advisor to Malawi Ministry of Health TB and HIV programmes.



Zambia

Zambia continues to be hard hit by the dual epidemics of TB and HIV, and experience the economic and social impact of a mature, generalised HIV epidemic and high levels of mortality due to TB among people with HIV. 60% of people living with HIV in Zambia will develop TB during their lives, yet there is a dearth of public information about the disease.

1 Chichetekelo, Kabwe

Chichetekelo (“Hope” in the Bemba language) is a community based organisation in Kabwe district run by people who are HIV positive and who have recovered from TB. This project takes an innovative approach to increasing the detection of TB. Chichetekelo has trained its group of activists to go into the villages as proud examples of people who have survived TB and are living with HIV. Their message is that TB is curable and HIV can be treated, that co-infection is not the death sentence many people believe it to be, and that people should not be ashamed of their illness but should come forward for treatment quickly. They are strong advocates, fighting stigma and discrimination and correcting the myths and misconceptions which surround TB and HIV.

Achievements: In 2008, 415 urban households were visited through door-to-door education outreach. There were 38 rural outreach activities undertaken which reached 4,760 people and there were a series of 56 radio programmes broadcast on Radio Maranatha, which reached an estimated 50,000 people.



Total population	11,696,000
Life expectancy at birth m/f (years)	42/43
TB Incidence	553 new cases per 100,000 population per year
TB case detection	71%
TB treatment completion	84%
HIV adult prevalence rate	17%
Co-infection rate	37% of new TB cases are HIV positive
Population living on under a dollar a day	64%

2 Bwafwano Home Based Community Care Project, Lusaka

TB Alert has worked with Bwafwano since 1999 to support training of local volunteer caregivers to provide treatment, counselling and support for people with TB/HIV. The project raises awareness of the signs and symptoms of TB and HIV, creates an environment to enable people to come forward more easily for testing and supports clients to access and adhere to TB and HIV treatment.

Achievements: 251 TB patients and 3,122 people living with HIV accessed care and treatment services in 2008. A total of 4,725 community members and 986 households were reached with TB and HIV awareness messages.



Future plans in Zambia

TB Alert now plans to develop a four-year programme to reduce the number of TB/HIV-related deaths among poor people in Zambia's Central, Lusaka and Copper Belt provinces. This will be achieved by building grassroots capacity among community based NGOs and CBOs so that they can integrate TB/HIV health awareness and outreach activities into their work.



Mary Kwenda

Mary has been a caregiver at Bwafwano for 10 years. Her sister had TB/HIV and her husband divorced her when she became ill (due to the stigma of these diseases). Mary volunteered to help reduce the stigma of TB in her community and cares for those who needed help. Her sister's TB is now cured and she is on drugs for her HIV. Mary believes the work Bwafwano has done in the last ten years has led to many positive changes in the area. People now talk more openly about TB, and are much more likely to come forward for testing for TB and HIV. Mary is proud to have made a difference.

Zimbabwe

Total population	13,228,000
Life expectancy at birth m/f (years)	44/43
TB Incidence	557 new cases per 100,000 population per year
TB case detection	58%
TB treatment completion	66%
HIV adult prevalence rate	20.1
Co-infection rate	43% of new TB cases are HIV positive
Population living under a dollar a day	64% in 2006, with 95% unemployment now likely to be much higher

In a context of hyper-inflation, grinding poverty, widespread malnutrition, endemic cholera, TB and HIV, life in Zimbabwe is hard to imagine. The statistics shown are the most recent available and are from 2006, but we estimate that TB incidence is now higher and case detection and treatment completion significantly lower.

1 Murambinda Hospital, Buhera District

Buhera is the second poorest district in the country. The incidence of TB in the district is over 600 per 100,000 of the population and one of the highest in the world. In 2002, two thirds of Murambinda Hospital's costs were covered by a government grant. By 2008 the grant of 4 trillion Zimbabwe dollars was worth under £5. The hospital is now financed by a group of charities, including TB Alert which supports the TB programme.

Achievements: In 2008, 1383 patients were diagnosed and treated for TB (20% of these patients came from outside the district because many other rural hospitals are no longer functioning due to lack of staff and resources). 50% of these patients completed treatment and were cured.



“Since 2004 TB Alert has been working closely with Medecins Sans Frontieres (MSF). The laboratory has been strengthened and the diagnosed smear positive rate has risen from almost nothing to 60%.² The majority of TB patients are now tested for HIV, with nearly 80% testing positive and most of the HIV positive patients have been started on co-trimoxazole or anti-retrovirals in addition to TB drugs. Transport remains a major problem but TB Alert supports an outreach team which provides care for people with TB and HIV in the community. Life is difficult in Zimbabwe but some things make a big difference.”

Dr John Millard – Retired Chest Consultant and TB Alert Volunteer Advisor to Murambinda

²This is not because there were no smear positive samples, but because none were identified due to inferior equipment and materials, and lack of training.

Ten years of global action and influence in the fight against TB



Since TB Alert was formed we realised that advocacy - getting public support and encouraging leaders in government and civil society to make TB a priority - was likely to have a greater impact on the numbers of individuals getting effective treatment worldwide than we could achieve solely through our own projects. We have been active within various networks to bring about our vision of a world free of TB, both within the UK and globally.

Stop TB Partnership: Hosted within the World Health Organisation, we have been a partner of this global body since its inception in 2001. Between 2006 and 2008, our Chair, Paul Sommerfeld, also chaired Stop TB's Advocacy, Communication and Social Mobilisation Working Group and sat on the Partnership's Board. Paul is now on the new Advocacy Advisory Committee helping their Secretariat in Geneva focus worldwide efforts to generate more resources for TB activity.

The control of TB requires funding, political will and co-ordinated planning. This is why TB Alert engages in advocacy at national, European and global levels.

International Union Against Tuberculosis and Lung Disease (IUATLD): As an organisational member of the IUATLD we engage with the global network of TB doctors, nurses and researchers to keep abreast of technical developments.

Parliamentary advocacy: Starting with our launch in Westminster on World TB Day in 1999, we have engaged with MPs and Peers on many occasions. In 2006, we supported RESULTS-UK in setting up the All Party Parliamentary Group on Global Tuberculosis, which has played a central role in focusing attention on TB in Westminster.

Advocacy on new tools – diagnostics, drugs and vaccines: If enough resources and efforts are put in to accelerate scientific progress, new tools could soon be available to allow the world to make TB a rare disease by 2050¹ – an incredible but not impossible ambition. In 2006, we held a New Tools conference which consisted of a meeting with the DfID minister, press meetings and a closed workshop for civil servants from four ministries, the Medical Research Council and the Health Protection Agency. Finding new tools to combat TB continues to be a theme of our work and since 2007 we have worked with Aeras, a Washington-based foundation for vaccine development. In 2009, TB Alert will arrange a series of meetings around the launch of major trials of a possible new TB vaccine, based on findings by a team at Oxford University.

¹Target from Global Plan to Stop TB



Millennium Development Goals: Action on TB is also part of the Millennium Development Goals and the Global Plan to Stop TB, with targets to halve the number of deaths and reduce new cases by 2015. With this aim, TB Alert participated in creating, and is an active partner of Action for Global Health, a network of 15 health advocacy agencies across six European countries, Action for Global Health began work in 2006 around the health MDGs, urging European governments and the European Commission to increase their efforts to ensure achievement of the MDG goals.

Other partnerships: We recently joined the UK Consortium on AIDS and International Development to highlight the growing number of people worldwide co-infected with TB and HIV. We were also founding members of the UK Coalition to Stop TB, an alliance of UK-based organisations and individuals who share a commitment to fighting TB.

Over our 10 years of activity, tuberculosis has moved from being a neglected disease to one for which there is now concerted action. There has been a realisation by decision-makers that this is one of the world's greatest killer infectious diseases and that it is possible to bring it under control within a lifetime. The only reason that almost 1.7 million people a year still die from TB is a lack of political will and determination. This is changing, in part due to the efforts of TB Alert and our partners in the UK and worldwide.

Ten years of influencing the media

From the day of our launch in 1999, we have achieved regular media coverage. TB Alert has worked hard to encourage and facilitate coverage of TB by journalists as both a global and UK issue.

TB Alert has become a 'one-stop shop' where journalists can get access to background on the disease, up-to-date information and authoritative interviewees. It is a place where the media can access eminent clinical and public health professionals specialising in TB as well as people affected by the disease – our media advocates.

We work to ensure maximum coverage for breaking news stories, inform feature articles and programmes and respond to media calls when outbreaks or local stories occur. We have also orchestrated local radio campaigns, providing live interviews and recorded packages for broadcast across the UK on and around World TB Day.

Media highlights over the last 10 years:

Newspapers: Since 1999, we have been giving information for articles in *The Guardian*, *The Times*, *The Independent*, *The Evening Standard*, *The Daily Mail*, and *The Metro* (in 2007 we headlined on the front page of *The Metro* and achieved a double-page spread), as well as many local papers across the UK.

Magazines: Media advocates have featured in *Now*, *In the Know*, *Pick Me Up*, *Runners World*, *Real Life*, *Real People* and *That's Life*.

Specialist Press: *House Magazine* (at Parliament), *The Lancet*.

TV: *Live with Alistair Stewart*, an exclusive on *London Tonight*, plus input into the scripts of two episodes of the daytime drama *Doctors*.

Radio: Radio 4's *Saturday Live*, *The Today Programme*, *Woman's Hour*, *You and Yours*, as well as over 30 interviews on local radio, plus packages networked to over 50 other stations.





Thank you for ten years of support

"TB Alert would like to thank everyone who has played a part in building our charity over the last decade. We don't have the space to mention you all but your help has been invaluable. From the people who buy our Christmas cards, to the companies who sponsored them so every penny could go to our work; from the people running marathons to those who requested gifts to TB Alert instead of flowers at their funeral; from the schoolchildren to the Rotarians, to the trustees of Trusts and Foundations, we couldn't have done it without you all.

Since 1999 our supporters' gifts have enabled us to save the lives of thousands of people who would not otherwise have had access to TB treatment, and allowed us to reach millions of people with information about TB. But we cannot solve the problem overnight. As the World Health Organisation states, a good tuberculosis programme must continue for more than ten years to have a lasting impact on new incidence, and for more than 50 years to have a chance of eradicating the disease. We are committed to our long-term vision of eradicating TB and our mission of increasing access to effective TB treatment for all. We hope you will continue to support us in this task over the next decade and beyond. Thank you."

Paul Sommerfeld, Chair of Trustees



FUNDRAISING HIGHLIGHTS

19 fundraisers undertake the Three Peaks Challenge, walking Ben Nevis, Scafell Pike, and Snowdon within 24 hours - £3,000 raised.

An appeal by Honorary President Sir John Crofton on the occasion of his 90th birthday raises over £5,000.

Bart's Choir adopts TB Alert as their Charity of the Year - £15,000 raised.

January - TB Alert adopted as Lilly UK's Charity of the Year for 2006 - raising over £27,000.

August - TB Alert's Patron Archbishop Desmond Tutu makes our second Radio 4 appeal, raising over £21,000.

April - Staff from Macquarie Bank raise over £9,000 (matched £-for-£ by the company) in a challenge to climb the height of Mount Kilimanjaro on step machines.

July - As the Zimbabwe crisis deepens, TB Alert supporters dig deep and contribute over £8,000 in an emergency appeal for TB services at Murambinda Hospital.

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009

London Business School adopts TB Alert as its official charity for their summer ball - £8,000 raised.



Ringo Starr, who had TB himself when he was young, presents the Radio 4 appeal on behalf of TB Alert, raising over £5,000.

First grants received from the Island States of Guernsey and Jersey, who continue, along with the Isle of Man, to be major supporters, granting an average of £50,000 per year between them for our overseas projects.

Ladies who Lunch sponsored walkers raise over £15,000



April - Our first Silver Bond runner in the London Marathon raises over £4,000.
July - TB Alert receives its largest legacy to date - over £13,000

As we go to press, a volunteer in London is organising a Gala Indian Dinner Dance for 300 people - we look forward to a successful anniversary year!

visit www.tbalert.org

Britain's national tuberculosis charity



Ten years of building a broad funding base

We take care to carry out a broad range of fundraising activities, so that we are not over-reliant on a particular income source. Our funding sources include:

Public support

- Donations and standing orders
- Collections
- Sponsored challenges
- Legacies and in memoriam gifts
- Community groups (Rotary, Inner Wheel, Soroptimists)
- Faith groups
- Schools, colleges and universities

We are very grateful for the support of everyone involved, including our donors, our volunteer speakers and all the people who champion our cause.

Trust donations

- Grant-making trusts
- International Foundations

We cannot possibly name every organisation who have helped us over the last decade, but we would like to offer our sincere thanks to them all.



Statutory grants and income from charitable activities

- Department of Health
- Department for International Development
- Island States of Guernsey, Jersey and the Isle of Man
- Charitable activities which generate income such as sales of clinical leaflets to the NHS

We are proud that in just ten years we have built such strong partnerships.

Company donations

- Donations
- Sponsorship
- Matching funding of employees' fundraising

We are particularly grateful to the companies who have supported us on a regular basis, often making significant donations towards our activities in the UK.

Sales and other income

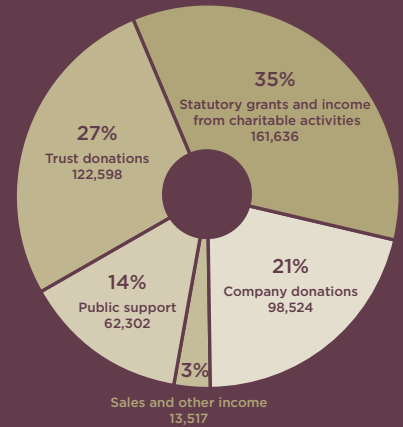
- Sales of Christmas cards and tickets to fundraising events
- Interest payments on our reserves

Thanks to generous sponsorship, when you buy one of our Christmas cards, every penny goes directly to our work.

OUR LAST YEAR IN DETAIL

Income 2007-08

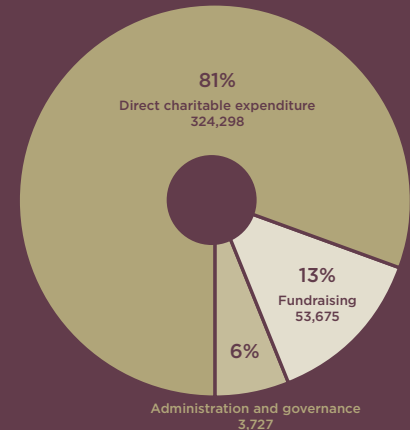
TOTAL 458,677



OUR LAST YEAR IN DETAIL

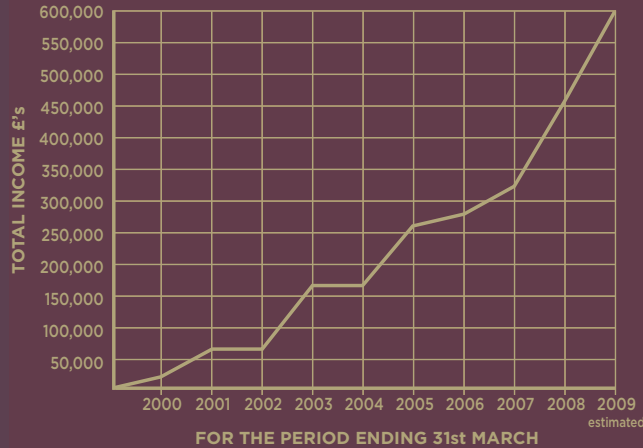
Expenditure 2007-08

TOTAL 401,700

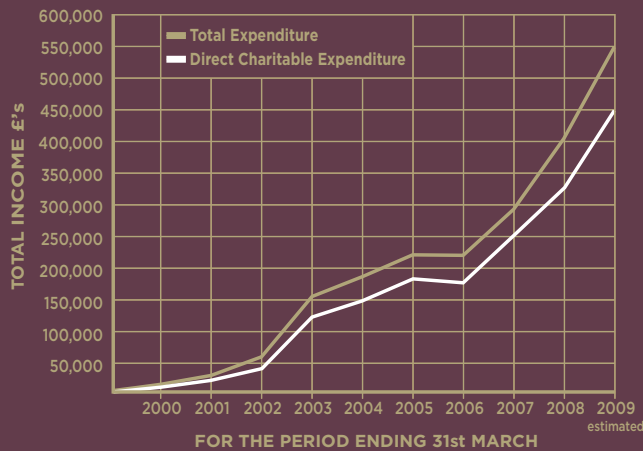




TEN YEARS OF STEADY INCOME GROWTH



TEN YEARS OF SPENDING YOUR MONEY WISELY



What do we mean by...

Direct charitable expenditure

- The cost of awareness, education and patient support in the UK. Increased awareness leads to earlier diagnosis and fewer deaths from TB.
- The money we send directly to overseas projects, as well as the cost of monitoring them. These projects not only save lives from TB, giving patients a chance to get back to work, school or looking after their families, but also provide us with evidence of good practice for our advocacy work.
- We use our expertise and influence to persuade governments, companies and others to prioritise funding for TB control and for new vaccines, diagnostic tools and drugs to fight TB.

Fundraising

The costs of materials, printing appeals and fundraising leaflets and salary costs. The support we receive from volunteers in areas such as preparing mailings, organising collections and other events is vital to keep these costs down. On average, every pound we spend on fundraising raises five more. We are very careful to cost out all of our fundraising activities (including staff time) and we concentrate on activities that bring the highest return.

Administration and governance

This covers the general administrative costs of running the organisation. Although our trustees and committee members are not paid, we cover expenses and meeting room hire. Again, thanks go to the many dedicated trustees and advisers, as well as many other volunteers who help to keep our admin costs down by generously giving their time for free.

Balance Sheet March 31st 2008

Current Assets	2008/£	2008/£	2007/£	2007/£
Stock	1,500		1,000	
Debtors	51,281		23,064	
Prepayments/Accrued Income	13,350		-	
Cash at Bank	405,969		153,320	
	472,100		177,384	
Creditors : falling due within one year	(269,178)		(31,439)	
Net Current Assets		202,922		145,945
Total Assets Less Current Liabilities		202,922		145,945

Funds

Unrestricted Income Fund	115,072	45,367
Restricted Income Fund	87,850	100,578
	202,922	145,945

For a copy of our latest audited accounts in full, please contact us – see details on back page



TB Alert would like to thank its small staff team, as well as the large number of volunteers around the country who give up their time to help. Our achievements in the last 10 years are testament to your passion, dedication and hard work. Thank you.

Patrons: Archbishop Desmond Tutu, Lord Kilpatrick of Kincaig

Honorary President: Sir John Crofton

Honorary Vice Presidents: Dr Kenneth Citron,
Professor John Grange, Dame Margaret Turner-Warwick

TB Alert is a registered charity No. 1071886.

TB Alert is a Stop TB Partner and an organisational member of the IUATLD



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