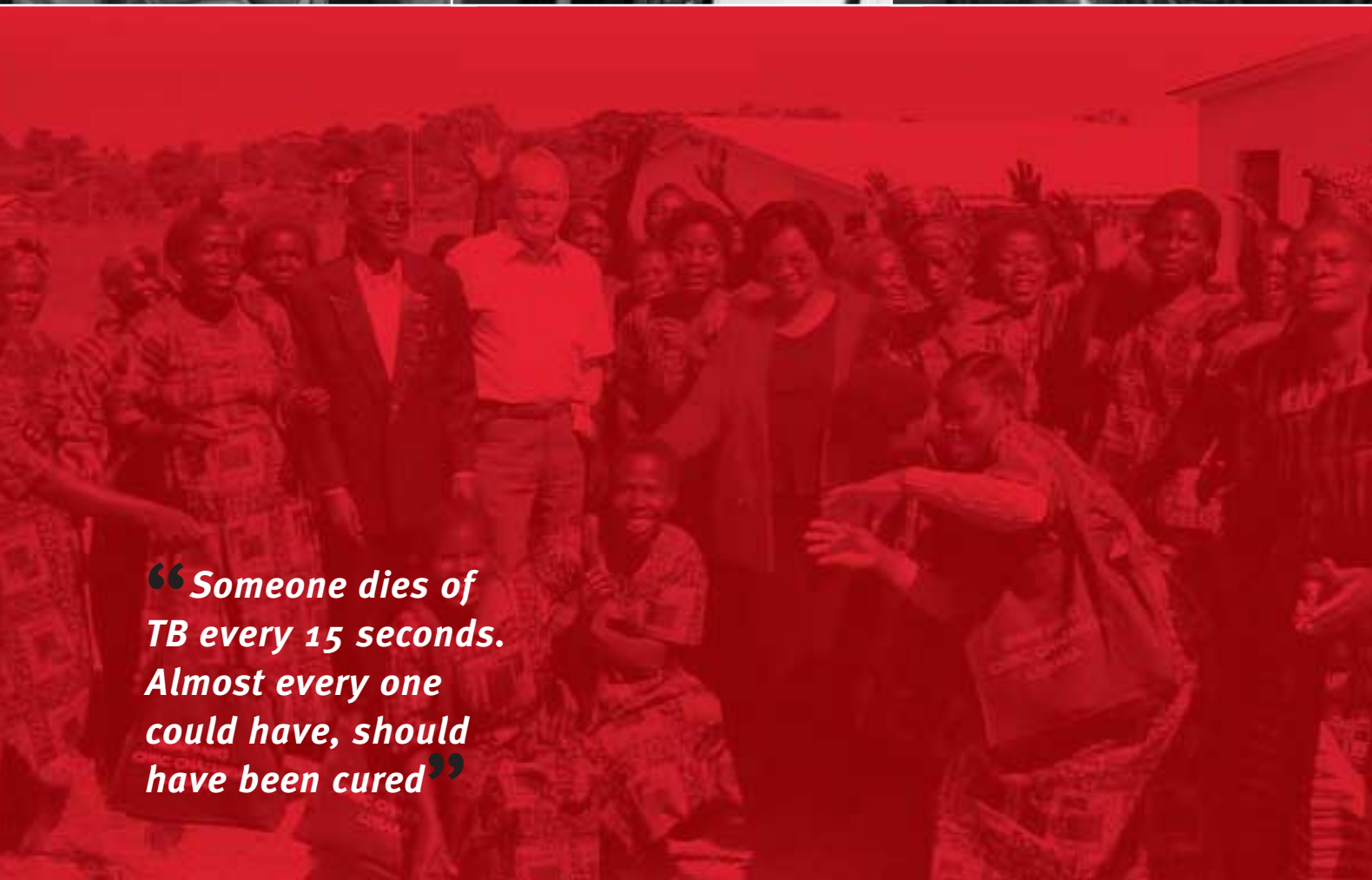
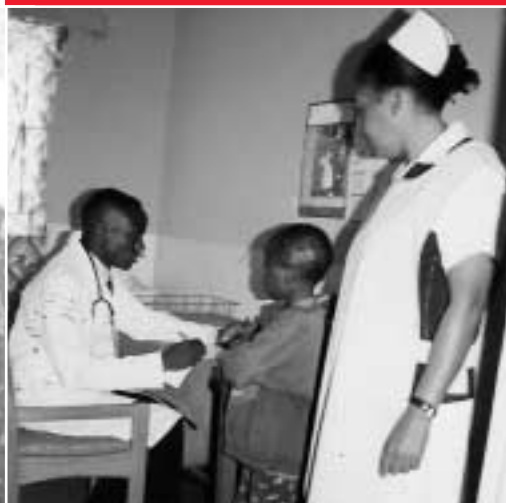




Annual Report 2002-2003



“Someone dies of TB every 15 seconds. Almost every one could have, should have been cured”

TB Alert – Working to Stop Tuberculosis Worldwide



TB Alert – our mission

TB Alert was created in 1998 by a group of individuals conscious that despite TB being declared a Global Emergency by the *World Health Organisation (WHO)* in 1993, it was still largely a forgotten disease in the developed world, and a vast increase in funding and effort was needed to tackle the disease on a global scale.

TB Alert aims to:

- Increase awareness of TB as a global threat and as a disease resurgent in Britain. This is important both to ensure cases of TB are diagnosed as early as possible and prevent further spread of the disease, and to advocate for greater global spending for TB work.
- Support TB control programmes overseas, aiming to increase access to treatment especially for the poor and groups often marginalised: women, children, and those HIV positive. We focus on supporting patients through the long months of treatment – as compliance is vital to prevent multi-drug resistance.
- Work to complement the NHS in the UK, supporting public and patient education and information, aiming to reduce delays in diagnosis and improve compliance.

In our international work, our principles are:

- To focus *TB Alert's* support on community outreach – through community workers, volunteers and paramedical staff. Ensuring effective links between patients and their health service is crucial to successfully completing anti-TB treatment.
- To focus on developing countries where we can provide added value: where we have technical and geographic expertise and where we can develop long term, sustainable programmes in partnership with local organisations.
- To work closely with national government TB control programmes.
- To build the capacity of our partners, maximising local expertise and networks. We encourage our partners to share good practice with others.

TB Alert – a StopTB partner

The *StopTB Partnership* was established in 1998 by the *World Health Organisation (WHO)* as a broad-based social movement to combat TB. *TB Alert* is one of its 250+ members, which also include the WHO, Unicef, the World Bank, NGO's, universities and committed individuals like George Soros and Bill Gates.



Two political milestones, The Amsterdam Declaration (2000) and the Washington Commitment to StopTB (2001) endorsed the need to expand DOTS rapidly and reach the global targets set by the *World Health Assembly*. These were signed up to by governments of the 22 high-burden countries that account for 80% of the TB burden.

In 2001 the Stop TB Partnership published the *Global Plan to Stop TB*, which set out specific actions, inputs and measurable outcomes that are needed to meet the global targets set by the World Health Assembly to eliminate TB as a public health problem. It describes what action is already being taken and the resources needed in the next five years to accelerate efforts to meet the new global TB-control targets.

In 2002 the Partnership launched a *five-year campaign* to focus the world's attention on TB and the global targets to eliminate TB as a public health problem.

The targets are to:

- Identify 70% of all infectious cases and to cure 85% of all identified cases by the year 2005 by accelerating efforts at country and global level.

The plan is:

- By 2005 to reduce the global burden of TB (deaths and prevalence) by 50% from year 2000 levels.

If the targets are met, by 2020 the world will have averted 25 million deaths from TB, prevented 50 million new TB cases and halted the spread of lethal drug-resistant strains. The ultimate goal is to eliminate TB as a global public health problem by 2050 by reducing global incidence to less than 1 case per million population.

“The meaning and importance of the StopTB Partnership is defined by the impact that it has at country level in stemming the global epidemic. And its real strength is national partners such as TB Alert, who are critical actors in implementing the Global Plan to Stop TB and to reaching the global targets for TB control.

*Michael Luhan, Communications Adviser,
Stop TB Partnership Secretariat*

“If current control is not expanded, TB will kill more than 40 million people in the next 25 years”

World Health Organisation Advocacy Report 2003

A message from our Patrons

TB Alert was delighted to receive notes of support and encouragement from two eminent individuals, both TB survivors, who have agreed to become Patrons of our charity.

Desmond Tutu had TB as a child, and after reading a copy of our last annual report said that he was “delighted to learn of the work that **TB Alert** is doing in assisting those suffering from TB in a number of countries”. As a renowned advocate for human rights, the former Archbishop of Capetown believes that as we defeated apartheid, so we can also defeat the twin scourges of TB and HIV.

Lord (Robert) Kilpatrick of Kincaid was diagnosed with TB in the middle of the last century. The conventional treatment of 3 months of bedrest was unsuccessful, but he was fortunate that our own Honorary President Sir John Crofton had recently arrived in Edinburgh with the new “wonder-drug” streptomycin. Lord Kilpatrick was one of the first patients to receive this new antibiotic, and after a daily injection of the drug for a year was cured. Lord Kilpatrick later became an eminent doctor himself, and was at one point President of the General Medical Council. He is now very keen to use his name and influence to support **TB Alert** as he feels that he was very lucky to have received the treatment that he did, but that it is a travesty that even today there are many people in the world who have no access to treatment.

“ Access to TB treatment and cure for all is a fundamental human right. Tuberculosis patients have the RIGHT to be rid of their debilitating disease, regardless of their status, gender, or financial resources. People have the right to live without fear of contracting the disease. I call upon all citizens, all patients and health care givers to be the watchdogs for the respect of that fundamental human right at all levels of policy-making.

Desmond Tutu
speaking on World TB day 2001

LETTER FROM THE CHAIR



Tuberculosis continues to be a major threat worldwide. Some two million individuals still die every year from TB, a curable disease. And there is fear that the combined TB/HIV epidemic may be extending from Africa to Asia. That would be a terrible prospect if that were to mean the same quadrupling of TB rates as seen in Southern Africa over the past fifteen years.

Nonetheless, there is some good news. Through the action of governments in high-burden countries, the availability of the *World Health Organisation* recommended treatment for TB (DOTS), is at last creeping above the 30% mark. India, for example, is determined to make DOTS available throughout the country by the end of 2004.

Yet this still means that little more than a third of all people with TB are finding access to proper treatment and a reasonable chance of being cured.

So we are happy that the past year has been one of growth for **TB Alert**. Almost tripling our income has allowed us raise the level of our support to partners in high-burden countries, helping us to increase substantially the number of people who get good quality care. We are proud that we now have a coherent portfolio of projects tackling a broad variety of crucial issues in TB diagnosis and treatment in 5 developing countries. You can read about this work on pages 4-7 of this report.

We have not forgotten the UK, and have become a small service-provider, piloting and developing TB health education materials, and making plans for other small projects which complement the work of the NHS. We have also made an input to the consultation expected to lead to a Department of Health National Plan for Tuberculosis.

To build awareness of the global TB threat, we worked closely with the *Stop TB Partnership* based with WHO, Geneva, in the organisation of two important initiatives - a Parliamentary Briefing in December 2002, and a Press Conference in March 2003 which you can read more about later. That the latter took place during the time of the Iraq conflict underlined the discrepancy in the attention and funds given to fighting wars rather than to fighting diseases of “mass destruction” like TB. **TB Alert** will continue to support practical action and draw public attention to this iniquity.

We thank the many individuals who have played a part in our growth and success over the last year, including volunteers and staff; the organisations with whom we collaborate; our local partners; and the funders and donors who support our work.

Paul Sommerfeld

Chair

“Access to TB treatment and cure for all is a fundamental human right”

Archbishop Emeritus Desmond Tutu

The *TB Alert* Advisory Board

TB Alert's Advisory Board reports to the Trustees. Its role is to assist the organisation in implementing Trustees' policy, support the development of *TB Alert's* strategy, and assist in programme implementation. This year we took the decision to reduce the number of individuals sitting on the Advisory Board. This has generated a focussed and closely-knit team. All members have substantial experience on TB-control policy at international level and in running TB control programmes in developing countries. The Board meets formally twice a year, but there is regular email communication between all its members on "hot" issues, and it is supported throughout the year by *TB Alert's* part-time Programme Officer, Jane Belton.

All project proposals come to the Advisory Board and after review a recommendation is made to the Trustees as to whether the initiative should be funded. A final decision as to whether to fund a project rests with the Trustees. The Advisory Board's recommendation is based on the project's

- (i) objectives;
- (ii) activities and their fit with international best practice;
- (iii) ability to work with others (e.g. government, UN and other NGO groups);
- (iv) sustainability; and
- (v) ability to monitor and evaluate what it plans to do.

An important function of *TB Alert* is to work with prospective partners to refine project design, and subsequently to assist in the monitoring and evaluating the project. This is vital as a poor programme does more damage to public health than no programme. As *TB Alert* grows, so must our ability to ensure our programmes have demonstrable impact.

The Advisory Board also plays an important role in identifying policy issues that the Trustees need to address. For example, in the last year Advisory Board discussions have led to *TB Alert* limiting its geographic coverage at this present time to Sub-Saharan Africa and the Indian subcontinent; looking to fund longer-term projects; and also looking to develop longer-term relations with selected partners.

The Advisory Board continues to rely on the support of a large network of individuals in the field of TB, who are no part of *TB Alert*. These people regularly provide us with invaluable advice. We thank them.

Dr Nicholas Banatvala, Chair, TB Alert Advisory Board

TB Alert Projects supported 2002/03

AFRICA

Bwafwano Home Based Community Care Project, Lusaka, Zambia: We are helping a community volunteer organisation, covering several suburbs to the north of Lusaka, to recruit and train volunteers to care for patients – who often suffer from both TB and HIV. This project supports self-help in one of the places most affected by the horrendous combination of AIDS and TB.

Murambinda Hospital, Buhera District Zimbabwe: *TB Alert* has made a small grant to enable the hospital to purchase sputum pots and to improve patient nutrition to ensure patients recovering from TB receive sufficient protein in their daily diet to make a full recovery. We are working with the project to increase our support to them over the coming year, including improving record keeping and quality control.

Paediatric Department, Queen Elizabeth Hospital, Blantyre, Malawi: The number of children registered with TB in the Blantyre District TB office rose from 64 in 1985 to 507 in 1995. The number is still rising. *TB Alert's* grant will pay for two nurses to be appointed to the paediatric department to look after children with TB, improving diagnosis, care and cure rates. They will also teach families about TB, its management and related problems such as malnutrition and HIV.

INDIA

Calcutta Rescue, India: Due to the success of their activities in Calcutta, the local government has invited Calcutta Rescue to participate in setting up TB treatment centres under the Rural DOTS programme. *TB Alert* is working with Calcutta Rescue to enable them to extend their excellent work to poor, rural communities.

LAMB Hospital, Bangladesh: *TB Alert* has provided a grant to support the TB component of LAMB's community health and development programme in rural areas of Bangladesh. Central to LAMB's approach will be the activities that raise awareness of the disease, allowing early diagnosis and treatment and thus preventing the disease from escalation.

Nav Jivan Hospital, Palamu District, Jharkand state, India: *TB Alert* supports this well established mission hospital to extend WHO recommended DOTS treatment, as well as provide health education and community awareness campaigns in one of the poorest and most difficult parts of India. *TB Alert* hopes to help the hospital become a centre of excellence for TB care in the region.

Theni Network, Tamil Nadu, India: We are helping an innovative network of local voluntary agencies extend good TB care to the whole of Theni District – a population of 387,000 dalit and "backward caste" communities (the poorest of the poor in India) living in 543 villages. Trained volunteer village health guides and peer educators are vital to the success of the project, identifying TB cases and supervising DOTS.

Voluntary Health Association of Delhi (VHAD), India: VHAD has a long and successful history of healthcare work in Delhi, working particularly in the poorest areas among immigrant and refugee populations. *TB Alert* is supporting VHAD to set up a network of TB treatment centres in the south-east of the city, at sites identified in discussion with the government programme.

UK

TB Health Education Materials, UK wide: Information is vital so that TB can be recognised early and fear and stigma can be reduced (and to ensure people understand that they must continue their treatment for the full term even if they feel better, as incomplete treatment can lead to drug-resistance). Over the last year *TB Alert* has supplied over 20,000 leaflets to GP's surgeries and TB clinics around the country. Response has been excellent and feedback from TB nurses is helping us to develop this project further.

Treatment Diaries for patients, East London: *TB Alert* supported a pilot project to test out a diary so that patients have a simple system for knowing when to take their tablets and to help ensure that they complete their course of medication. This pilot has since been rolled out country-wide.

"We can cure TB. There's no substitute for just going on, patiently, doggedly, doing it properly"

Dr Monica Glenshaw, Murambinda Hospital

The extra ingredients that make our projects special

Curing people of TB is not just about having the facilities for diagnosis, and availability of the medicines. Good TB projects must understand and focus on the needs of their patients and potential patients (who may be from marginalised and disadvantaged groups within the populations), and ensure that in all their work they are improving access to treatment by raising awareness and finding ways to reach groups poorly served by other health services. It is also vital that they help patients through the long six months of treatment with support, counselling and information – in this way they can make sure that people complete their treatment, which is vital to avoid the disease returning in drug-resistant form.

Here are some stories and case studies from our projects over the last year which show those extra ingredients in action.....

TB treatment for the poorest of the poor

TB tends to affect the poorest people in the world, due to the fact that they are more likely to be malnourished, suffer from other conditions which affect their immunity or live in cramped, poorly ventilated accommodation. But TB also adds to the burden of poverty. Children may be removed from school to avoid the costs of education and/or to find work to help make up for lost income, and this lack of education just serves to perpetuate the vicious cycle of poverty and ill-health. A man who is known to have had TB may find it difficult to secure employment, again adding to the likelihood that his children will become trapped in the ill-health/poverty cycle.

This issue was highlighted in a report from a *TB Alert* project in Zimbabwe:

“ Severe poverty means that patients will often default treatment if they cannot afford the bus fare to the treatment centre in Buhera. There are 27 satellite clinics, and these act as treatment centres, but diagnosis, testing and final reviews occur at Murambinda hospital..... The current collapse in the economic situation, compounded by drought in Zimbabwe has led to a serious food deficit and the result [is] that people in general and the poor in particular are increasingly hungry and suffering from poor nutrition, and thus it is expected that there will be an upsurge in the already rapidly rising prevalence rate of TB.

Dr Monica Glenshaw, Murambinda Hospital ”

TB Alert made a small grant this year to Murambinda hospital which is providing a good TB service under very difficult conditions. However, this service is increasingly under threat as Zimbabwe struggles with economic, political and famine problems. Dedicated staff are working hard to maintain the service, but with rocketing inflation rates many basic items are becoming more and more difficult to afford. With the high levels of HIV, and a population weakened by famine, the consequences of

Shambu Halder, from Calcutta Rescue. Shambu is very dedicated to his job but many people won't work in such poor areas.



not maintaining a good TB service would be a downward spiral of poverty, weakness and disease. As a result we have committed to help the hospital through these difficult times and into the future.

This spiral of disease and poverty is also a major issue in *TB Alert's* work in the Indian subcontinent, where rural populations may have extremely limited access to health care, and are exposed to a wide range of diseases. By providing effective treatment for TB, together with health education and preventive medicine, projects like Calcutta Rescue in West Bengal and LAMB Hospital in Bangladesh will aim to not only improve levels of health, but in so doing alleviate poverty by helping people to stay healthy and thus work and live productively. If the rural population of India and Bangladesh have access to health care facilities and can work, they are much less likely to feel the need to move into the cities, which can lead to family break-up, loss of community, increased pressure on urban services and even greater poverty.

“TB is the child of poverty, but also its parent and provider”

Desmond Tutu

Improving access and treatment completion

If someone starts a course of TB drugs and doesn't finish them, the result can be that some TB bacteria remain in the patient. Although the patient will feel better initially, the bacteria will multiply, and may be resistant to the drugs used in the first treatment. A further course of much longer and more expensive treatment will then be required to cure the patient and those they pass the disease on to. In poor countries drug resistance is all too often a death sentence in practice; and India, the country with the greatest number of TB cases, has been identified as one of the world's hot spots for multi-drug resistance.

A staff member at VHAD project in Delhi wrote to us, with the following story

Roshan Lal, 24 year old male has been diagnosed with sputum positive pulmonary (lung) TB. He had TB before and relapsed because he didn't complete his course. He told us his problem that he is not able to take the medicine regularly because his duty time is 8 to 4 and he goes to the office at 6 in morning from his house. If he goes to the clinic in the day he will face losing his job. We explained about his disease, and that if he does not take medicine regularly he may relapse with a multi-drug resistant form of TB. But at VHAD we open at convenient times and so he can come to the centre to take medicine weekly at our Monday evening clinic.

One of the main problems of treating patients with TB is ensuring that they complete their course of medication, to avoid the disease returning in a drug resistant form. "Non-compliance" is not usually just a case of ignoring what they have been told by their nurse or doctor. Language problems can cause misunderstanding, patients may forget what they have been told; fear about side-effects may lead to reluctance to continue treatment; or the cost of 6 months of prescriptions for four drugs may encourage people to stop treatment once they feel better. In the UK, **TB Alert** has developed a tool for patients to help them – a treatment diary, easy to use and available in several languages

Just a short note as a sort of feedback on the patient diaries you sent us. We are finding them to be of great value to the patients, especially the newly diagnosed patients on the wards, as they give them something visible to take home with them and to which they can refer to at any time. Diaries make it easier for the nurses to explain what the tablets look like and also help reduce confusion with all the different tablets during the course of treatment. The patients can also carry them with them and in any emergency or even planned appointments they can be used as guides by any professionals treating them. Keep up the good work.

Connie Richardson, TB Team Administrator, University Hospital Lewisham Chest Clinic



Helping women to overcome the stigma of TB

According to the World Health Organisation, TB is the single biggest killer of young women, accounting for 9% of deaths among women between the ages of 15 and 44

With funding from *The States of Guernsey Overseas Aid Committee*, **TB Alert** is supporting LAMB's TB clinic to involve women in strategies to reach women. Women (especially those who have been cured of the disease) will be involved as volunteer peer educators, and as trained community health educators. Working in four Thanas (districts) of northern Bangladesh, LAMB's awareness-raising work not only improves self-referrals and early case-detection, but also aims to change attitudes to the disease, breaking down the barriers of discrimination and stigma.

Case finding among women is much lower than men. This may be due to exclusion from wider society and hence decreased exposure to the disease, or this exclusion may inhibit access to TB services. It is not uncommon for a man to leave his wife if she develops TB, and if she is not already married the stigma attached to TB may prevent a woman from finding a husband. TB can lead to isolation and abandonment by the woman's family members too. This may hinder women's presentation for diagnosis and treatment because of (rightly) perceived increased stigmatisation resulting from the diagnosis of TB.

Dr Mark Pietroni, LAMB hospital, Bangladesh



"TB kills more women than all causes of maternal mortality combined"

World Health Organisation Statistics 2002

Integrated TB/HIV Services

HIV and TB are closely linked. The weakened immune system of an HIV positive person increases the likelihood of developing TB, and the development of active TB accelerates the progression of HIV disease towards full-blown AIDS, accompanied by enhanced HIV reaction. Testing in a number of developing countries shows that up to 70% of those who test positive for TB are also infected with HIV. In addition, up to 50% of people living with HIV can expect to develop TB.

People with both diseases suffer double discrimination..... The link between the two is inescapable, and TB is the first manifestation of AIDS in more than half of all developing country cases....Effectively treating TB will not solve the worldwide AIDS crisis, but it will significantly reduce its burden

Dr Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

At **TB Alert's** Bwafwano project in Zambia, **TB Alert** supports volunteer home-based care workers to help TB patients through the long months of treatment. Around half the people seen by the caregivers are those who have been in hospital but are now back home labelled 'Chronically ill/Symptomatic HIV' – desperately unwell, with little hope of improvement. One of the most important tasks of the caregivers is to motivate patients who are giving up hope, to get across the message that *it is* worth going for TB treatment. Even if someone is HIV positive, they can be cured of TB and given extra years of life.



Making sure the children aren't missed out



This picture shows an infant with advanced TB meningitis. This form of the disease affects the child by attacking the coverings of the brain and spinal cord. The disease is invariably fatal unless treated with anti-TB drugs which have a high rate of cure. Children who are diagnosed and treated late in the course of the disease may be left with permanent damage to sight or hearing. However, with good treatment this baby could be cured.

Dr Ken Citron, TB Alert

Tuberculosis in children is a grossly neglected area. Paediatric TB does not have a high priority in many developing countries as children are not usually infectious (often, limited resources mean that infectious cases have priority). Children are highly susceptible to tuberculosis, and diagnosis of TB in children is notoriously difficult. But **TB Alert** is working to make sure children are not missed out in the worldwide fight against tuberculosis. We are supporting a project in Blantyre, Malawi, at the Queen Elizabeth Hospital Paediatric Ward where

specialist nurses have been taken on to investigate and improve cure rates for children. Our financial input along with the expertise of our Advisors aims to improve the service at the hospital, and set an example to other government and non-governmental health services in Malawi. The hospital will report on their findings and this information will be available, not only throughout Malawi, but to TB programmes and experts in other countries too. In this way, this project will provide benefits far wider than simply to the children treated at the Queen Elizabeth Hospital.



Infant patient at QEH in Malawi

“Increasing access to TB drugs will make an enormous contribution to HIV/AIDS care and support”

Advocacy and raising awareness

Achieving a broader impact in India

TB Alert's Government/NGO Workshop in February 2003 in Hyderabad set the scene for *TB Alert* to play an increasingly important role in helping with TB work in the country with the greatest number of TB cases. It took place at a crucial moment as the Indian Government is on the point of rolling out its Revised National Tuberculosis Control Programme (RNTCP), to ensure DOTS (the World Health Organisation recommended TB treatment regimen) coverage for the whole State as part of the ambitious programme to make DOTS available throughout India by the end of 2004.

The workshop was a high-profile gathering of both NGOs (Non Governmental Organisations) and the District TB Officers (DTOs are the main government TB officials on the ground) with the active presence of many leading lights from national and State level.

The workshop, which was supported financially by pharmaceutical company *AstraZeneca*, was also notable for cooperation from other donor NGOs active in the state.



World Health Organisation Director General elect Dr Lee warned that we are fighting a dual epidemic of HIV and TB,

"One third of the world's entire population is infected with the TB bacilli, and when HIV hits a pool of latent TB infection it is like putting a match to petrol. We have seen this most clearly in sub-Saharan Africa, where TB rates have quadrupled in some high-HIV countries since the mid 1980's. Our greatest fear is that as HIV becomes entrenched in Asia, a new explosion of TB could be ignited"

World TB Day

In March 2003, *TB Alert* hosted an event with the *Stop TB Partnership* in Westminster for World TB Day. Then Secretary of State for International Development, Claire Short noted the good news that according to the WHO 2003 Global TB report 10 million patients have now been cured by DOTS – more than 90% of them in developing countries.

- Putting TB on the international agenda

Media

The last year has been a very active one for TB in the media. Over 350 deaths occur in Britain due to TB every year and the newspapers pointed out the sad fact that delays in diagnosis were a major factor in the fatalities. A number of case studies were featured of patients who fortunately had survived, despite delays in diagnosis and mistakes in treatment. Several articles picked up on the fact that the London Borough of Brent has a higher rate of TB than China. *TB Alert* and experts associated with us were frequently mentioned or quoted. We are pleased that the issue has gained a significant amount of coverage, and we will continue to build our relationship with the media to ensure that they think of *TB Alert* first when they are writing about TB.



TB Alert Trustees advising policy makers

TB Alert Trustee, TB expert and nurse specialist Gini Williams argued for more consistency of care in TB services at a House of Lords Committee meeting. Gini, a lecturer in TB at City University was asked to give evidence to the science and technology Sub-Committee on Fighting Infection. She argued for a whole system approach to the disease, taking into account social factors such as poverty and addiction.

“While we continue to ignore the social factors, we will fail to manage TB effectively in the most vulnerable groups
Gini Williams, February 2003”

Gini, along with Chair of Trustees, Paul Sommerfeld, and Advisory Board member Alistair Story also advised the Greater London Authority (GLA), which has undertaken a review of TB in London (the city accounts for 40% of Britain's TB). Gini, Paul and Alistair advised GLA officers on the scope of their enquiry and gave verbal evidence at formal hearings.

But she reminded us that despite this massive achievement there was still a long way to go.

Other activities on World TB day with which *TB Alert* was involved included: a conference in Newham (an area with one of the highest rates of TB in the UK); TB open days at *AstraZeneca* sites around the UK and India; and a workshop for practice nurses at BUPA Cambridge Lea Hospital.

Parliamentary briefing

On 4th December 2002, *TB Alert*, together with Geneva-based *Stop TB Partnership*, led a Briefing Meeting in the Houses of Parliament for MPs and Peers. By pointing to the fact that TB rates in some London boroughs now equal the rates in countries such as China and Brazil, we tried to draw attention to the need for increased action both in the UK and worldwide. Ian McCartney, MP chair of the Labour Party who had TB ten years ago, spoke on our behalf of his personal experience. Sally Keeble, Junior Minister at the Department for International Development also spoke.



Advert in "The House Magazine", The Parliamentary weekly

"We need to create new and powerful lobbies to help save millions of lives by publicising the threat of TB here and abroad"

Rt. Hon Ian McCartney MP

Supporter activities in the UK

Marathon runners

This year was a marathon year for *TB Alert*. Two supporters, *Barry Evans* and *Julian Mackintosh*, ran the Flora London Marathon for *TB Alert*. Between them they raised over £5,000 from family friends and colleagues and finished in excellent times – particularly impressive since Barry had never run before he turned 50 and Julian was ill and couldn't train the week before the event!



Julian Mackintosh

All our thanks to Barry and Julian!

I visited Bangladesh over New Year and was struck by the magnitude of the TB problem there and how poor we are at diagnosing TB within a resource poor environment and also how poor BCG is in terms of efficacy in developing countries - so the two main planks of control - early diagnosis and treatment and vaccination are very problematic in poor countries.....I had spoken at a joint HIV/TB day in the east end which *TB Alert* had helped organise so I decided that would be a good organisation to run for.

Barry Evans

Collections

TB Alert collectors were out in force this year, at locations as diverse as Harvey Nichols in Leeds, Sainsbury's stores, railway stations, Henley High Street, the forecourt of the Royal Academy in London and a selection of pubs around Brighton. Every collection event was taken on with enthusiasm and a sense of fun.

All our thanks to the teams of volunteers who helped us to raise over £3,000 in total.



On a beautiful Saturday morning in June I turned up to do my part rattling a tin for *TB Alert* at the Royal Academy during our week of collecting. The forecourt, was buzzing with visitors in the summer sunshine. Children ran among the dancing fountains, the statue of Sir Joshua Reynolds was garlanded with flowers, and as part of the Summer Exhibition a more-than life-sized figure of a fire-eater spouted flames high into the air. I could hardly imagine a nicer place to be for a couple of hours collecting in a good cause.

TB Alert volunteer

Universities and Schools

We'd like to thank the students of *Bart's* and the *Royal London Hospital*, for raising £1500 for *TB Alert* through their Rag events. Although many of the charities they support are based locally they felt that *TB Alert* was important because the highest rates of TB in this country (and some of the highest in the world) are found in the East End of London.

Our thanks also go to the students of *Cardinal Vaughan Memorial School* for choosing us as beneficiary charity for a second time, and raising £500 through their school activities, and to *Samer Asfahani* from *Wilson's School* for a sponsored swim which raised a total of £150.



Those who generously make donations or give of their time and energy to raise funds are our lifeline supporters in the battle against TB and we are most grateful to everyone who has supported our work this year.

Edward Sadler, Trustee and Fundraising Task Group Chairman

Christmas Cards

Last Christmas *TB Alert* produced its first ever Christmas Card. As well as raising over £700 after all costs were taken into account, the cards generated over £400 in extra donations. What's more, around 4,500 cards were posted with information about TB – a very valuable awareness raiser. We'd like to say thank you to everyone who bought *TB Alert* Christmas cards in 2002, and we are of course introducing new cards this year.



Supporters Open evening

TB Alert's supporters are a convivial bunch, and so it was entirely appropriate that this year's "Open Day" was held in a pub – not, it is admitted, in the bar, but in a private room at the Two Chairmen pub in Westminster. The event was held on the evening of 4 December 2002, to coincide with the Winter Meeting of The British Thoracic Society, many of whose members are supporters of *TB Alert*. In all over 30 people came to enjoy the wine and to see and hear what has been happening in *TB Alert* over the last 12 months. It was a friendly and relaxed evening, introduced by our President, Sir John Crofton and with a short report on our achievements over the past year by our Chair of Trustees, Paul Sommerfeld. One of the projects we support is the TB work of Calcutta Rescue, and Cathy Hall, a voluntary worker with the organisation, spoke about its work and the desperate need in Calcutta to combat TB. It was encouraging to hear at first hand about this vital work which could not happen without funding from *TB Alert*.

"...me and my friends who donated may have saved five lives....it is nice to know I have made a difference"

Samer Asfahani, Age 13

WHERE the money came from

Trusts (44.3%)

Over the last year, **TB Alert** has started to build relationships with a number of trusts who have generously funded specific projects or areas of work. This increased financial security gives us the confidence to plan our project work with partners, particularly when projects last for more than one year, and to increase the level at which we are able to offer grants – meaning that more people will get access to the lifesaving cure they need.

TB Alert has received gifts from the following trusts (not all gifts fall exactly within the financial year 2002/03)

- The Ardwick Trust
- Miss Jeanne Bisgood's Charity
- The Enid Blyton Trust for Children
- PG & NJ Boulton Trust
- The Cotton Trust
- Fulmer Charitable Trust
- Lord Cozens Hardy Charitable Trust
- The Heald Charitable Trust
- The Beatrice Laing Trust
- The Mercers Company Charity
- The Oakdale Trust
- The Philanthropic Trust
- SMB Trust
- Thomas Sivewright Catto Charitable Trust
- N Smith Charitable Settlement
- Spitalfields Market Community Trust
- The Peter Stebbings Memorial Charity
- The Toy Trust
- Zurich Financial Services

Individual Donations (17.7%)

Individual supporters provide the backbone of our income and we thank everyone who has made a donation this year – large or small – every penny counts in the fight against TB. Our special thanks to the growing number of supporters who have chosen to donate by standing order. This ensures a regular income so that we can plan our commitments to staff and projects. Thanks also to everyone who has signed a Gift Aid form - enabling **TB Alert** to claim an extra 28p from the Inland Revenue for every pound donated.

Statutory Grants 23.7%

A landmark for **TB Alert** this year was the support we have received from the States of Jersey and Guernsey – who through their own Overseas Aid Funds, have made donations for a number of **TB Alert** projects. This is an important step for a small charity like ours, as these two organisations are extremely selective about the activities they support. We gratefully acknowledge their generous support and the confidence they have placed in us. The key to achieving large scale grants such as this is to present worthwhile projects which have been subject to rigorous approval processes and which will be carefully monitored as they proceed, so that there is full appraisal and feedback for our funders. As we grow we are confident that this is exactly what we can offer, and hope to achieve more funding for project at these levels in future.

Company donations 3.6%

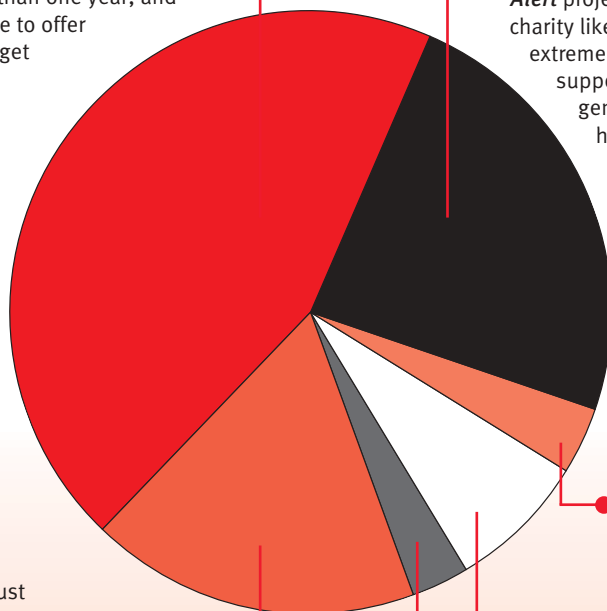
Thanks to AstraZeneca for their generous sponsorship of our NGO workshop in Hyderabad, India as part of their wider support for TB work and TB Alert in particular.

Community and Faith-based Groups 7.5%

Our thanks to Rotary and Inner Wheel clubs around the country, as well as The Freemasons Grand Charity, and various churches, schools and universities

Other Income 3.1%

This category covers bank interest, the money brought in from **TB Alert's** Christmas cards, commission from UshopUgive, as well as sales of leaflets, videos and other resources for nurses.



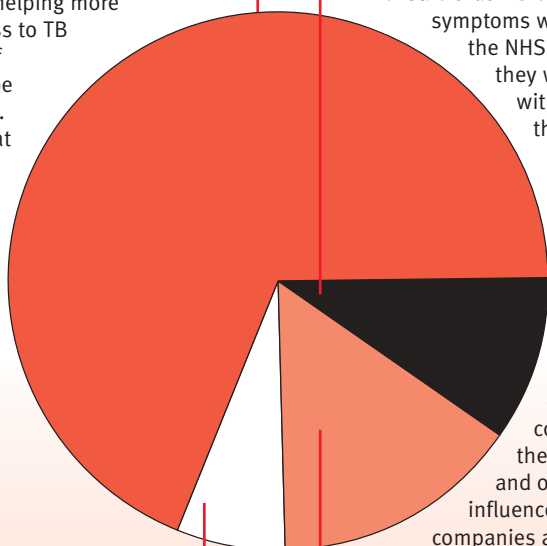
Thank you!

Total Income £169,501 (previous year £61,878)

WHERE the money went

Project support (68.6%)

This includes all of our direct project expenditure (for projects listed on page 4), plus support from TB Alert, including our representative in Asia – everything directly involved in helping more people to gain access to TB treatment. Details of specific grants can be provided on request. We are delighted that we have been able to more than treble our project expenditure compared to the previous year.



Advocacy/Awareness (9.9%)

This includes newsletters, awareness raising leaflets and advertising – all aiming to raise awareness of TB to ensure that more people with TB symptoms will come forward to the NHS for diagnosis, that they will be diagnosed with fewer delays and that they are more likely to take their full treatment because they understand that non-completion could result in the disease returning in a drug-resistant form. Advocacy expenditure is the cost of our work with the StopTB partnership and other networks to influence governments, companies and other NGOs to prioritise TB control, and to ensure that the poor and marginalised are not missed out where treatment exists. In this way we can help to change the lives of many more people than through our project work alone.

Administration (6.5%)

We are proud that less than 7p in every pound we receive goes on management and administration of our charity – covering essential items from stationery to computers. We thank our Administrator, who gives her time for free and enables us to keep costs so low, and also our staff and trustees for giving up parts of their homes as offices and storage space.

Fundraising (14.9%)

This includes fundraising materials, appeals and salary costs. TB Alert is careful to ensure that all of our fundraising activities bring in the highest returns possible for the money we invest. Our success in keeping fundraising costs down lies in the support we receive from volunteers for activities from website design and management, to stuffing envelopes and mailing appeals, to organising our volunteer collectors.

Balance Sheet at 31 March 2003

	2003	2003	2002	2002
	£	£	£	£
Fixed Assets				
Tangible Fixed Assets		500		1,000
Current Assets				
Cash at Bank	55,719		52,030	
Debtors	722		-	
Prepayments and				
Accrued Income	6,473		-	
	62,914		52,030	
<hr/>				
Creditors : Amounts falling				
due within 1 year	(5,304)		(4,600)	
<hr/>				
Net Current Assets		57,610		47,430
<hr/>				
Total Assets Less				
Current Liabilities		58,110		48,430
<hr/>				
Funds				
General Fund	49,388		43,717	
Restricted Fund	8,722		4,713	
	58,110		48,430	

Treasurers report

As predicted, TB Alert's income has almost trebled during the 02/03 financial year, as we began to benefit from the groundwork laid by our fundraiser employed in November 2001. Significant increases were seen under the headings of Trusts, Statutory Donors and Company gifts.

As a result of increases in income we are happy to have more than trebled the amount of funding going to our project work. This year Direct Charitable Expenditure was 79% of total expenditure (increased from 70% the previous year). The definition of Direct Charitable Expenditure includes all project work and awareness raising activities, as well as the salaries of staff directly involved in delivering these charitable objectives. While the financial statements do not incorporate a value to the number of hours contributed to our work by volunteers, we estimate that this would amount to at least £50,000 in value to the organisation. We must therefore be aware that as the organisation grows, administrative and management requirements will grow beyond the time that our volunteers are able to give. Therefore the trustees have agreed that we should aim to recruit a Director and part-time administrator, and for this reason to start to build the necessary core income over the coming year.

The Trustees have a policy to keep more than 3 and less than 6 months unrestricted reserves to ensure that the charity can maintain its commitment to projects through any fluctuations in income. Funds available at the end of the year represent approximately 4 months reserves for the level of expenditure expected in the coming year.

Kenny Roger – Treasurer.

Trustees Statement

These summarised accounts are extracted from the full unqualified audited accounts approved by the Trustees on 17th September 2003 and subsequently submitted to the Charity Commission and Companies House. They may not contain sufficient information to allow full understanding of the financial affairs of the charity. For further information, full accounts can be obtained from our office (see contact details on back page).

Paul Sommerfeld – Chair

Signed on behalf of the Trustees on 17th September 2003

Auditors statement to the Trustees of TB Alert

We have examined the summarised financial statements set out in this report.

Respective responsibilities of trustees and auditors

You are responsible as trustees for the preparation of the summarised financial statements. We have agreed to report to you our opinion on the summarised statement's consistency with the full financial statements, on which we reported to you on 17th September 2003.

Basis of opinion

We have carried out the procedures necessary to ascertain whether the summarised financial statements are consistent with the full financial statements from which they have been prepared.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements for the year ended 31st March 2003.

SINCLAIRS 17th September 2003

Registered Auditors
32 Queen Anne Street
London
W1G 8HD

Total Expenditure £159,821 (previous year £61,588)

THE *TB* ALERT TEAM

HONORARY PRESIDENT

Sir John Crofton

PATRONS

Lord Kilpatrick of Kincaid
Archbishop Emeritus Desmond Tutu

TRUSTEES

Mr Paul Sommerfeld (Chair)
Dr Peter Davies (Secretary)
Mr Kenneth Roger (Treasurer)
Dr Ken Citron
Ms Jenny Conway
Mrs Caris Grimes
Mrs Carol Horner *
Mrs Margaret Knight
Dr John Millard *
Ms Lucy Morgan *
Ms Geraldine Mynors +

Mr Edward Sadler
Dr Noel Snell
Dr Owain Tucker *
Dr Brian Watt +
Mrs Gini Williams *

** appointed during year
+ retired during year*

ADVISORY BOARD MEMBERS

Dr Nick Banatvala (Chair)
Prof Tim Cullinan
Dr Richard Godfrey
Prof John Grange
Dr Michael Pelly
Dr Richard de Soldenhoff
Alistair Story

STAFF

Jane Belton
(Programme Officer from April 2003)
Tilak Chauhan (Asia Representative)
Dr Julie Lethaby (Programme Officer until
April 2003)
Melanie Matthews (Fundraiser)

VOLUNTEERS

Many people, too numerous to mention, have given generously of their time to help *TB Alert*. However the following people's energy and enthusiasm has been particularly vital to the growth of our organisation over the last year, and we especially thank:

Angela Mynors
Simran Chawla
Gary Hampton
All of our collectors
All of our envelope stuffers in Brighton and Brent



For Further information please contact:

TB Alert
22 Tiverton Road
London
NW10 3HL

Tel: 020 8969 4830
Email: helping@tbalert.org

You can also contact our fundraiser on:
Tel: 0845 456 0995
Email: fundraising@tbalert.org

Or our volunteer administrator, Angela on:
Tel: 020 8998 1949
Email: plbm@compuserve.com

Website www.tbalert.org

Registered Charity Number 1071886