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

In public health, we set ambitious goals. We strive to end TB, achieve global tobacco control, provide universal treatment for HIV and meet other global health targets, because we are constantly aware that, in the gap between where we are today and our achievement of those goals, people are suffering and dying, often from causes we can prevent.

That we have much work ahead of us in the 21st century is a given. But building on the successes — and failures — of the last century, we have learned not only that the challenges are daunting, but also that, working together, we can achieve goals which once seemed impossible.

The Union was founded on this principle. Over the past 94 years, Union members have worked tirelessly — alongside colleagues, governments, donors, communities and other stakeholders — to render tuberculosis, one of history’s most dreaded diseases, both treatable and curable. Millions of lives have been saved as a result. Although TB is not yet “ended” or “defeated”, we have shown time and again that we can and will rise to meet each new challenge it presents.

We are working together to meet other critically important goals as well, and this Annual Report highlights the full scope of our organisation at work:

• broad adoption of well-integrated care for TB and HIV
• advances to recognise and curb the looming pandemic at the intersection of TB and diabetes
• strides toward a tobacco-free world, an unthinkable goal only 10 years ago
• increasing capacity for research combining innovation and locally appropriate solutions to health issues
• broader and deeper participation on the part of all stakeholders in health.

These stories feature the public-facing side of what we achieved towards our common goals in 2014, but I trust that you know — and we all acknowledge — that the full impact of any public health campaign comes from what each of us does, every day, every year.

DR E JANE CARTER
President, The Union

The full impact of any public health campaign comes from what each of us does, every day, every year.

— Jane Carter
MESSAGE FROM THE EXECUTIVE DIRECTOR

Organisations that thrive and excel over generations do two things well: they direct their energy towards building on their core strengths, and they adjust nimbly to the ever-changing world around them.

In 2014, The Union demonstrated these qualities, as it has throughout its proud history, and emerged from a year of many transitions strong, vibrant and globally impactful.


Embracing and internalising our new theme of Know-Share-Act, your leadership team prioritised four critical areas: stabilising finances and diversifying the donor base, revamping communications to reach a worldwide audience more effectively and transparently, enhancing our human resources function to attract and retain the best talent, and more sharply focusing The Union’s efforts around historic strengths in tuberculosis and tobacco control. We were fortunate to welcome several highly respected professionals to the senior ranks of our Paris headquarters and other offices, and we finalised our work towards a fresh set of strategic goals.

Success on many fronts

While we in Paris were aggressively advancing those agendas, The Union’s remarkable staff and consultants, in every corner of the planet, were achieving extraordinary successes on many fronts. Among them: expansion of the STREAM clinical trials, the launch of a new initiative to address the TB-diabetes co-epidemic and major steps towards a smokefree environment in countries such as China and Indonesia.

Building global commitment to end TB

Much of our collective yearlong effort was presented and shared with the global public health community at the 45th Union World Conference on Lung Health in Barcelona. The best-attended conference ever, it raised our visibility to new heights and gave birth to the Barcelona Declaration on Tuberculosis – a milestone commitment signed by parliamentarians and political leaders from five continents to intensify the battle to eradicate TB.

A campaign for the future

The Barcelona conference was also the stage for our third and most successful President’s Centennial Dinner, which raised $350,000 for our Centennial Campaign. This campaign points us towards the future even as it celebrates our heritage. It reminds us to consider anew how a small, committed group of men and women overcame significant challenges to create the first global organisation to fight TB. And it asks us to honour their legacy by standing together now, in the 21st century, to pursue the full victory they envisioned.

I am confident that this is exactly what The Union will do in 2015 and beyond.

JOSÉ LUIS CASTRO
Executive Director, The Union
Consider anew how a small, committed group of men and women overcame significant challenges to create the first global organisation to fight TB.

— José Luis Castro
The Union’s 472 staff and consultants offered technical assistance, provided education and training and conducted research in 83 countries in 2014. In addition, Union members in 146 countries worked to fulfill our common vision of health solutions for the poor.
WE CONDUCT RESEARCH TO PROVIDE EVIDENCE FOR PUBLIC HEALTH POLICY AND PRACTICE.

The Union conducts research that advances knowledge and leads to changes in public health policy and practice that strengthen health systems and saves lives. Our clinical research contributes to the development of new treatments, and our operational research provides solutions for programmatic challenges in limited-resource settings.
In November, The Union announced that the STREAM clinical trial will expand to test an all-oral nine-month and a six-month treatment regimen for multidrug-resistant tuberculosis (MDR-TB). Both will include the new anti-TB medicine, bedaquiline. The Union and its main trial partner, UK Medical Research Council, will enroll participants from 2015 to 2018.

By 31 December 2014, enrolment in phase one of the STREAM trial was nearly complete. This study of a different nine-month regimen is taking place in South Africa, Ethiopia, Viet Nam and Mongolia, with results expected in 2017.

The STREAM expansion is the result of partnerships between the US Agency for International Development (USAID), The Union and Janssen Research & Development LLC, the developers of bedaquiline. Such public-private partnerships are relatively rare in clinical research and are essential to developing new treatments for MDR-TB.

This research will potentially make MDR-TB treatment far less burdensome for everyone involved. Patients shouldn’t have to choose between deafness and death.

— Dr I.D. Rusen, Senior Vice President of Research & Development, The Union
FIVE-YEAR TREAT TB INITIATIVE YIELDS COMPELLING BODY OF RESEARCH

Through its TREAT TB Initiative, The Union built a global partnership of researchers from both public and private sectors, whose collaborations produced a compelling body of new research to inform policy and practice for diagnosing and treating TB. The type of research ranged from a clinical trial of shortened MDR-TB regimens and the development of an approach that virtually tests new tools to global consultations and systematic reviews of key issues. Building research capacity in limited-resource settings was also integral to the initiative. As of December 2014, the initiative had generated 27 published studies with seven more in press. TREAT TB was funded by USAID.

FRANCOPHONE AFRICAN COUNTRIES DEMONSTRATE SUCCESS OF SHORTENED MDR-TB TREATMENT

Second-year data from an observational cohort study showed positive outcomes for a nine-month treatment regimen for multidrug-resistant tuberculosis (MDR-TB). The study coordinated by The Union is being conducted in Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Niger, Central African Republic, the Democratic Republic of Congo and Rwanda.

Preliminary treatment outcomes for the first cohort of 356 patients showed 83 per cent treatment success and 8 per cent case fatality. The most frequent adverse events were mild gastric pain and vomiting; and severe adverse events were rare. Hearing loss was reported in 10 per cent of the patients. First results for the entire cohort (>1,000) are expected in 2016.
STUDY SHOWS TOBACCO TAX COULD REDUCE PAKISTAN SMOKERS BY 500,000

A report funded by The Union through the Bloomberg Initiative shows that introducing a uniform, nationwide tax accounting for 70 per cent of Pakistan’s average cigarette price could encourage 500,000 smokers to quit and save 180,000 lives. It would also generate more than 27 billion rupees (US$ 277 million) in revenue.

With more than 22 million smokers, Pakistan has a high burden of tobacco-related disease. The report recommends that tax revenues could be used not only to offset health costs, but also to counter illicit trade and tax evasion.

Authors of the report included Pakistan’s Federal Board of Revenue and academics from Pakistan, India, the United States and Canada.

All governments should increase tobacco tax – it is the most powerful tool for reducing tobacco use, and increased revenues can be spent on public health.

— Dr Ehsan Latif, Director, Department of Tobacco Control

UNION RESEARCH PUBLISHED IN 2014

In 2014, 96 Union research studies in 43 countries were initiated; and 134 research studies and opinion papers were published in peer-reviewed journals, including:

Africa Health
AIDS 2014
American Journal of Infection Control
Annals of the American Thoracic Society
BMC Health Services Research
BMC Public Health
BMC Research Notes
BMJ Open
Global Health Action
Global Health Promotion
Indian Journal of Tuberculosis
International Health
International Journal of Gynaecology and Obstetrics
International Journal of Tuberculosis and Lung Disease
Journal of the Acquired Immune Deficiency Syndrome
Journal of the American Medical Association
Journal of Diabetes Mellitus
Journal of Diabetes and Metabolic Disorders
Journal of the International AIDS Society
Journal of Tropical Medicine
Lancet Diabetes and Endocrinology
Lancet Global Health
Malawi Medical Journal
PLOS One
Public Health Action
Transactions of the Royal Society for Tropical Medicine and Hygiene
Tropical Medicine and International Health
Tuberculosis Research and Treatment
134 UNION RESEARCH AND OPINION PAPERS WERE IN PEER-REVIEWED JOURNALS
WE DISSEminate SCIENTific KNOWLEDGE To STRENGTHEn PUBLic HEALTH PROGRAMMES.

The Union shares scientific evidence and expertise worldwide by assisting governments and other agencies at their request; convening conferences; training professionals to develop their technical, management and research skills; and disseminating scientific knowledge by publishing peer-reviewed journals and technical guides.
New data gathered this year illustrate the cumulative impact of The Union’s tobacco control policy work around the globe.

Since 2007, the Department of Tobacco Control has supported governments and civil society in low- and middle-income countries with the highest prevalence of tobacco use to introduce and enforce policies proven to reduce tobacco consumption.

As a result, The Union has helped introduce national smokefree laws in 28 countries, protecting 2.85 billion people from the harms of second-hand smoke; graphic health warnings on tobacco packaging to help smokers quit and discourage others from starting in 18 countries, impacting 2.59 billion people; and assisted 10 countries to establish sustainable tobacco control funding, covering 2.05 billion people.

**POWERFUL NEW GRAPHIC HEALTH WARNINGS FIGHT TOBACCO USE**

Two countries in Asia raised the stakes in the fight against tobacco use with powerful laws on graphic health warnings in late 2014. India passed legislation calling for 85 per cent of the surface area of all tobacco packaging to depict the health consequences of tobacco use. Then, two weeks later, Nepal mandated warnings covering 90 per cent — the most stringent law in the world, aside from plain packaging.

The Union has worked closely with governments and tobacco control advocates in India and Nepal, as well as 28 other countries, to help them meet this part of their obligations under the WHO Framework Convention on Tobacco Control (FCTC). As with other tobacco control measures, the new laws are significant achievements that set the stage for the next challenges — implementation and compliance.

**BRAZIL’S NEW LAW WILL FURTHER CURB SMOKING**

Brazil further tightened tobacco control legislation that has so far contributed to a 300 per cent drop in the number of smokers since 1989. As of 3 December 2014, smoking is banned in all indoor public spaces — ranging from restaurants to residential buildings — and graphic health warnings are required to cover 100 per cent of the front or back, plus one of the sides, of all tobacco packaging. Further advertising restrictions on tobacco products were also imposed.

Union experts have been working with the government of Brazil since 2007, supporting development and implementation of its tobacco control laws.

**UNION SUPPORT FOR TOBACCO CONTROL HAS IMPACTED:**

- **2.85bn** in 28 countries: smokefree laws
- **2.4bn** in 19 countries: advert bans
- **2.6bn** in 18 countries: health warnings
- **2bn** in 10 countries: sustainable funding
- **3.9bn** in 12 countries: higher tobacco tax
- **316.7m** in 5 countries: prevent tobacco industry interference
THE UNION IS PARTNER IN USAID PROGRAMME ADVANCING TB-HIV CARE

Over the next five years, the US Agency for International Development (USAID) will invest up to $525 million in TB control through Challenge TB. This is USAID’s fourth TB programme since 2000, all implemented by a coalition of leading TB organisations, including The Union.

In recognition of the one million people infected with both TB and HIV, Challenge TB will advance an integrated approach to HIV/AIDS and TB care. Involving local communities and halting the spread of drug-resistant TB are also key objectives.

At the country level, The Union has also been funded to implement Challenge TB initiatives in India, Zimbabwe and the Democratic Republic of Congo, which will be launched in 2015.

ZIMBABWE INITIATIVE SEES 10 PER CENT INCREASE IN ART

The Integrated TB-HIV Care (ITHC) model piloted by The Union Zimbabwe Office and its partners has led to a 10 per cent increase in TB-HIV patients receiving antiretroviral therapy (ART) through 23 project-supported facilities in 17 urban communities. These clinics provide “one-stop-shop” integrated TB-HIV treatment and care services, including facilities designed to support infection control; a workforce well trained in TB and HIV care; rigorous screening protocols; a fleet of motorcycle couriers who enable TB diagnoses to be delivered within 24 to 48 hours; and Point of Care CD4 count PIMA machines to improve treatment monitoring. ITHC is a TB CARE I project.

Zimbabwe has achieved a lot in reducing the HIV burden in patients with both TB and HIV. Our next challenge is to reduce the TB burden in patients who receive HIV care in our facilities.

— Dr Riitta Dlodlo, TB-HIV Programme Coordinator
UGANDA’S SPARK-TB PLUS TO REACH 12 NEW CITIES

Slum Partnerships to Actively Respond to Tuberculosis in Kampala (SPARK-TB) started in 2011 and fostered ties between the public health sector, community health workers and 70 private clinics in the slums of Uganda’s capital city. In 2014, this project, now called SPARK-TB Plus, was extended to 12 town councils and municipalities in four districts, bringing on board an additional 150 private clinics that are diagnosing and treating TB patients from poor slum communities. By the end of December 2014, a total of 2,356 TB patients had been diagnosed and put on treatment in the private clinics.

SPARK-TB Plus is supported by the Stop TB Partnership’s TB-REACH Initiative, which is funded by the government of Canada and UNITAID.

Photo Right: Boda drivers speed diagnosis by transporting sputum samples to labs.

300 DISTRICT TB FORUMS GIVE A VOICE TO PATIENTS AND BUILD THEIR KNOWLEDGE AND SKILLS

To help TB patients understand their rights and responsibilities, gain a greater voice in stating their needs and improve the outcome of their TB care, Project Axshya has facilitated the creation of District TB Forums in each of the 300 districts across India that it serves.

The forums are constituted by TB patients – both cured and on treatment – and community leaders, who work with TB programme managers to resolve challenges faced by patients in accessing TB services. Using an illustrated patient charter for TB care provided in 19 local languages, the forums also sensitised 39,000 TB patients, including 10,000 women, in 2014.

Axshya, meaning ‘free from TB’, is funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and implemented by The Union South-East Asia Office.

UNION INFLUENCE ON GLOBAL POLICY AND PRACTICE

Union staff and consultants are shaping global public health policy and practice through their service on national, regional and international committees, boards and steering groups. Examples from 2014 include:

- WHO Strategic and Technical Advisory Group (STAG)
- Stop TB Partnership Executive Committee of the Board of Directors
- Global Plan to Stop TB 2016–2020 Taskforce Writing Group Chair
- Regional Green Light Committees for MDR-TB
- The Non-Communicable Disease (NCD) Alliance Steering Committee
- Global Fund to Fight AIDS, Tuberculosis and Malaria Technical Review Panel
- Global Drug-Resistant TB Initiative Core Group
- WHO TB-HIV Core Group
- UNAIDS Scientific and Technical HIV Treatment Advisory Committee
- World Lung Foundation Board of Directors
- *Lancet Respiratory Medicine* Editorial Board
- Global Smokefree Partnership Steering Group
- WHO FCTC Sustainable Measures for Tobacco Control Working Group
- Stop TB Partnership Child TB Subgroup Chair
The 45th Union World Conference on Lung Health, held in Barcelona, Spain from 28 October to 1 November 2014, drew a record attendance of more than 3,300 delegates from 134 countries. Speakers and presenters ranged from UK Member of Parliament Nick Herbert and Ministers of Health Dr Harsh Vardan (India) and Dr Aaron Motsoaledi (South Africa) to heads of global health agencies, such as The Global Fund’s Dr Mark Dybul, and up-and-coming researchers.

This Union conference created the broadest international impact with a Global TB Summit, culminating in the Barcelona Declaration on Tuberculosis and widespread media coverage of key issues, such as a shortened regimen for MDR-TB and the looming TB-diabetes co-epidemic. In keeping with the theme of “Community-driven solutions for the next generation”, both formal and informal sessions highlighted the increasing need for all stakeholders to participate effectively in addressing public health issues.

Honoured at the conference were Dr Richard E Chaisson (USA), Union Scientific Prize; Dr Grant Theron (South Africa), Union Young Investigator Prize; Dr Julian Villalba (Venezuela), Union/Otsuka Young Innovator in TB Research Award; Dr Maarten van Cleeff (The Netherlands), Karel Styblo Public Health Prize; and Dr Jeremiah Chakaya Muhwa (Kenya), Princess Chichibu Global Memorial TB Award. In addition, the Stop TB Partnership’s Kochon Prize was awarded to REACH Ethiopia.

Preparations for the 16th World Conference on Tobacco OR Health (WCTOH) continued throughout the year, with The Union as conference secretariat. The conference in March 2015 will be the first in WCTOH’s 48-year history to be held in the Middle East. Some 2,000 global tobacco control experts and advocates are expected to convene in Abu Dhabi, UAE to discuss the link between tobacco use and the pandemic of non-communicable diseases and related issues.
Participants in the Structured Operational Research and Training Initiative (SORT IT) formulate a research project and take it through to publication in a peer-reviewed journal. In 2014, three studies examined the impact of this training over the first five years. Public Health Action reviewed the programme’s “blueprint” and participants’ post-course activities. Findings showed that since the course 62 per cent completed a new research project, 50 per cent published this new research and 43 per cent facilitated at other OR courses.

Does the research make a difference? A paper in Tropical Medicine and International Health found that it does: 74 per cent of the studies resulted in changes to programme implementation, monitoring tools and/or guidelines.

SORT IT courses are provided by The Union, Médecins Sans Frontières (MSF) and the Special Programme for Research and Training in Tropical Diseases (TDR), hosted at the World Health Organization. They are based on The Union/MSF model developed in 2009.

We are aiming to build operational research capacity in low- and middle-income countries so that the right questions about health needs can be asked and lead to solutions.

— Dr Anthony D Harries, Director, Department of Research

Treating TB and multidrug-resistant TB in war-torn Iraq presents challenges for all levels of the healthcare system. With infection control (IC) a major concern, the United Nations Development Programme (UNDP) and The Union organised a five-day IC course for Iraqi clinicians, national TB programme and laboratory staff customised for the difficult field conditions they face.

For security reasons, the course was held in Istanbul, with online support afterward to enable participants to implement both local IC plans and national guidelines. This was the first course offered by The Union for Iraqi nationals; it will be followed by additional courses in 2015.

Performance indicators are a valuable tool for evaluating a health programme’s progress and success, but they need to be SMART—specific, measurable, available, relevant and timely. In limited-resource settings, establishing such criteria can be difficult.

The HIV programmes in Kyrgyzstan were no exception, so the World Health Organization retained The Union’s International Management Development Programme (IMDP) to develop a customised five-day course on performance-based project management to help programme staff gain these skills. Attended by senior health programme staff and AIDS centre directors, this was the first public health management course ever offered in Kyrgyzstan. All sessions were simultaneously translated into Russian and English, and the evaluations were very positive.

2014 UNION COURSES AT A GLANCE

**TECHNICAL TRAINING**

- 193 participants from 50 countries took international TB and MDR-TB courses
- 140 participants from 9 countries attended TB-HIV courses
- 314 participants attended 9 national TB and MDR-TB courses
- 760 participants in 12 countries received tobacco control technical training

**INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME (IMDP)**

- 205 participants from 48 countries took 11 core and specialised courses

**OPERATIONAL RESEARCH (SORT IT)**

- 104 course participants from 52 countries in 9 courses
- 84 research projects in press or published
- 85 OR Fellow research projects completed with papers published
- 15 Operational Research Fellows working in Africa, Asia and Europe
CALL TO ACTION REPORT ON THE TB-DIABETES CO-EPIDEMIC LAUNCHED

With diabetes skyrocketing to nearly 400 million cases in 2013, the evidence that people with diabetes have triple the risk of developing active TB is alarming. In October, The Union and the World Diabetes Foundation released *The looming co-epidemic of TB–diabetes: a call to action* at the 45th Union World Conference on Lung Health in Barcelona, Spain. More than 100 media outlets worldwide published news articles about the report.

The report synthesises the scientific evidence and promotes the global policy framework developed by the World Health Organization (WHO) and The Union for addressing the two diseases together. A critical part of the response is to screen people with TB for diabetes and people with diabetes for TB, which has already begun in some countries.

UNION JOURNALS ARE A GLOBAL FORUM FOR LEADING RESEARCH

The Union’s two peer-reviewed journals continue to disseminate the latest research from countries around the world on tuberculosis and other public health issues.

*The International Journal of Tuberculosis and Lung Disease* started the year with an emphasis on lung disease, with The Union’s position statement on e-cigarettes, and in November began a State of the Art series on chronic respiratory diseases. Tuberculosis highlights included discussions of old and new diagnostic techniques, drug resistance and new drugs and strategies for TB elimination. The journal’s impact factor rose to 2.756.

*Public Health Action*, The Union’s online open-access journal, expanded its scope this year with three supplements in addition to its regular quarterly issues. The supplements highlighted operational research in the South Pacific, the impact of operational research in Ethiopia and anti-TB drug resistance in Eastern Europe. The latter was published in both English and Russian. Prof Donald Enarson completed his mandate as Editor in Chief and was replaced by Dr Dermot Maher.

CHILDHOOD TB TRAINING TOOLKIT LAUNCHED BY WHO AND THE UNION

As part of the global effort to provide more effective care for children with TB, WHO and The Union released the *Childhood TB training toolkit*. The training focuses on building the capacity of healthcare workers at the primary and secondary level to address and manage TB in children. The toolkit consists of 10 modules covering a range of topics from epidemiology, diagnosis and treatment to managing childhood TB in the community. The toolkit is available at no charge from both the WHO and Union websites.
SMOKEFREE LAWS: GUIDE HELPS COUNTRIES MEET THE CHALLENGE OF COMPLIANCE

While more than 100 countries have passed some level of smokefree legislation, assessing their success and achieving high levels of compliance continue to be major challenges for many governments.

To mark World No Tobacco Day on 31 May, The Union launched a new how-to guide for conducting the smokefree compliance studies that are vital for identifying and filling gaps in implementation. The guide draws on experiences from studies conducted in 10 cities in Indonesia, India, China, the Philippines, Thailand and Kenya between 2012 and 2014. It updates a 2011 guide published by Bloomberg Initiative partners: Campaign for Tobacco Free Kids, Johns Hopkins Bloomberg School of Public Health and The Union.

NEW PUBLICATIONS 2014

The following new guides and other resources were published in 2014 by The Union, unless otherwise noted. All may be downloaded at no charge from theunion.org and/or tobaccofreeunion.org.

Treat TB: description of research outputs
(The Union, 2014) – English

The looming co-epidemic of TB-diabetes: a call to action
(The Union/World Diabetes Foundation, 2014) – English

A framework for integrating childhood TB into community-based health care
Detjen A, Gnanashanmugam D, Talens A (The Core Group and The Union, 2014) – English

Assessing compliance with smokefree laws, 2nd ed
(Johns Hopkins Bloomberg School of Public Health, CTFK, The Union, 2014) – English, Spanish

Assessing compliance with tobacco advertising, promotion and sponsorship (TAPS) bans: a how to guide for conducting compliance studies
(Johns Hopkins Bloomberg School of Public Health, CTFK, The Union, 2014) – English, Spanish, French, Russian, Arabic, Chinese, Portuguese

Tobacco control fact sheets
(set of 8) (The Union, 2014) – English

Summary position statement on e-cigarettes and electronic nicotine delivery systems
(The Union, 2014) – English

Sustainable funding models for tobacco control: a discussion paper
(The Union, 2014) – English

International trade agreements and their impact on tobacco control
(The Union, 2014) – English
2,157 PEOPLE FROM 103 COUNTRIES PARTICIPATED IN 100 COURSES
WE DELIVER SERVICES AND CONDUCT ADVOCACY TO SAFEGUARD PEOPLE’S HEALTH.

The Union delivers life-saving health services in areas of need, manages large-scale projects that improve the effectiveness of the public health sector and advocates for policies and resources that safeguard people’s health.
In October 2014, The Union and the United Kingdom All Party Parliamentary Group on TB (UK APPG TB) co-organised the first Global TB Summit in more than 100 years. It was held in conjunction with the 45th Union World Conference on Lung Health in Barcelona, Spain.

Dr Aaron Motsoaledi, Minister of Health for South Africa and Chair of the Stop TB Partnership, and Nick Herbert, Member of Parliament and co-chair of the UK APPG on TB, served as chairs of the daylong session, which led to the foundation of a Global TB Caucus. The aim of the Caucus, a globe-spanning network of parliamentarians, is to bridge geographical and political divides to build the necessary political will to eliminate the disease.

The meeting concluded with the signing of the Barcelona Declaration, a call to action for political leaders to secure an end to the tuberculosis epidemic within a generation. The Caucus set the goal of enlisting support from 100 countries by the second Global TB Summit in Cape Town, South Africa, prior to the 46th Union World Conference on Lung Health in December 2015.
More than 21,000 HIV patients receive ART through the Union

The Union Office in Myanmar is one of the top providers of antiretroviral therapy (ART) in the country, with more than 21,000 HIV-positive patients receiving treatment through the Integrated HIV Care (IHC) Programme at 34 service delivery points across more than four regions.

The IHC Programme also offers high-tech HIV diagnostic and monitoring services at the Mandalay Public Health Laboratory, Prevention of Mother to Child Transmission (PMCT) services, psychosocial support for mothers and children with HIV and a variety of training programmes.

The Union partners with the national AIDS and TB programmes to provide technical, human resources and financial support to the hospitals, township health centres, laboratories, social service departments, pharmacies and patient self-help groups that make up the People Living with HIV (PLHIV) network.

The IHC Programme is funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and the Yadana Consortium operated by Total E&P Myanmar.

Russian and Chinese delegations observe Scotland’s tobacco control in action

The Union’s Department of Tobacco Control, based in Edinburgh, hosted a delegation of Russian and Chinese ministers and senior public health officials who came in March to observe Scotland’s progressive tobacco control laws in action.

Members of the Scottish government and University of Edinburgh shared their knowledge of tobacco control policy development and implementation; and healthcare providers, retailers and non-governmental organisations discussed how the laws are working.

Following the visit, delegates formed a bilateral working group; Russia strengthened its tobacco control implementation; and China ramped up development of a national smokefree law.

In Scotland, the number of smokers fell from 31 per cent in 1999 to 23.3 per cent in 2011, making the country a model for implementing the WHO FCTC.
VOLUNTEERS PROVIDE SPUTUM COLLECTION AND TRANSPORTATION SERVICE IN HARD-TO-SERVE REGIONS OF INDIA

In India, Project Axshya volunteers traveled hundreds of kilometers over difficult terrain by bicycle, motorbike, public transport and even by boat to transport 250,000 sputum samples to microscopy centres for TB testing in 2014.

This dedicated team is part of Axshya’s strategy to improve access to TB diagnosis and treatment in India’s hard-to-serve areas – a category that ranges from urban slums to mountain and desert villages.

The pick-up and delivery service provided by the volunteers enables vulnerable and marginalised people who may have TB to obtain a diagnosis without the cost of travel. In remote areas, this service is also provided through health facilities and private clinics.

The volunteers’ efforts led to more than 20,000 TB patients being diagnosed and treated last year.

Project Axshya is supported by The Global Fund and implemented by The Union South-East Asia Office.

The kind of community engagement and decentralisation that The Union has modeled though Axshya is essential. The global TB community has committed to reducing TB deaths by 90 per cent by 2035, and we want to be at the forefront of showing that India can achieve this.

— Dr Jamie Tonsing, Director, The Union South-East Asia Office

CURED: A CELEBRATION OF LIFE AFTER MDR- AND XDR-TB

Cured is an exhibition of photographs depicting the everyday lives of people who have one thing in common – they were cured of multidrug-resistant (MDR-) or extensively drug-resistant (XDR-) tuberculosis. The project was developed by The Union’s MDR-TB Unit and seven national tuberculosis programmes in Latin America and Spain, in collaboration with photographer Javier Galeano. It highlights not only the constant presence of TB in our communities, but also that all TB cases, even those with extensive resistance, can be cured.

Cured was first exhibited at the 45th Union World Conference on Lung Health in Barcelona, Spain and selected photos have appeared in the media. It will be published as a book in 2015.

Cured was made possible with financial support from The Union North America.

The message that must be sent to everyone tasked with managing TB patients is that, with good clinical and operational case management, all forms of drug-resistant TB have the potential for cure.

— Dr José A Caminero, MDR-TB Unit, Department of TB and HIV

Photos: Cured patients who volunteered for this project include Angela of Ecuador (this page) and Karen of Colombia (next page).
THE CURED EXHIBITION CELEBRATES THE RECOVERY OF MDR- AND XDR-TB PATIENTS.
THE FEDERATION
For 94 years, The Union has drawn from the best scientific evidence and expertise to advance solutions to health challenges affecting people living in poverty. As our centennial approaches, we commemorate our progress against tuberculosis and other diseases and towards building capacity at every level of the health system – while also looking ahead at the work still to be done. The Centennial Campaign will support our next century of global impact and crucial efforts to meet the public health challenges of tomorrow. As of 31 December 2014, the campaign had raised more than one million dollars.

THE 3RD PRESIDENT’S CENTENNIAL DINNER SET IN MAGNIFICENT MUSEUM OF CATALAN ART

The third in our series of President’s Centennial Dinners was hosted by Dr E Jane Carter on 28 October during the 45th Union World Conference on Lung Health in Barcelona, Spain. More than 200 people gathered on the magnificent plaza of the Museu Nacional d’Art de Catalunya in Parc de Montjuïc overlooking the city, then dined in the Sala de la Cúpula with its spectacular ceiling and mural by Joan Miró. Honoured guests included Ambassador Vikram Misri, Ambassador of India to Spain, and his wife Dolly Misri, and the Honourable Dr Harsh Vardan, India’s Minister of Health and Family Welfare, and his wife Nutan Goel. Union medalist Prof Jacques Grosset was the master of ceremonies for this largest campaign event to date, which raised US $350,000 for public health research and education.
UNION SUPPORTERS PARTICIPATE IN HIKING-CYCLING EVENT IN SCOTLAND

A coast-to-coast sponsored cycle ride and walk in Scotland raised funds for the Centennial Campaign in September 2014. Cyclists conquered the full coast-to-coast John Muir Way over three days – 215 km through some of Great Britain’s most beautiful countryside, also taking in Edinburgh Castle, Loch Lomond, the Antonine Wall and Linlithgow Castle. Walkers completed the final stage of the route, 24 km along the coast in one day. The event took place from 24–27 September 2014 and was organised by The Union Europe Office. So far this team has raised more than £3,000 or US$4,650 for the campaign — and heightened The Union’s profile in the UK through sponsored sporting events.

CENTENNIAL PARTNERS

The Centennial Campaign will support our next century of global impact. The following corporate partners generously supported the campaign in 2014:

- Cepheid (Europe)
- Frequent Flyer Travel Paris (France)
- Otsuka SA (Switzerland)
- Qiagen (USA)
Union members were active in 146 countries in 2014, working and through four scientific sections, three sub-sections and seven regions. Membership Services provides administrative support and coordination.

Online directory created to enhance collaboration
Union members who opt to participate may now connect with each other through an online directory launched in 2014. This new service has proved to be a popular benefit that increases opportunities for collaboration, mentoring and fellowship. Interested members can log in to Union Services at services.theunion.org to join the directory.

HIGHLIGHTS FROM THE SCIENTIFIC SECTIONS

Burden of mental illness among TB patients is focus of new working group
Estimates show that the worldwide burden of mental illness among TB patients is as high as 50 per cent, which may contribute to delays in diagnosis and/or poor outcomes. The Tuberculosis Section has formed a new TB and Mental Health Working Group to address this issue of psychiatric comorbidity and its influence on treatment adherence.

TB control in prisons study outlines current situation and research gaps
The TB in Prisons Working Group’s new study, “Tuberculosis control in prisons: current situation and research gaps”, will be published in the International Journal of Infectious Diseases at World TB Day 2015.

Building awareness of the impact and scope of zoonotic TB
The Zoonotic TB Sub-Section is committed to building awareness of the global impact of zoonotic TB on humans, as well as animals. The Creating Global Awareness of Zoonotic TB Working Group completed a comprehensive review of data on zoonotic TB globally and presented its findings at the International M bovis Conference in Wales. Further presentations are scheduled for 2015. They also developed a general interest awareness-building slide show for The Union website.

The HIV Section obtained funding to continue its late breaker session at the World Conference for the next four years.

The Tobacco Control Section formed a TB, HIV and Tobacco Working Group to elevate the joint research agenda on the links between tobacco use, HIV and TB.

The TB Nurses & Allied Professionals Sub-Section obtained funding to revise their popular guide, which will be re-titled Best Practices in Patient-Centred Care.

The TB Bacteriology & Immunology Sub-Section contributed six symposia, two workshops, a meet-the-expert session and 16 poster and oral abstract presentations to the 2014 World Conference.

HIGHLIGHTS FROM THE REGIONS

NAR introduces Meet-the-Professor at Boston conference
New Meet-the-Professor sessions – in which clinical cases were discussed – proved to be a popular feature of the 18th Conference of The Union North America Region. This year’s conference, which took place in Boston, Massachusetts (USA) from 27 February to 1 March 2014, focused on the theme, “Stronger Together: Stopping TB from Laboratory to Clinic”. Participants also praised the inclusion of more paediatric presentations and the integration of the interests of varied disciplines and stakeholders.

Latin America Region conference draws 300+ delegates
The 17th Conference of The Union Latin America Region was held in conjunction with the National Congress of Pneumology from 22 to 24 August 2014 in Ica, Peru. With more than 300 participants from different countries attending, this event proved to be one of the most important activities of the year for the region. The Union Peru Office collaborated with region members on the planning and managed a Union booth at the event.

SEAR active in awareness-raising
At their annual meeting, held this year in Barcelona, constituent members of the South-East Asia Region (SEAR) reported on their activities, with awareness-raising through advocacy, communication and social mobilisation (ACSM) a particular strength among these organisations.

The Africa, Asia Pacific, Europe and Middle East Regions focused this year on planning their upcoming conferences in 2015 and 2016.
GENERAL ASSEMBLY

The General Assembly is the annual meeting of The Union membership, which is the governing body of the organisation.

The Union General Assembly 2014 was held on Saturday, 1 November in Barcelona, Spain from 08:00 to 09:00. Dr E Jane Carter, The Union President, welcomed constituent, organisational, honourary and individual members and scientific section chairs.

The President's Report

The President reported that the Board appointed José Luis Castro as Executive Director in April 2014. She further explained the new Standardised Operating Procedures for The Union’s governance, which link the Institute’s Executive Management Team and the Bureau of the Board and provide committees overseeing Finance and Governance. She also reported on The Union’s improved finances, more diversified donor base and plans to re-evaluate the membership structure and funding options for The Union’s journals.

The General Assembly also validated the appointment of two regional representatives: Prof Ivan Solovic (Slovakia) to represent the Europe Region and Mr Devendra Bahadur Pradhan (Nepal) to represent the South-East Asia Region.

On behalf of the Nominating Committee, Prof S Bertel Squire congratulated the successful candidates, and he extended thanks on behalf of the Board to Dr Amir Khan (Pakistan) for his service.

Resolutions

The General Assembly unanimously approved the 2013 Annual Report, treasurer’s report and the audited accounts for the period of 1 January to 31 December 2013 and the budget for Fiscal 2015.

The General Assembly also approved the removal of the two-year limit for Associate Organisational Memberships (Constitution, Article 3).

Discharge and Power

The General Assembly, having read the reports presented, gave full discharge to the President and the Board of Directors for the management of that period.

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

World Conference 2015 and 2016

José Luis Castro, Executive Director, informed the General Assembly that the 2015 conference will be held in Cape Town, South Africa. Istanbul, Turkey and Liverpool, UK are being evaluated for 2016, and the team will report to the Board in April 2015.

Strategic Plan

Dr E Jane Carter reported that the Board is close to having a final draft of The Union’s Strategic Plan, which is designed around six major goals.

Awards

Prof Jacques Grosset (France) was awarded The Union Medal; and Prof Andrew Nunn (UK) and Dr Lee B Reichman (USA) were made Honorary Members.

Dr Dean Schraufnagel presented the results of the Christmas Seals Contest and congratulated the winners:

3rd prize: Japan Anti-Tuberculosis Association (Japan)
2nd prize: Korean National Tuberculosis Association (Republic of Korea)
1st prize: Comité Nacional de Lucha Contra la Tuberculosis (Mexico)

In Memoriam

The following members and staff who passed away in 2014 were remembered for their many contributions to our common cause:

Mr Sanjay Kumar (India)
Prof SH Lee (Hong Kong)
Dr Isao Osada (Japan)
Prof Jacques Prignot (Belgium)
Prof Felix Salaniponi (Malawi)

Thank You

The President thanked the General Assembly and the meeting was adjourned at 09:00.

Elections

Following the call for nominations to fill two vacant individual member positions, there were six applications and one member standing for re-election. The Nominating Committee recommended a slate; and the following new members were elected: Dr Nils E Billo (Switzerland) and Dr Jeremiah Chakaya Muhwa (Kenya).
HONOURS

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

Prof Jacques Grosset (France)
Prof Jacques Grosset has been conducting research on tuberculosis and mycobacterial infections for the past 60 years. His contributions have helped shape the modern treatment of tuberculosis, leprosy and other infections. He developed the animal models to evaluate new drugs and regimens for these conditions and has been involved in evaluating almost every new drug for mycobacterial infections in the past 50 years. Because of his work, treatment is shorter, safer and new drugs and drug combinations have entered the marketplace.

Prof Grosset is himself a TB survivor, who, after his retirement from France’s Pasteur Institute, went on to new careers in the USA and South Africa. He remains active as a researcher and mentor in his 80s and received The Union Medal shortly after his 85th birthday.

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

Prof Andrew Nunn (UK)
Prof Andrew Nunn is Associate Director and Senior Statistician at the Medical Research Council’s Clinical Trials Unit, University College London. He has been a statistician for the MRC for close to 40 years. He served as senior statistician for the trials that led to the international adoption of short-course chemotherapy for TB and statistician/investigator on The Union’s clinical trials, Study A and Study C.

Dr Lee B Reichman (USA)
Dr Lee B Reichman is a world-renowned expert on tuberculosis and lung health. He founded and, until 2014, directed the Global Tuberculosis Institute at Rutgers University, where he is also a professor at the New Jersey School of Medicine. Prior to joining Rutgers faculty in 1974, he served the New York City Health Department as Director, Bureau of Tuberculosis Control, and Assistant Commissioner of Health. Dr Reichman has been involved with The Union for 40 years, serving as Chair of the Executive Committee and Council and President of the North America Region. A widely published author, he has also been awarded the American Lung Association’s highest honour, the Will Ross Medal.

He is currently co-chief investigator for the STREAM trial, assessing shortened regimens for MDR-TB. He is an associate editor of the International Journal of Tuberculosis and Lung Disease and a widely sought-after lecturer, consultant and advisor.
CONSTITUENT MEMBERS

Countries that belong to The Union may be represented by one constituent member, which plays an important leadership role in the federation.

Afghanistan: National Tuberculosis Control Programme
Algeria: Comité Algérien de Lutte contre la Tuberculose et les Maladies Respiratoires (CALTMR)
Angola: Programa Nacional de Controlo de Endemias
Australia: Australian Respiratory Council
Austria: Verein Heilenstatt Alland
Bangladesh: National Anti-TB Association of Bangladesh (NATAB)
Benin: Ministère de la Santé
Bolivia: Ministerio de Salud y Deportes
Brazil: Fundação Até-lufho de Paiva
Burkina Faso: Ministère de la Santé
Cameroon: Ministère de la Santé Publique
Chad: Programme National de lutte contre la Tuberculose
Chile: Ministerio de Salud Publica
China: Chinese Anti Tuberculosis Association (CATA)
Congo: Democratic Republic of: Programme National de Lutte Contre la Tuberculose
Côte d’Ivoire: Comité Antituberculeux De La Côte D’Ivoire
Croatia: Pulmonary Outpatient Center
Cuba: Programa Nacional de Control de Tuberculosis
Denmark: Danmarks Lungforening
Ecuador: Fundación Ecuatoriana de Salud Respiratoria (FESAR)
Egypt: The Egyptian General Association Against Smoking, TB and Lung Diseases
El Salvador: Ministerio de Salud Pública y Asistencia Social
Equatorial Guinea: Ministerio de Sanidad y Bienestar Social
Eritrea: Ministry of Health
Estonia: Tartu University Clinics, Lung Clinic
Finland: Finnish Lung Health Association – Filha Py
Georgia: National Centre of Tuberculosis & Lung Diseases
Germany: Deutsches Zentralkomitee Zur Bekämpfung der Tuberkulose (DZK)
Ghana: Ghana Society for the Prevention of Tuberculosis and Lung Diseases
Guatemala: Liga Nacional Contra la Tuberculosis
Guinea: Ministère de la Santé et de l’Hygiène Publique
Guyana: The Guyana Chest Society
Haiti: Programme National de Lutte contre la Tuberculose
Honduras: Programa Nacional de Tuberculosis
Hong Kong: The Hong Kong TB Chest and Heart Diseases Association
Iceland: Reykjavik Health Care Services
India: The Tuberculosis Association of India
Indonesia: The Indonesian Association Against Tuberculosis
Iran, Islamic Republic of: Iranian Charity Foundation for Tuberculosis and Lung Disease
Ireland: Tobacco Free Research Institute
Israel: Israel Lung and Tuberculosis Association
Japan: Japan Anti Tuberculosis Association (JATA)
Jordan: Jordanian Society Against Tuberculosis and Lung Disease
Kenya: Kenyan Association for the Prevention of TB and Lung Disease (KAPFLD)
Korea, Republic of: Korean Institute of Tuberculosis (KIT)

Lebanon: Ministry of Public Health
Luxembourg: Ligue de Prévention et d’Action Médico-Sociale
Madagascar: Ministère de la Santé Publique
Malawi: Ministry of Health and Population
Malaysia: Malaysian Association for the Prevention of Tuberculosis
Mail: Comité Anti Tuberculeux de Lutte contre les Maladies Respiratoires du Mali (CAMM)
Mexico: Comité Nacional de Lucha Contra la Tuberculosis
Mongolia: Mongolian Anti-Tuberculosis Association
Mozambique: Ministerio de Saude
Myanmar, Republic of the Union of: Myanmar Medical Association
Nepal: Nepal Anti-Tuberculosis Association
Netherlands: Royal Netherlands Tuberculosis Foundation (KNV)
Nigeria: National TB and Leprosy Control Programme
Norway: Nasjonalforeningen for Folkehelse
Pakistan: Pakistan Anti Tuberculosis Association
Peru: Society Peruana de Neurologia
Philippines: Philippine Tuberculosis Society, Inc (PTSI)
Portugal: Associação Nacional de Tuberculose e Doenças Respiratórias
Rwanda: Programme National Intégré de lutte contre la Lèpre et la Tuberculose
Saudi Arabia: Ministry of Health
Senegal: Ministère de la Santé
Singapore: SOTA CommHealth
South Africa: South African National Tuberculosis Association (SANATA)
Sri Lanka: Ceylon National Association for the Prevention of Tuberculosis (CNAPT)
Sudan: Federal Ministry of Health
Sweden: Swedish Heart Lung Foundation
Switzerland: Ligue Pulmonaire Suisse (LPS)
Syrian Arab Republic: Comité Syrien de Défense Contre la Tuberculose
Taipei, China: National Tuberculosis Association
Tanzania, United Republic of: Ministry of Health
Thailand: The Anti Tuberculosis Association of Thailand
Togo: Comité National Anti-Tuberculeux (CNART)
Tunisia: Ligue Nationale Contre la Tuberculose et les Maladies Respiratoires
Turkey: Turkish Anti Tuberculosis Association
Uganda: National Tuberculosis and Leprosy Programme
Viet Nam: National Hospital of Tuberculosis and Respiratory Disease
Yemen: National TB Control Programme

ORGANISATIONAL MEMBERS

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

Canada: British Columbia Lung Association (BCLA)
France: Alter Santé Internationale et Développement
France: Comité National contre les Maladies Respiratoires (CNMR)
Germany: Kuratorium Tuberkulose In Der Welt E.V.
Iran, Islamic Republic of: Tobacco Prevention and Control Research Center (TPCRC)
Nepal: SAARC Tuberculosis & HIV/AIDS Centre (STAC)
Norway: LHL International Tuberculosis Foundation (LHL International)
Philippines: Tropical Disease Foundation
Singapore: The International Union Against Tuberculosis and Lung Disease, Asia Pacific Ltd
Sweden: King Oscar II Jubilee Foundation
United Kingdom (UK): The International Union Against Tuberculosis and Lung Disease – United Kingdom
UK: TB Alert
United States of America (USA): American Lung Association
USA: American Thoracic Society Inc (ATS)
USA: Population Services International
USA: Project HOPE
USA: The Union North America
USA: World Lung Foundation

Associate Organisational Members

Brazil: Alliance for the Control of Tobacco Use (ACT)
Burkina Faso: Association Kasabati
Congo, Democratic Republic of: Equilibre International – Equitrè
India: AUSMGN
India: The Catholic Health Association of India (CHAI)

2014 ANNUAL REPORT
Effect of stopping daily CTX prophylaxis on developing TB in children over 3 years of age with a history of TB, those who have been on ART ≥96 weeks.
UNION MEMBERS WORKED IN 146 COUNTRIES IN 2014.
FINANCIAL REPORT

FISCAL 2014 HIGHLIGHTS

- The total net result for the year was a surplus of 0.228 million euros compared to a surplus of 0.367 million euros in 2013.

- The total revenue was 31.1 million euros compared to 34.3 million euros in 2013.

- Revenue from grants, gifts and operating grants amounted to 27.7 million euros, compared to 31.2 million euros in 2013.

- Total expenditure was 32.9 million euro, compared to 31.3 million euro in 2013.
REPORT OF THE TREASURER
FISCAL YEAR 2014

I am pleased to submit the annual report of the Treasurer of the International Union Against Tuberculosis and Lung Disease (The Union) for the fiscal year ended 31 December 2014.

In its 94th year, The Union made significant progress. Donors both large and small contributed approximately US$ 40 million in this fiscal year. With this continued support from our donors and the efforts of our staff, we were able to record a surplus of 228,000 euros. This was the fifth consecutive year to end with a surplus, which has enabled us to focus on new areas of growth and build our future.

At a time when many organisations are competing for the same funds, donors are repeatedly investing new funds in The Union, thanks to its demonstrated high-quality technical expertise and rigour. Our ability to efficiently manage large programmes in difficult places, as well as our strong donor base, have brought much credibility to the organisation, and today donors approach us to take on projects in places where others have not been successful. Nevertheless, we need to continue to manage our resources all the more prudently and to practice the fiscal discipline and high productivity, which have been hallmarks of The Union’s operating philosophy.

Several large projects are being considered that could potentially be managed by The Union in the years ahead. However, in order to successfully carry out these proposed programmes, the management has identified development of human resources as a key priority area. Nurturing new talent and expertise will be essential for us to meet the goals we would like to achieve.

In 2014 the Board established a Finance Committee that will oversee the finances of the organisation in greater detail and report to the Board.

FISCAL 2014 HIGHLIGHTS

• The total net result for the year was a surplus of 0.228 million euros compared to a surplus of 0.367 million euros in 2013. The total revenue was 31.1 million euros compared to 34.3 million euros in 2013.
• Revenue from grants, gifts and operating grants amounted to 27.7 million euros, compared to 31.2 million euros in 2013.
• Total expenditure was 32.9 million euros, compared to 31.3 million euros in 2013.

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

With the breadth of resources entrusted to The Union by donors, government agencies, members and other supporters, the need for prudent fiscal oversight is great. Working closely with our Board of Directors and our auditors, we continue to review and improve our financial policies, procedures and practices. Such oversight will ensure the continued financial strength needed to pursue The Union’s agenda in Fiscal 2015 and beyond.

FINANCIAL STATEMENTS

This report describes the financial position of The Union. The document on the following pages consists of the audited financial statements for Fiscal Year 2014 audited by KPMG.

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

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

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

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

Thank you.

LOUIS-JAMES DE VIEL CASTEL
Treasurer
AUDITOR’S OPINION

This is a free translation into English of the statutory auditor’s report on the financial statements issued in French and it is provided solely for the convenience of English-speaking users. The statutory auditor’s report includes information specifically required by French law in such reports, whether modified or not. This information is presented below the audit opinion on the financial statements and includes an explanatory paragraph discussing the auditor’s assessment of certain significant accounting and auditing matters. These assessments were considered for the purpose of issuing an audit opinion on the financial statements taken as a whole and not to provide separate assurance on individual account balances, transactions, or disclosures.

This report also includes information relating to the specific verification of information given in the management report and in the documents addressed to shareholders.

This report should be read in conjunction with, and construed in accordance with, French law and professional auditing standards applicable in France.

International Union Against Tuberculosis and Lung Disease
Charitable organization
Registered office: 68, boulevard Saint-Michel – 75006 Paris
Statutory auditor’s report on the financial statements
Year ended December 31st, 2014

Ladies and Gentlemen,

In compliance with the assignment entrusted to us by General Assembly, we hereby report to you, for the year ended December 31st, 2014, on:

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

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

Opinion on the financial statements

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

In our opinion, the financial statements give a true and fair view of the assets and liabilities and of the financial position of the organization as at December 31st, 2014 and of the results of its operations for the year then ended in accordance with French accounting principles.
Justification of our assessments

In accordance with the requirements of article L.823-9 of the French Commercial Code (Code de commerce), we bring to your attention the following matters.

Annual resources use account

As part of our assessment of the accounting principles applied by your organization, we have verified that the methods used to prepare the annual account of resource use, as described in note 6 on page 43 of the appendix, subject appropriate information, comply with the provision of CRC Regulation 2008-12 (French accounting regulation) and have been properly applied.

Accounting estimations

Dedicated funds

Your organization sets up dedicated funds, such as presented in note no° 3-2-3 of the appendix of the social accounts, external funding received and allocated to a specific project meets the criteria laid down by the French accounting rules and principles.

Our audit includes review by sampling tests the calculations made and validate the coherence of variation in dedicated funds of Balance Sheet and those in the Income Statement.

Contingencies and loss provisions

Your organization sets up provisions against exchange losses and provision for disputes, such as mentioned in note no° 3-2-2 of the appendix of the social accounts.

Wear and tear allowances

Your organization sets up provisions to cover the depreciations noticed or envisaged on assets, such as mentioned in note no° 3-1-4-2 of the appendix of the social accounts.

Our audit includes evaluating of the appropriateness of the data and the hypotheses on which these estimations are based, to review by sampling tests the calculations made by the organization, to compare the accounting estimations of the previous periods with the corresponding realizations.

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

Specific verifications and information

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

We have no matters to report as to the fair presentation and the consistency with the financial statement of the information given in the management report of the Board of Directors, and in the documents addressed to shareholders with respect to the financial position and the financial statements.

Paris La Défense, August 27th, 2015

KPMG S.A.

Bernard Bazillon
Partner
## ASSETS

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<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>74,891</td>
<td>90,925</td>
<td>107,192</td>
<td>147,828</td>
</tr>
<tr>
<td>Land</td>
<td>1,896,033</td>
<td>2,301,974</td>
<td>1,896,033</td>
<td>2,614,819</td>
</tr>
<tr>
<td>Building</td>
<td>1,683,879</td>
<td>2,044,397</td>
<td>1,818,711</td>
<td>2,508,184</td>
</tr>
<tr>
<td>Fixtures and equipment</td>
<td>370,751</td>
<td>450,129</td>
<td>400,724</td>
<td>552,638</td>
</tr>
<tr>
<td>Other tangible fixed assets</td>
<td>169,307</td>
<td>205,556</td>
<td>101,078</td>
<td>139,397</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>46,146</td>
<td>56,026</td>
<td>58,884</td>
<td>81,207</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td>4,241,007</td>
<td>5,149,007</td>
<td>4,382,622</td>
<td>6,044,073</td>
</tr>
</tbody>
</table>

| **Current assets** | | | | |
| Constituent members | 520,770 | 632,267 | 505,306 | 696,868 |
| Suppliers advance | 0 | 0 | 0 | 0 |
| Managed funds receivable | 3,679,574 | 4,467,371 | 1,281,826 | 1,767,766 |
| Receivable on committed grants | 0 | 0 | 0 | 0 |
| Inter-office accounts | 113 | 137 | 233,527 | 322,057 |
| Other receivables | 144,627 | 175,592 | 115,951 | 159,908 |
| Sundry debtors | 641,219 | 778,504 | 253,035 | 348,961 |
| **TOTAL CURRENT ASSETS** | 4,986,303 | 6,053,871 | 2,389,645 | 3,295,560 |

| **Bank and cash** | | | | |
| Financial investment for managed funds | 0 | 0 | 0 | 0 |
| Cash and bank for managed funds | 4,792,294 | 5,818,324 | 7,655,958 | 10,558,332 |
| Cash and bank of The Union | 1,310,080 | 1,590,568 | 579,264 | 798,863 |
| **TOTAL BANK AND CASH** | 6,102,374 | 7,408,892 | 8,235,222 | 11,357,195 |

| **Prepaid expenses** | | | | |
| **TOTAL PREPAID EXPENSES** | 54,596 | 66,285 | 211,413 | 291,560 |

| **Foreign exchange unrealised losses** | | | | |
| **TOTAL EXCHANGE LOSSES** | 1,872,372 | 2,273,247 | 1,635,100 | 2,254,966 |

**GRAND TOTAL** | 17,256,652 | 20,951,301 | 16,854,002 | 23,243,354 |

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2014 1 euro = 1.2141 USD
2013 1 euro = 1.3791 USD
## LIABILITIES

<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>2,287,820</td>
<td>2,777,642</td>
<td>2,287,820</td>
<td>3,155,133</td>
</tr>
<tr>
<td>Result carried forward</td>
<td>-3,519,753</td>
<td>-4,273,332</td>
<td>-3,886,556</td>
<td>-5,359,949</td>
</tr>
<tr>
<td>Result from the financial year</td>
<td>228,168</td>
<td>277,019</td>
<td>366,803</td>
<td>505,858</td>
</tr>
<tr>
<td>Restatement reserve on premises</td>
<td>1,887,396</td>
<td>2,291,487</td>
<td>1,887,396</td>
<td>2,602,908</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>883,631</td>
<td>1,072,816</td>
<td>655,463</td>
<td>903,947</td>
</tr>
<tr>
<td><strong>Contingency reserves (Contingency liability)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>TOTAL CONTINGENCY RESERVES</strong></td>
<td>836,403</td>
<td>1,015,477</td>
<td>666,076</td>
<td>918,585</td>
</tr>
<tr>
<td><strong>Dedicated funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DEDICATED FUNDS</strong></td>
<td>7,249,492</td>
<td>8,801,608</td>
<td>8,559,461</td>
<td>11,804,353</td>
</tr>
<tr>
<td><strong>Debts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants to be paid</td>
<td>700,679</td>
<td>850,694</td>
<td>1,049,416</td>
<td>1,447,250</td>
</tr>
<tr>
<td>Committed grants related to future budget years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inter-office accounts</td>
<td>620,118</td>
<td>752,885</td>
<td>314,908</td>
<td>434,290</td>
</tr>
<tr>
<td>Borrowing from credit institutions</td>
<td>1,183,831</td>
<td>1,437,289</td>
<td>1,291,782</td>
<td>1,781,497</td>
</tr>
<tr>
<td>Current bank advances</td>
<td>1,337,782</td>
<td>1,624,201</td>
<td>795,931</td>
<td>1,097,668</td>
</tr>
<tr>
<td>Suppliers and similar accounts</td>
<td>1,137,555</td>
<td>1,381,106</td>
<td>603,254</td>
<td>831,948</td>
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<td>Tax and social security</td>
<td>583,684</td>
<td>708,651</td>
<td>575,080</td>
<td>793,093</td>
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<td>Charges to be paid (accrued expenses)</td>
<td>307,128</td>
<td>372,884</td>
<td>216,491</td>
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<tr>
<td>Other creditors</td>
<td>315,159</td>
<td>382,635</td>
<td>395,598</td>
<td>545,569</td>
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<td><strong>TOTAL DEBTS</strong></td>
<td>6,185,936</td>
<td>7,510,345</td>
<td>5,242,460</td>
<td>7,229,878</td>
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<tr>
<td><strong>Deferred income</strong></td>
<td></td>
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<tr>
<td><strong>TOTAL DEFERRED INCOME</strong></td>
<td>575,347</td>
<td>698,529</td>
<td>535,937</td>
<td>739,111</td>
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<tr>
<td><strong>Foreign exchange unrealised gains</strong></td>
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<tr>
<td><strong>TOTAL EXCHANGE GAINS</strong></td>
<td>1,525,843</td>
<td>1,852,526</td>
<td>1,194,605</td>
<td>1,647,480</td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>17,256,652</td>
<td>20,951,301</td>
<td>16,854,002</td>
<td>23,243,354</td>
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</table>
## INCOME STATEMENT (in €)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Operating income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>390,238</td>
<td>297,765</td>
<td>688,004</td>
<td>747,613</td>
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<tr>
<td>Operating grants</td>
<td>3,542,228</td>
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<td>-424</td>
<td>38,043</td>
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<tr>
<td>Grants and gifts</td>
<td>7,831</td>
<td>27,648,532</td>
<td>27,656,362</td>
<td>31,184,847</td>
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<tr>
<td>Write-back of provisions and transferred charges</td>
<td>156,682</td>
<td>52,276</td>
<td>208,958</td>
<td>179,796</td>
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<tr>
<td>Other income</td>
<td>551,971</td>
<td>1,968,240</td>
<td>2,520,211</td>
<td>2,136,604</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>4,648,950</td>
<td>26,424,161</td>
<td>31,073,112</td>
<td>34,286,903</td>
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<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
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<tr>
<td>External charges</td>
<td>-1,473,924</td>
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<td>-12,191,771</td>
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<td>Taxes</td>
<td>-48,294</td>
<td>2,184</td>
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<td>-77,646</td>
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<td>Wages and salaries</td>
<td>-933,703</td>
<td>-3,416,431</td>
<td>-4,350,133</td>
<td>-3,718,231</td>
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<tr>
<td>Social contributions</td>
<td>-548,029</td>
<td>-967,419</td>
<td>-1,515,449</td>
<td>-1,441,674</td>
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<td>Depreciation charges and addition to provisions</td>
<td>-758,827</td>
<td>-3,150</td>
<td>-761,977</td>
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<td>Other expenses</td>
<td>-813,057</td>
<td>-13,595,813</td>
<td>-14,408,870</td>
<td>-13,512,584</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>-4,575,834</td>
<td>-28,330,857</td>
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<td>4,290,466</td>
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<td>Obligations for projects</td>
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<td>1,639,844</td>
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<tr>
<td><strong>OPERATING RESULT</strong></td>
<td>73,116</td>
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<td>656,977</td>
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<tr>
<td><strong>Financial result</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign exchange difference</td>
<td>178,741</td>
<td>-7,347</td>
<td>171,394</td>
<td>-243,299</td>
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<tr>
<td>Interest and financial income</td>
<td>-71,306</td>
<td>274,240</td>
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<td>Financial provisions</td>
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<td>59,836</td>
<td>-204,226</td>
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<td><strong>TOTAL FINANCIAL RESULT (+ GAIN / - LOSS)</strong></td>
<td>167,271</td>
<td>266,893</td>
<td>434,164</td>
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<tr>
<td><strong>EXCEPTIONAL RESULT</strong></td>
<td>-15,727</td>
<td>0</td>
<td>-15,728</td>
<td>366,803</td>
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<tr>
<td>Income tax</td>
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<td>3,509</td>
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<td><strong>NET RESULT FOR FINANCIAL YEAR</strong></td>
<td>228,168</td>
<td>1</td>
<td>228,169</td>
<td>366,803</td>
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</tbody>
</table>

| 2014 | 1 euro = 1.2141 USD |
| 2013 | 1 euro = 1.3791 USD  |

Aid-in-kind (drugs) | 1,642,659 | 1,921,786 |
Free use of goods and services | -1,642,659 | -1,921,786 |
## INCOME STATEMENT (in USD)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Operating Income</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Contributions</td>
<td>473,788</td>
<td>361,516</td>
<td>835,305</td>
<td>1,031,033</td>
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<td>Operating grants</td>
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<td>-4,301,134</td>
<td>-514</td>
<td>52,465</td>
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<td>Grants and gifts</td>
<td>9,508</td>
<td>33,568,083</td>
<td>33,577,589</td>
<td>43,007,023</td>
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<tr>
<td>Write-back of provisions and transferred charges</td>
<td>190,228</td>
<td>63,468</td>
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<td>247,957</td>
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<tr>
<td>Other income</td>
<td>670,148</td>
<td>2,389,640</td>
<td>3,059,789</td>
<td>2,946,591</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>5,644,290</td>
<td>32,081,574</td>
<td>37,725,865</td>
<td>47,285,068</td>
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<tr>
<td><strong>Operating Expense s</strong></td>
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<td></td>
<td></td>
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<tr>
<td>External charges</td>
<td>-1,789,491</td>
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<td>-14,355,752</td>
<td>-16,813,671</td>
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<tr>
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<td>-58,634</td>
<td>2,652</td>
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<td>Wages and salaries</td>
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<td>-5,127,812</td>
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<td>Social contributions</td>
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<td>Depreciation charges and addition to provisions</td>
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<tr>
<td>Other expenses</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>-5,555,520</td>
<td>-34,396,542</td>
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<tr>
<td>Write-back of dedicated funds</td>
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<td>5,209,054</td>
<td>3,155,654</td>
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<td>Obligations for projects</td>
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<tr>
<td><strong>OPERATIONS ON DEDICATED FUNDS</strong></td>
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<td>1,990,935</td>
<td>-3,119,788</td>
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<tr>
<td><strong>OPERATING RESULT</strong></td>
<td>88,770</td>
<td>-324,034</td>
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<tr>
<td><strong>Financial result</strong></td>
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<tr>
<td>Foreign exchange difference</td>
<td>217,009</td>
<td>-8,920</td>
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<td>Interest and financial income</td>
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<td><strong>TOTAL FINANCIAL RESULT (+ GAIN / - LOSS)</strong></td>
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<tr>
<td><strong>EXCEPTIONAL RESULT</strong></td>
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<td>-19,096</td>
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<td><strong>NET RESULT FOR FINANCIAL YEAR</strong></td>
<td>277,019</td>
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<td>277,017</td>
<td>505,858</td>
</tr>
</tbody>
</table>

Aid-in-kind (drugs) 1,994,352 2,650,335
Free use of goods and services -1,994,352 -2,650,335

2014 1 euro = 1.2141 USD
2013 1 euro = 1.3791 USD
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Department for International Development (DFID) of the British Government
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Panamerican Health Organization (PAHO) / World Health Organization (WHO) (Colombia)
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Panamerican Health Organization (PAHO) / World Health Organization (WHO)
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United Nations Development Programme (UNDP Iran)
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World Lung Foundation with financial support from Bloomberg Philanthropies
World Lung Foundation with financial support from the Bill and Melinda Gates Foundation

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Bloomberg Philanthropies
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Schwab Charitable Fund
The Union North America
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World Lung Foundation with financial support from Bloomberg Philanthropies
World Lung Foundation with financial support from the Bill and Melinda Gates Foundation

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Frequent Flyer Travel Paris
El Lily and Company India Pvt Ltd
Longhorn Vaccines and Diagnostics LLC
Otsuka
Gilead sciences
Voxiva SRL, Peru
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Steve Solomon, USA
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Ned Squire, UK
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