



## Annual Report 2005



2 million deaths  
a year



TB has created  
more orphans  
than any other  
disease

TB is curable but  
less than half of  
patients get  
access to  
treatment



TB is the most  
common cause of  
death in people  
who are HIV  
positive



Parts of London  
have TB rates as  
high as China



TB is airborne  
– it doesn't  
respect country  
borders

TB kills more  
women than all  
causes of maternal  
mortality  
combined



1 person dies  
every 16 seconds  
from TB, a curable  
disease!



**TB HAS BEEN A CONSTANT THREAT TO MANKIND SINCE CIVILISATION BEGAN;** the earliest evidence of TB in humans is from a neolithic grave near Heidelberg, Germany, dating back to 5000BC, and TB was a common disease in Ancient Egypt. In the nineteenth century, so many lives were claimed by TB in Europe and the United States that it was thought that TB would bring an end to Western society. It is no wonder then, that fear and misunderstanding have historically surrounded this disease.

**THE DAWNING OF THE TWENTIETH CENTURY BROUGHT NEW POSSIBILITIES;** there was a marked decline of TB in the West, with living conditions and nutrition improving, the introduction of a vaccine and, finally, an effective cure which brought hope to millions and predictions of total eradication of the disease. Sadly this was not to be: as rates of the disease declined in developed countries, they soared in areas where war, poverty and/or a lack of adequate healthcare created perfect breeding grounds for TB.



“It is tragic that millions still die each year from a curable disease. Stigma and myth still surround TB, even here in the UK, preventing people from seeking diagnosis and increasing the chance of serious damage to the individual and infection for others.”

**SIR JOHN CROFTON,  
HONORARY PRESIDENT, TB ALERT**



“With one-third of the world’s population infected and nine million developing active disease each year, TB is a global emergency. In today’s society of increased travel and migration, no one country can eradicate TB alone. It is crucial to dispel the stigmas associated with the disease. So many other obstacles need to be overcome; the

increase in drug resistant TB and HIV co-infection, ensuring access to TB treatment for all, the poverty cycle, development of an effective vaccine. These obstacles are vast and complex, requiring political and economic will at the highest level.”

**ARCHBISHOP EMERITUS DESMOND TUTU,  
PATRON, TB ALERT**

At *TB Alert*, we will continue to do everything in our power to address these issues. All of our projects include key activities to increase understanding of the disease and its effects. If we can at least remove the stigma and fear, we are one step closer to combating TB and its effects.



**ALERT**

*Stop Tuberculosis Worldwide*

## Britain’s national tuberculosis Charity

### OUR METHODS



**ADVOCACY.** We advocate for greater global spending for TB work by working closely with UK parliament and government, international agencies and pharmaceutical companies.

**PROMOTING AWARENESS OF TB.** We raise awareness (amongst the general public, non-specialist health professionals and at-risk groups) of TB as a global threat and as a disease resurgent in Britain. We aim to ensure that cases of TB are diagnosed as early as possible and prevent further spread of the disease.

**INFORMATION AND EDUCATION.** We produce educational resources for the public, health professionals and patients, helping to ensure that patients continue their treatment through to completion and avoid the risk of drug resistance.

**TB PROJECTS WHICH DEMONSTRATE BEST PRACTICE.** We support local NGOs and other partner organisations to build innovative and sustainable TB control programmes which focus on the social and cultural issues around curing TB. Our priority is to reach marginalised groups such as women, refugees and people with HIV.

**FACILITATING LEARNING.** All of our projects are encouraged to share ideas and solutions to increase the sustainable benefit from our funding.

**MYTH:** *TB is a disease of the past*

## OUR MISSION

**TB Alert's mission is to work towards the control and ultimate eradication of TB by increasing access to effective treatment for all.**

## OUR APPROACH



### PROMOTING THE VOICE OF PEOPLE AFFECTED BY TB

– because TB often affects people who are poor and marginalised and whose voice is not always heard.

**COMMUNITY PARTICIPATION.** Our projects can only be effective with the full support of the communities in which they work. Where possible we use local volunteers and make the best use of local talent and experience when recruiting paid workers.

**CONFRONTING THE ISSUE OF POVERTY.** TB is a disease of poverty and one which makes patients poorer. We believe access to TB treatment is a fundamental human right – regardless of nationality, status, gender or financial resources.

**TACKLING STIGMA AND DISCRIMINATION.** TB, like leprosy and HIV, carries a stigma which can prevent people coming forward for treatment. All of our projects aim to fight discrimination against TB patients.

**EFFECTIVE USE OF RESOURCES.** We commit to raising money in a cost effective and ethical manner, and using our financial and human resources effectively and sensitively. Using and creating effective networks and alliances: both networks of support for those affected by TB, and networks of organisations active in working for its control.

## CHAIR'S REPORT

PAUL SOMMERFELD, CHAIR OF TRUSTEES



### 2004/05 HAS BEEN ONE OF BUILDING A SOLID STRUCTURE TO ACCOMMODATE AND SUPPORT FUTURE GROWTH.

An important decision, taken in January 2005 and reflecting our growing sense of maturity as an organisation, was to present **TB Alert** from now on as *Britain's National Tuberculosis Charity*. We believe **TB Alert** to be the only charity concerned uniquely with tuberculosis – and the response to it - both in Britain and Worldwide. We are seen by many in the TB community in the UK as 'their' charity, and aspire to be effective as a respected voice on TB matters whether in this country or beyond.

Despite these significant steps forward, **TB Alert** remains a small organisation which needs to build its central core if it is to make the major step from being a fresh, young organisation to one with strength and permanency. Thus the first priority identified at a Strategy meeting in January 2005 was to find the means to have a full-time Director and associated office. Hopefully, that will not be long in coming but in the meantime **TB Alert** continues to be an organisation that punches well above its weight and, through committed Trustees, volunteers and staff in Britain, India and Zambia, makes a real contribution to the global work against TB.

Over this year we have made some changes to the structure of **TB Alert** through the creation of volunteer sub-committees which meet regularly; and consequently a reduction in the frequency of Trustee meetings to quarterly. Our sub-committees now include:

- **FINANCE AND OPERATIONS COMMITTEE** – a small group of key trustees and staff meeting monthly and an effective tool for dealing with immediate working issues and monitoring the financial position.
- **PROJECT COMMITTEE** (replacing the old Advisory Board) which assists Trustees in deciding which projects to support, and then in monitoring them. Each member of the Project committee takes special responsibility for communicating with and monitoring a small group of projects, coordinated by our part-time Programme Officer. It is hoped that the revised membership and format will ensure closer cohesion, and advice more directly related to the needs of Trustees and the priorities of TB Alert.
- **ADVOCACY COMMITTEE** to advise Trustees and support the work of TB Alert in urging government and others to give higher priority to TB.
- **THE FUNDRAISING TASK GROUP** – a committee working since 2000 on volunteer-led fundraising activities and a key support to our Fundraiser

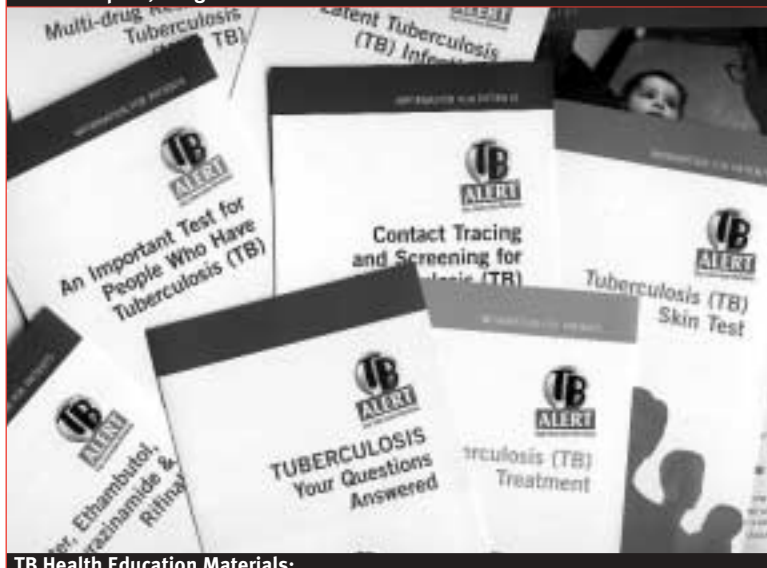
**TRUTH:** TB kills more people today than at any other point in history



Bwafwano Home Based Community Care Project, Lusaka, Zambia:



LAMB Hospital, Bangladesh:



TB Health Education Materials:

## SUB-SAHARAN AFRICA

The key issue we are facing in Africa is HIV, which weakens the immune system giving TB a chance to thrive.

People do not die of AIDS, they die of AIDS-defining illnesses (most commonly TB). TB kills extremely quickly in someone who is HIV positive. Curing their TB gives them a chance of a longer life.

If they can then access anti-retro virals, which are gradually becoming more widely available, they may live a few more decades – a chance to see their children and perhaps even grandchildren grow up.

## INDIAN SUB-CONTINENT

India has the greatest TB caseload of any country in the world. In India today, like any other day this year, one person will die every minute from TB.

India adopted DOTS (Directly Observed Therapy, Short Course) in 1995 through its Revised National TB Control Programme (RNTCP), and this is gradually being rolled out country-wide. But there is still a lot more to do.

Barriers of poverty, ignorance and stigma, which prevent people from accessing the treatment they need still need to be overcome and tackling these are foremost in our projects in India as well as Bangladesh.

## UNITED KINGDOM

Awareness is a key issue in the fight against Tuberculosis. If both medical professionals and the public understand that TB is a resurgent threat in the UK (to give context, more cases of TB are diagnosed each year than HIV/AIDS) then patients are more likely to be diagnosed without delay transmission to others will be reduced.

It is also vital that patients are aware of the facts surrounding TB and of the importance of completing their course of medication, as incomplete treatment can lead to drug resistance.

**MYTH:** *UK organisations should concentrate on UK issues only*

## TB ALERT PROJECTS SUPPORTED 2004/05

**BWAFWANO HOME BASED COMMUNITY CARE PROJECT, LUSAKA, ZAMBIA:** We support a growing Home Based Care Organisation, recruiting and training local volunteers to provide treatment, as well as counselling and support for patients – who often suffer from both TB and HIV. TB can be cured, even in someone with HIV, and the volunteers offer a real lifeline for their patients. Our support has helped the project to increase the number of semi-urban suburbs covered in greater Lusaka, and we hope over the next year to be able to help them make their services available in more rural areas further north.

**MURAMBINDA HOSPITAL, BUHERA DISTRICT ZIMBABWE:** *TB Alert* is supporting the hospital to maintain and improve its TB programme in the face of rocketing inflation, malnutrition, increasing HIV and rising TB rates in the region. Maintaining TB services is vital – interrupted treatment is worse than no treatment due to risks of drug resistance. With dedicated support from three volunteer UK doctors we are seeing slow but sure improvement in the cure rates of the TB service and over the next year will extend our support to developing an outreach service for rural areas.

**QUEEN ELIZABETH HOSPITAL PAEDIATRIC DEPARTMENT, BLANTYRE, MALAWI:** Children are highly susceptible to TB, yet difficult to diagnose. They are more likely to suffer forms of the disease which leave them permanently disabled, and yet they are often neglected in TB services. *TB Alert's* grant pays for two nurses in 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. Over the last year a booklet has been produced to help children understand TB and how it affects them, and our nurses have helped to run a study which will increase the number of children traced through contact with an adult patient.

**MZIMBA ACTIVE TB CONTACT TRACING, MALAWI:** Early diagnosis and prevention of TB in vulnerable contacts of TB patients (such as children and those with HIV) – this project's first year of activity will be reported in our next review

**GMLF:** Our support is enabling Gandhi Memorial Leprosy Fund (GMLF) to use the experience and rapport already built up with local communities (where they have been working with leprosy patients) to cure people suffering from TB. The project provides outreach TB services to poor, marginalised populations in a very remote area.

**KRISCHIP:** *TB Alert* is working in partnership with the UK Leprosy NGO, Lepira to support this project in Krishna District, Andhra Pradesh thanks to a grant gained from the Big Lottery Fund. Despite the region being severely affected by the Boxing Day 2004 Tsunami, the project is successfully working to raise awareness of TB. They aim to ensure that patients know TB is curable and that treatment is free. It is important that patients are diagnosed and treated quickly to prevent further spread and enable them to return to work, school or looking after their families as soon as possible.

**LAMB HOSPITAL, BANGLADESH:** *TB Alert* supports the TB component of LAMB's community health and development programme in rural areas of Bangladesh. Central to LAMB's approach are activities that raise awareness of the disease, allowing early diagnosis and treatment and thus preventing further spread. The project particularly focuses on fighting the stigma which can mean that women are inhibited from seeking TB treatment.

**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 remote parts of India. *TB Alert* hopes to help the hospital become a centre of excellence for TB care in the region, and have supported them to build and equip a new dedicated TB Outpatients Unit and Laboratory.

**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* has supported 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.

**TB HEALTH EDUCATION MATERIALS:** Over the last year *TB Alert* has supplied over 20,000 leaflets to TB clinics, prisons, schools, immigration services and GP's surgeries and around the country. These leaflets give patients simple information, relevant to their situation, to take away and re-enforce the key messages given to them by TB health professionals

**TREATMENT PACKS:** Sponsored by Genus Pharmaceuticals, this is a handy guide providing health professionals with a quick reference guide to prescribing the correct dosage of medication. The treatment pack also incorporates the popular and flexible *Treatment Diary* to help patients remember which tablets they need to take and when and to help ensure that they complete their course of medication.

**UK HARDSHIP FUND:** This fund, sponsored by diagnostics company Oxford Immunotec, aims to make sure that no patient is prevented from completing their treatment through lack of money, and that their health while undergoing TB treatment isn't compromised because they are not receiving a nourishing meal every day. The fund also helps nurses in the difficult job of supporting patients through the long TB treatment.

**PUBLIC AWARENESS MATERIALS:** In late 2004 we began to work more closely with the Department of Health, with whom we jointly developed new information materials in the form of a factsheet, poster, leaflet and pocket card for World Stop TB Day on 24th March. These materials were widely distributed to GP surgeries, pharmacies and hospitals and have played a major role in raising public awareness of TB.

**INCREASING AWARENESS:** particularly in at-risk groups: At the end of our financial year we received confirmation from the Department of Health that our funding bid for a new role of Awareness Officer had been successful. The post has been funded for three years and we were delighted to welcome Tina Harrison on board in May 2005. Tina will be reporting on her progress in our next annual report.

**TRUTH:** *TB doesn't respect country borders, and cannot be controlled in the UK until it is controlled worldwide.*



Photo by: Gary Hampton [www.digitalrailroad.net/garyhampton](http://www.digitalrailroad.net/garyhampton)

**MYTH:** *TB was totally eradicated in the UK until recently*

**TRUTH:** *TB was NEVER eradicated in the UK. The lowest number of cases since records began was 5086 in 1987. Since then, case numbers have increased by 50%.*

## UNITED KINGDOM

Over the year our Hardship fund has been able to provide a small but vital lifeline for TB patients from poorer sections of society, who fall through the gaps in benefits and support. We provide support for a variety of needs including nutritious meals, prescription pre-payment charges and travel costs. Here are some of the stories of patients helped this year:

Joan Lewis and Heather Phillips, TB nurses from Worcestershire contacted us about the Green family\* a mother and two sons, who all had TB. A grant of £221.70 was awarded for prescription pre-payment certificates and transport costs to get to the clinic once a month for the six month period of treatment.

“The grant made a tremendous difference to the family. Although all three were employed they have very low paid jobs and sick pay did not cover their general living expenses. They would have found the extra burden of finding money to cover the cost of three lots of prescription charges too great (especially when drugs needed to be changed due to reactions etc) and therefore would probably not have been compliant with treatment. The grant for prescription pre-payment certificates really helped. All were extremely infectious and the consequence of non-compliance would have been dreadful. Two of the family work in factories employing over 240 people and they both have a substantial amount of close contact with their co-workers. The other worked at two nursing homes and often did agency work as a care assistant. The consequences of any one or all of them being non-compliant would have been an infectious time bomb waiting to happen”

From Mary Waldemichael in Scotland we heard about the difficulties of the Brown family\*, who were really struggling to cope after mum became ill with TB. We were able to award £180 to help with their transport costs. Mary told us:

“Thanks so much for helping this family. Mum had TB, and two of the children had been infected (although luckily they were caught before they became ill). Because dad had to give up his part time job to look after the family while mum was in hospital, there was a very small budget and the additional costs of transport would have meant that this family would have gone short of food in order to maintain both the visits to mum in hospital and making sure that the two children got to the clinic for their treatment. At a time of serious stress this was the very last thing Mr Brown\* needed.

The family are now in a better position. Mum is home, continuing on treatment and well. The children have completed preventive treatment of three months and dad has found another job. There was a bonus for me too – the ability to give practical help at such a time strengthened the relationship with the family and has made my job easier! They were immensely grateful. Mum was in hospital for around six weeks so it was really important that her children were able to see her regularly.”

\*names have been changed for patient privacy

## TB ALERT IN ACTION

### SUB-SAHARAN AFRICA

Josephine was very ill – she had been to a local, native healer who gave her some medicine but it didn't work. Her husband had left her for another woman, and she had had to move back to her parents' compound so her sister could help look after her little boy. Thankfully her parents live in Ngwerere, an area covered by Bwafwano home based care organisation.

Judy, a local Bwafwano caregiver, heard she had chest pains, cough, loss of appetite and heavy night sweats and recommended she go to the Ngwerere clinic to check for TB. It took Judy several visits and persistent questioning to find out that Josephine didn't want to go to the TB clinic because someone had told her that it was well known that many people who take TB medicine die in a few days. Judy had been well trained to understand the concerns and confusions that people can have about TB treatment. She explained that, although it was true that some people died just after starting treatment, this was because they had left it so long that they were too ill to recover: delaying going to the clinic was the thing that killed them, not the TB drugs.

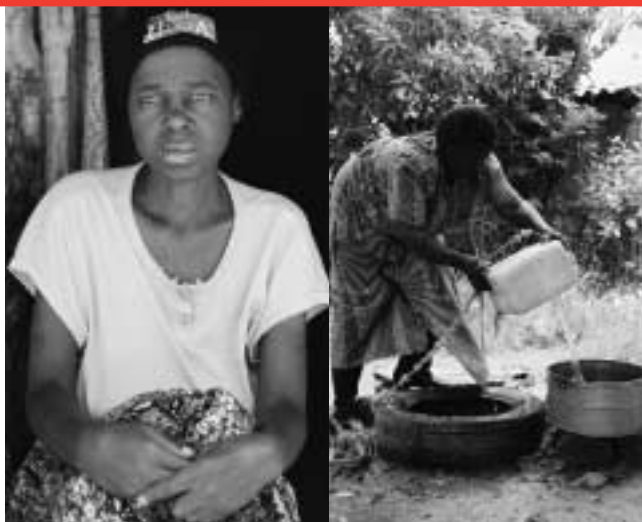
Eventually she won Josephine's trust and accompanied her to the clinic where she was diagnosed with TB and started on treatment. Judy suspected that Josephine may be HIV positive. While the TB treatment had saved her life, she hoped that she could persuade Josephine to get a HIV test, as drugs to treat HIV were becoming available in their area. In the meantime, she visited regularly, helping with chores and providing emotional support while Josephine got her strength back.

### INDIAN SUB-CONTINENT

In many parts of India and Bangladesh, case finding of TB among women is much lower than men. Some of this may be explained by exclusion from wider society and hence decreased exposure to the disease, but more often it is because women are less able to access TB treatment. Women are often missed by health promotion programmes (they tend to stay looking after the home rather than come to workshops) and therefore have a lower awareness of TB symptoms. If they do suspect they have TB, they are often too scared to tell family due to potential rejection. Sometimes they can't get to a clinic because they are not allowed the freedom to leave the home without explaining where they are going. Their fears are often justified – 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 the disease may prevent a woman from finding a husband. TB can lead to isolation and abandonment by the woman's family members too.

Women in poor families often go without food to ensure that their husband or children have enough to eat. Their low nutritional status makes them more vulnerable to catching TB if they come into contact with it. If they do get ill, women are more likely to delay seeking care to avoid using precious family resources.

Mrs. Saima Bukhya, of Ramanakkapeta village in Krishna district is a "peer educator" – she visits women in their houses to talk to them and their families about her experiences of TB to try and make sure that they don't suffer the stigma she did. Here she is talking to a group of women on World Stop TB Day, 24th March 2005. In another village, female volunteers held a TB "quiz" for World Stop TB Day to increase understanding of TB amongst young women.



**MYTH:** *Don't take medicine for TB – it will kill you!*

**TRUTH:** *TB is curable – even in someone with HIV, and can give someone years more life*



**MYTH:** *When a woman brings TB into the house she should be banished*

**TRUTH:** *Once a patient is under treatment, they usually become non-infectious very quickly. It is the stigma of TB that should be banished*



**MYTH:** *Advocacy doesn't save lives – it's just meetings and reports*

**TRUTH:** *We have to be realistic – TB Alert cannot rid the world of TB alone. But what we can do is use our expertise to persuade others to join us in the fight. Working together we will one day achieve our mission to rid the world of TB.*

The figures are horrifying – two million people die each year from this curable disease because of lack of adequate and affordable healthcare. Diagnostics are slow, many of them are inadequate and there have been no new drugs for TB in the past thirty years. TB Alert knows that our project work alone, though effective locally, will never be on a large enough scale to achieve our goal of the ultimate eradication of TB globally. Advocacy activities are the key – bringing attention to TB, both as a worldwide and UK issue, and influencing others to join us in our fight to eradicate TB worldwide.

### Through advocacy **TB Alert** plans to:

- Encourage influencing and education activities regarding public policy issues relating to TB services.
- Lobby for greater and more effective spending on TB by governments, pharmaceutical companies and other agencies.

### With the aim of:

- Promoting good practice in TB treatment and control.
- Increasing access to TB diagnosis and treatment to poor and marginalised groups.
- Encouraging the development of new tools in TB diagnostics, treatment and prevention to reduce incidence, improve early diagnosis and enable more effective treatment.

**TB Alert** works as part of a global TB advocacy network, taking an active part in the Advocacy Working Group of the Stop TB Partnership. Out of work such as this, a new ten-year Global Plan for action against TB has just been launched, aiming to halve deaths and new cases of TB by 2015. With colleagues from Holland we worked to bring together TB advocates from across Europe and also engaged in consultations called by the European Commission.

In the UK, we collaborated with the British Lung Foundation and British Thoracic Society in urging the Department of Health to publish its long-awaited National Action Plan for Tuberculosis. We also forged closer working relations with the Department for International Development regarding support for TB in high burden countries.

An unexpected but very welcome development came out of a visit to the UK by leading African TB/HIV activist, Winstone Zulu. We are now working with Winstone to help him build a patient-based initiative in Zambia which aims to highlight the fact that TB is the leading killer of HIV positive individuals. The initiative is looking at ways in which services for the two diseases could be better co-ordinated as well as raising awareness about TB and its treatment.

We also now have an Advocacy Committee which includes leading voices on TB both abroad and in the UK. This has enabled us to strengthen our advocacy activities.



## THE FUNDRAISERS



**MYTH:** *charities spend too much on fundraising*

**TRUTH:** *This year, for every £1 we spent on fundraising we raised £10. Before we had the services of a fundraiser our income was only £20,000 per year, now it's over £250,000 per year.*

Charity fundraising is never easy and for a small organisation like ours it is especially difficult to focus both on the general raising of unrestricted funds and on the raising of funds for specific projects from trusts and major donor institutions. Nonetheless, our 2004-5 year saw success on both sides.



Our relationship with Bart's Choir was a particular delight. As their charity of the year, we benefited from a series of three big concerts. Not only did this lead to about £15,000 from profits, collections, and sponsorships including a major one from Shell but it also involved many of our volunteers in some very enjoyable events.

Also, thanks to members of the Barts choir we were able for the first time to collect donations in Trafalgar Square under the great Christmas Tree, while the choir sang carols to a spellbound audience of shoppers and tourists.

Another entertaining event at Christmas was The Canary Wharf Charity Shopping Night – our supporters bought tickets from which we kept all the proceeds whilst they had an evening of discounts, free samples and entertainment in Canary Wharf's three shopping malls. Our calendar of street collections also expanded this year with new flag days held in Guildford and Marlow.

A great fun day out was a new event Ladies who Lunch, the antidote to charity runs, a stroll round Regent's Park for elegant ladies, waved off by singer Patti Boulaye, and waited on at the end by gentlemen serving a fine picnic – all leading to some £3500 of individual sponsorships.

Rotary continued to be an important source of support with our largest gift so far from a single club – £2000 from Chichester – and the proceeds of a concert arranged by the Camberley Club.

Marathon runners also helped, including two ex-TB patients who each raised over £600 in different events. And the Chair of **TB Alert** even went cycling in France to generate some useful sponsorship gifts.

An important source of support has been sponsorships by interested companies, notably Genus, Oxford Immunotec, and Lilly UK. Our thanks to Lilly, an organisation which manufactured drugs for MDR-TB, for sponsoring our MDR-TB leaflet. We are also grateful to Oxford Immunotec who sponsored our Christmas card so that all costs were covered, and all income came straight to **TB Alert**. And finally our appreciation goes to Genus who covered the costs of a staff member visiting our projects in Africa.



## WHERE THE MONEY CAME FROM

Total income **£258,063** (Previous year £166,253)

### INDIVIDUAL DONATIONS

**£78,688 30.5%**

Thank you so much to all our supporters who have contributed towards this total. The sum includes donations made by post, and increasingly by telephone or over the internet, street and other collections (including those at Barts Choir's concerts), and a growing number standing order gifts. We also count in this total the kind people who have sponsored runners or attended fundraising events. Our thanks particularly to those supporters who made donations through their wills or in memory of loved ones.

### SALES AND OTHER INCOME

**£26,170 10.1%**

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

### COMMUNITY AND FAITH-BASED GROUPS

**£5,510 2.1%**

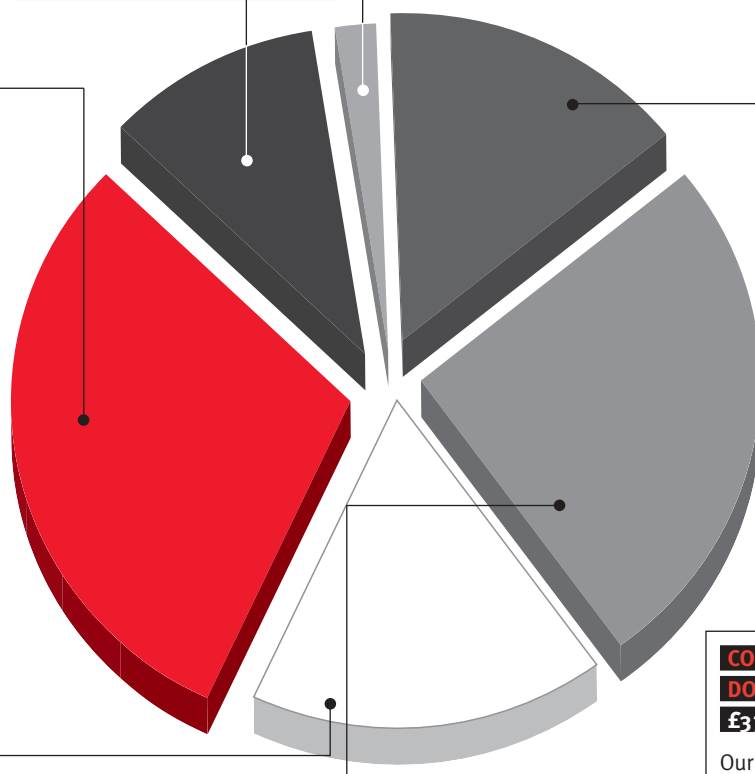
**TB Alert** is delighted to have a continuing and strengthening relationship with Rotary International Britain and Ireland, and this category not only includes gifts from Rotary clubs and Inner Wheel, but also faith-based organisations, schools, colleges and universities. We are very grateful for the support of everyone involved.

### TRUSTS

**£43,252 16.8%**

Trust gifts are the backbone to our funding for small overseas and UK projects and we would like to thank the following trusts for their support (not all gifts fall exactly within the financial year 2004/05)

- The Allchurches Trust
- The Ardwick Trust
- Miss Jeanne Bisgood's Charity
- The Enid Blyton Trust for Children
- PG & NJ Boulton Trust
- The Cornwell Charitable Trust
- The Cotton Trust
- The Heald Charitable Trust
- The Beatrice Laing Trust
- The Mercers Company Charity
- The Oakdale Trust
- The Philanthropic Trust
- JSF Pollitzer Charitable Settlement
- Thomas Sivewright Catto Charitable Trust
- SMB Trust
- N Smith Charitable Settlement
- The Peter Stebbings Memorial Charity
- The Toy Trust
- Zurich Financial Services



### STATUTORY GRANTS

**£66,957 25.9%**

Our grateful thanks to the States of Jersey and Guernsey, and the Isle of Man – who through their own Overseas Aid Funds, have made donations for a number of **TB Alert** projects. Our thanks to the Leprosy Mission for partnering us in our applications to the States of Jersey, and to Lepira, our partner in our grant from the Big Lottery Fund.

### COMPANY DONATIONS

**£37,486 14.5%**

Our thanks to AstraZeneca, Genus Pharmaceuticals, Oxford Immunotec and Shell for their support during the year.

## Moving forward

In the UK, as our new staff person begins work, there will be major developments in **TB Alert** activity for increasing public and healthcare awareness of TB. We expect to work in close collaboration with the Department of Health especially in promotion of the awareness aspects of the National TB Action Plan. As regards work in high burden countries, it is expected that the preparatory activity in India and Zambia will come to fruition. **TB Alert** will then become engaged in major initiatives – in India, drawing local non-governmental and mission organisations into greater involvement with TB detection in collaboration with the national TB programme; and in Zambia, supporting a patient-based network for communicating information about the linkages between TB and HIV and the opportunities for accessing TB as well as HIV treatment. We will also be working globally with our partners at country level and with those active in the Stop TB Partnership and World Health Organisation on the implementation of the second Global Plan for TB. This will provide a framework for TB activity over the next ten years, in line with the Millennium Development Goals - to at least halve annual deaths from tuberculosis by 2015.

**MYTH:** *My money doesn't really make a difference*

# WHERE THE MONEY WENT

Total expenditure £221,104 (Previous year £181,867)

## PROJECT SUPPORT

£162,740 73.6%

This includes all of our direct project expenditure (for projects listed on page 4 and 5), plus support from **TB Alert**, including the salaries of overseas staff – everything directly involved in helping more people to gain access to TB treatment. Details of specific grants can be provided on request. We are pleased to have been able to increase our project support by over £37,000 (30%)

## MANAGEMENT AND ADMINISTRATION

£9,708 4.4%

This covers essential items from stationery to computers, as well as a percentage of our fundraiser's time which is spent on administrative tasks. Although our trustees and committee members are not paid, we cover expenses and also incur meeting room hire costs. 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

£24,987 11.3%

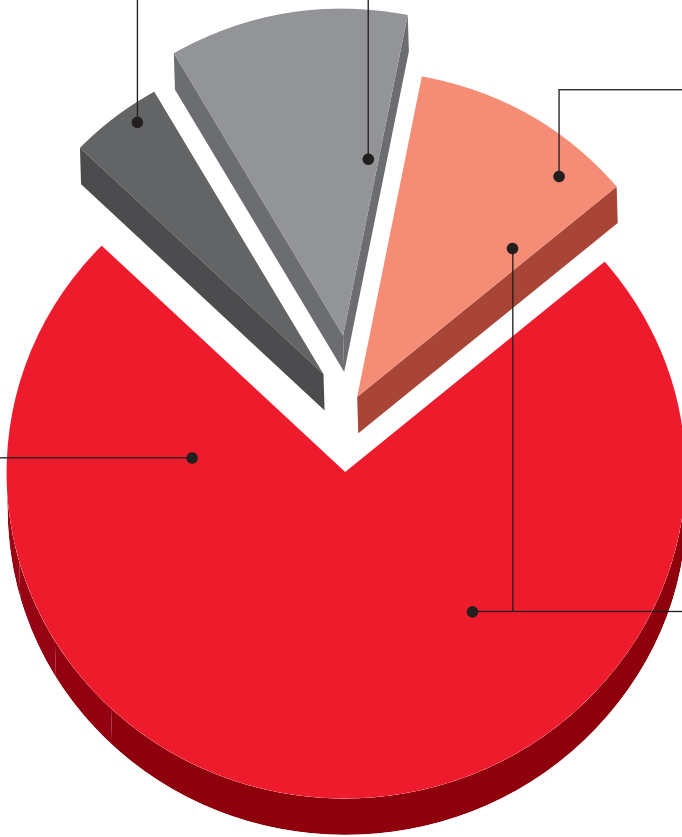
This includes fundraising materials, appeals and salary costs. **TB Alert** is careful to ensure that all of our fundraising activities bring in the highest returns possible for the money we invest. Our success in keeping fundraising costs down lies in the support we receive from volunteers for activities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

## ADVOCACY/AWARENESS

£23,669 10.7%

This includes newsletters, leaflets, other materials and salary costs. Increased awareness means earlier diagnosis and fewer deaths from TB. 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. Advocacy/Awareness and Project support combined make up our Direct Charitable Expenditure – expenditure on our core aims.

**Advocacy/Awareness and Project support combined make up our Direct Charitable Expenditure – expenditure on our core aims. This year 84p of every pound donated to TB Alert went where it counts – helping to save lives from TB.**



	2005	2005	2004	2004
	£	£	£	£
<b>Current Assets</b>				
Cash at Bank	68,863		31,050	
Debtors	28,983		36,415	
Prepayments & Accrued Income	3,138		5,609	
	100,984		73,074	
<b>Current Liabilities</b>				
Creditors : Amounts falling due within 1 year	(21,530)		(30,579)	
<b>Net Current Assets</b>	<b>79,454</b>		<b>42,495</b>	
<b>Total Assets Less Current Liabilities</b>	<b>79,454</b>		<b>42,495</b>	
<b>Funds</b>				
General Fund	64,326		38,904	
Restricted Fund	15,128		3,591	
	<b>79,454</b>		<b>42,495</b>	

**TREASURER'S REPORT**  
Enhanced fundraising activity combined with improved financial controls paid off during the year. In the previous year there had been growing pains and some reserves had been drawn down, but in the 2004-05 year: both unrestricted and restricted income rose by more than 50% and for the first time we went over the £250,000 threshold to a total of £258,063. Expenditure was kept well within income such that it has been possible to add £25,000 to general reserves bringing those up to £64,000, a level higher than before the previous year's draw-down.

**RESERVES POLICY**  
The Trustees have established a policy that the free reserves held by the charity should normally be between 3 and 6 months total unrestricted expenditure, which equates to between £24,000 and £48,000 in general funds. This provides enough funds to allow the charity to continue its current operations in the event of a drop in income. Free reserves at the year end were £64,326, somewhat above the maximum required under the policy but this was a deliberate decision in order to build up a 'development fund' to help us create a firmer infrastructure.

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.

**KATHLEEN MCCOY – TREASURER**

**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 14th December 2005.

**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 2005.

**SINCLAIRS 14TH DECEMBER 2005**  
**REGISTERED AUDITORS, 32 QUEEN ANNE STREET, LONDON W1G 8HD**

**TRUSTEES' STATEMENT**  
These summarised accounts are extracted from the full unqualified audited accounts approved by the Trustees on 14th December 2005 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 14TH DECEMBER 2005**

**TRUTH:** 30% of our income this year came from individuals; a solid base of support giving us the stability to plan ahead.



## The *TB Alert* team

---

### HONORARY PRESIDENT

Sir John Crofton

### PATRONS

Lord Kilpatrick of Kincaig  
Archbishop Emeritus Desmond Tutu

### TRUSTEES

Chris Button  
Professor Peter Davies (Company Secretary)  
Carol Horner  
Margaret Knight  
Dr Deepti Kumar  
Kathleen McCoy (Treasurer)  
David Reed  
Edward Sadler  
Dr Noel Snell  
Paul Sommerfeld (Chair of Trustees)  
Dr Owain Tucker

### TB ALERT INDIA TRUSTEES

Dr Jayant Banavaliker (Chair)  
Dr Prameela David (Vice Chair)  
Dr KJR Murty  
Dr Shanta Raye

### FOR FURTHER INFORMATION PLEASE CONTACT:

**ADDRESS:** 22 Tiverton Road  
London  
NW10 3HL

**TEL:** 0845 223 5294

**EMAIL:** chair@tbalert.org

### YOU CAN ALSO CONTACT OUR FUNDRAISER ON:

**TEL:** 0845 223 5293

**EMAIL:** fundraising@tbalert.org

### OR OUR AWARENESS OFFICER ON:

**TEL:** 0845 456 0995

**EMAIL:** awareness@tbalert.org

**WEBSITE:** www.tbalert.org

### REGISTERED CHARITY NUMBER:

1071886

### COMPANY LIMITED BY GUARANTEE

NO: 3606528

### UK STAFF AND REGULAR VOLUNTEERS

Paul Edwards (Fundraising volunteer)  
Tina Harrison (Awareness Officer)  
Claire Le Feuvre (Programme Officer, part-time)  
Melanie Matthews (Fundraiser)  
Angela Mynors (Voluntary Administrator)

### OVERSEAS STAFF

Tilak Chauhan (Asia Representative, part-time)  
Arun Kumar (India Programme Officer)  
Winstone Zulu  
(Southern Africa Representative, part-time)

### ADDITIONAL COMMITTEE MEMBERS

Jane Belton  
Simran Chawla  
Dr Richard Coker  
James Deane  
Helen Donoghue  
Dr Peter Godfrey-Faussett  
Maya Jaffe  
Sunita Jaswal  
Mimi Khan  
Dr John Millard  
Dr John Moore-Gillon  
Dr Henry Mwandumba  
Dr Richard de Soldenhoff  
Simon Wright

### VOLUNTEERS

Many people, too numerous to mention, have given generously of their time to help **TB Alert**. These people's energy and enthusiasm has been particularly vital to the growth of our organisation over the last year. We particularly thank Peter Mynors; all of our collecting teams in London, Brighton, Henley, Marlow and Guildford plus individual collectors elsewhere; all of our envelope stuffers in Brighton and Brent; the Sommerfeld family; members of Bart's Choir; and all our energetic runners, walkers and cyclists.