



ALERT

Stop Tuberculosis Worldwide

Annual Report
2006

The UK's National
Tuberculosis charity





Progress in the TB world

2005/06 has seen some encouraging signs for the future of the fight against Tuberculosis (TB), both in the UK and Internationally. In the UK, we have seen work moving forward from the Department of Health, National Institute for Health and Clinical Excellence (NICE) and the Health Protection Agency (see our UK work, Page 4 for further details of how **TB Alert** participated).

Internationally there have been several announcements relating to the development of improved drug regimes, vaccines and diagnostics – many of these are being worked on by scientists in the UK.

The Stop TB Partnership launched its Global Plan to Stop TB 2006-2015 in January 2006. The primary aims are to halve TB death rates and prevalence; and to have halted and begun to reverse the incidence of TB by 2015. The plan also outlined the needs for new tools against TB, with targets of diagnostic tests at the point of care by 2012, a safe, effective and affordable vaccine by 2015 and a treatment regime of 1-2 months shortly after 2015.

The Plan also seeks to deliver more on the ground and gives greater emphasis to the issues of HIV/TB co-infection and MDR TB through adapting the use of DOTS (the internationally-recommended TB control strategy). It is calculated that the plan would bring direct benefits to 50 million more patients and save 14 million lives over ten years.

At the launch (see Our Advocacy Work on Page 10 for **TB Alert's** involvement) a call was made for a threefold increase in funding for TB control, with an identified ten year funding gap of US \$31 billion. The Gates Foundation pledged to triple its funding for tuberculosis from \$300 million over the next decade, with a focus on supporting research and development. In the UK, the Secretary of State for International Development announced a £41.7 million increase on UK international spending on TB. Heartening though these announcements are, it does not require a mathematician to point out that there is still a long way to go. The Plan requires \$56 billion to carry out its aims – less than \$1 per day of healthy life gained.

TB Alert is working towards to the day when the Plan will be proved a success, when TB has been brought under control and there will no longer be millions of preventable deaths due to TB. ●



This year we joined MP's in congratulating our Honorary President Sir John Crofton on his award of the Union Medal. The International Union Against TB and Lung Diseases (IUATLD) presented Sir John with their highest award, which recognises outstanding contributions to the control of tuberculosis and lung disease, at the 36th IUATLD World Conference. We are honoured to have the support of such an eminent pioneer of TB control.

A note from the chair

TB Alert is the only specialist TB charity working both in the UK and internationally to fight Tuberculosis. Our vision is of a world where poverty and ignorance are no longer a barrier to accessing TB treatment and where the stigma and discrimination associated with tuberculosis are eliminated. Our mission is the control and ultimate eradication of TB by increasing access to effective treatment for all.



Making Progress

TB Alert's success around the world is evidenced by the people we help. In 2005-06, we handled over 700 email and telephone enquiries from patients and members of the public worried about TB, distributed 53,400 patient information leaflets and made 27 small grants to UK patients who would otherwise have struggled to make it through their treatment. Our overseas projects helped over 7,000 people to access treatment, gain a better understanding of Tuberculosis and see through the stigma and fear towards a more positive future.

As a small charity, reliant to a large extent on volunteers, we are able to keep our costs to a minimum, meaning that including administration, fundraising and advocacy costs, we managed to provide this support at an overall cost per beneficiary of £3.60. Breaking it down further we can see that it cost us around £1 for every person we

provide with information or advice, whilst in our project activities it costs around £21 per patient cured.

Our main priority as an organisation for this year was to establish a fund which could be invested in building our charity's capacity and infrastructure to provide a stable base for planned future growth, enabling us to help more of the 9 million people each year who develop Tuberculosis. With a core funds donation from a Trust donor we have been able to set up the fund, although more fundraising is needed before we can begin the process of recruiting our first paid Chief Executive.

As detailed on the opposite page, we are potentially on the brink of exciting progress in the fight against one of the World's top three killer diseases. We look forward to the day when we can publish our last Annual Report – at the time when there is no longer a need for **TB Alert** and organisations like us to exist. Until then, there is still much work to be done and we hope you enjoy reading about our progress over 2005-2006 in this report. ●



Our work in the UK

It was good to see the issue of Tuberculosis in the UK gaining recognition over the past year...



Real People – March 2006

The Department of Health initiated working groups to make recommendations for the implementation of the Chief Medical Officers Action Plan, *Stopping Tuberculosis In England*. The National Institute for Health and Clinical Excellence (NICE) published its first Guidance on Tuberculosis, *Clinical diagnosis and management of tuberculosis, and measures for its prevention and control*. **TB Alert** was pleased to be consulted as part of both these developments.

In September 2005 the BCG Schools Immunisation Programme was withdrawn after 52 years in existence and replaced by a risk based immunisation programme. The change in policy has caused some concern among parents and has unfortunately brought about “negative” awareness – because people are not aware of the full facts about TB and BCG, it seems there is a danger of further stigma being attached to the disease. **TB Alert** has received hundreds of enquiries on the issue and produced a leaflet, “TB and the BCG Vaccination” to explain the new policy.

With so much UK focus on TB, it was timely that our Awareness Officer post started in May 2005. This has helped **TB Alert** to expand in several areas of work;

- securing closer working relationships with the Department of Health (DoH) and Health Protection Agency
- linking with and providing support to more TB health specialists around the country
- ensuring **TB Alert** is an active part of the main networks working with TB in the UK
- developing relationships with organisations which work with groups identified as being at higher risk of contracting TB (for example prisoners and the homeless)
- handling public and patient enquiries more quickly
- working more proactively with the media
- adding to our leaflet series when developments occur



TB Alert worked with over ninety health professionals to help arrange World Stop TB Day 2006 events and provide awareness materials. We plan to extend this further in future years. As part of this, our Awareness Officer worked with the DoH to develop a new pilot piece of public health information; a picture card showing the symptoms of TB in cartoon form (see below right), carrying a simple awareness message in eleven languages. The aim of the card was to transcend language and literacy barriers – feedback from health professionals was overwhelmingly positive.

Our newly revamped website also gave us the opportunity to provide further support to the public, the media, patients and health professionals by providing an easily accessible source of information on TB and the latest news on any developments.

2005 was the first full year of *TB Alert* providing small grants to patients and health workers, through the kind sponsorship of diagnostics company, Oxford Immunotec. Twenty-seven grants were made totaling £2,702.79. The aim of the majority

“TB Alert worked with over ninety health professionals to help arrange World Stop TB Day 2006 events and provide awareness materials.”

of the grants was to cover the necessities to get through treatment (such as food, travel to clinic and prescription charges) for those outside of the Government benefits system. Three of the grants were made to help in less tangible ways, one provided a special map for a London TB Clinic to help them understand patterns of disease, another paid for a patient to study on a counseling course to enable them to help other patients and the third part-funded a major awareness event held in a high-incidence area with difficult to reach at risk groups.

TB Alert looks forward to further extending its work in the UK in future years. ●





Our work in Africa

The increasing global incidence of TB is largely due to the increasing rate in Africa, fuelled by the HIV epidemic and by the adverse social and economic situation.

T *B Alert's* work in Africa concentrates on three main areas:

- Raising awareness of TB and the fact that it is curable even in someone who is HIV positive
- Increasing access to TB services for people to ensure early diagnosis
- Improving nutrition to ensure the best chance of recovery

Our Projects

Bwafwano Home Based Community Care Project, Lusaka, Zambia:

Recruiting and training local volunteers to provide treatment, as well as counselling and support for TB/HIV patients. In 2005/06 the project:

- Held workshops for 50 community leaders to raise awareness of TB/HIV and gain their support to fight stigma in their communities.
- Trained 25 new volunteer treatment supporters.
- Held weekly patient meetings with workshops on health, hygiene and

nutrition. At the end of the talks every patient receives a hot meal – an incentive to attend and a way to help improve their nutritional status.

- Provided over 1,000 households with items such as blankets, soap and detergent – helping families look after TB/HIV patients in the home.
- Supported 2,926 patients with TB/HIV, with information, advice, counseling, and/or home based care.

Murambinda Hospital, Buzura 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 2005/06 we:

- Gave advice and support to the project to improve data collection and monitoring.
- Worked with the project to improve follow-up of patients who default from treatment* (see info box right).
- Provided support for food and bus fares for TB patients.
- Enabled the hospital to diagnose over 848 patients with TB.



QECH 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. In 2005/06, the final year of a three year project the hospital:

- Treated 450 children with TB in the Paediatric department.
- Tested 229 childhood contacts of adult TB patients, diagnosing and treating TB in 45 of the children (who may otherwise never have been diagnosed).

Mzimba Active TB Contact Tracing, Malawi:

Early diagnosis and prevention of TB in vulnerable contacts of TB patients. This project got underway this year to:

- Undertake active TB testing among household and other close contacts of infectious TB patients.
- Identify patients with TB early, and start them on anti-TB treatment before their disease progresses (target for the full first year is 500 TB patients identified)

- Provide preventative treatment for healthy children under 6 years old, and family contacts who are HIV positive (the two categories at greatest risk) to prevent them developing active TB. ●

“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.”

***** When a patient is being treated for TB it is vital that they complete their 6-8 month treatment. If they don't, the TB can return in a drug resistant form (MDR-TB) – difficult and complicated to treat in the UK, but practically a guaranteed death sentence in poor countries where the treatment is prohibitively expensive.

Emmanuel, the TB clerk at Murambinda explained that this story from one of his patients was typical:

“Before I was diagnosed with TB I was very scared and thinking that I was about to die because of having chest pain, sleepless nights, shortness of breath loss of appetite and weight loss. But the treatment and special care I was given from hospital staff made me feel much better. When they discharged me they referred me to a local clinic to get more drugs but they ran out and told me to go back to the hospital each month. It is too far to walk (24km each way) and I couldn't afford the bus fare. The thing is I feel fine now and I have to work to make some money, and so I don't need to come back for tablets. I have been taking them for so long I am sure that the TB is gone because I don't feel it at all.”

To decrease the rate of patients not completing treatment in the project, **TB Alert** has worked with the project to:

- Set aside three days a month to follow up patients who have not completed treatment
- Improve patients' health awareness when they begin treatment.
- Provide free investigations (eg x-rays) to patients after diagnosis.
- Supply food and money for transport to patients on days they visit clinics to encourage their attendance to hospital.



Our work in Asia

India has the greatest caseload of TB of any country in the world, with one person dying 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 now available throughout the country. But there is still a lot more to do.



T *B Alert's* work in Asia concentrates on:

- Raising awareness of TB and other diseases of poverty
- Building capacity of local organisations to get involved in TB work in support of the RNTCP
- Tackling stigma and discrimination which prevent people coming forward for diagnosis (a particular issue for women)

Our projects

Gandhi Memorial Leprosy Fund (GMLF):

The project provides outreach TB services to poor, marginalised populations in a very remote area. In 2005/06 the project has:

- Conducted over 1000 awareness activities (including family visits, small group talks, exhibitions and schools visits), reaching over 100,000 people with information about TB, its symptoms and its cure.
- Identified over 2500 TB patients
- Trained staff, village health workers and volunteers at 8 Primary Health

Clinics (PHCs) to undertake awareness activities and provide DOT (Directly Observed Treatment) to patients.

Krischip:

TB Alert is working in partnership with the UK Leprosy charity, Lepra and local partner Vasafya Mahali Mandal (VMM) to support this project in Krishna District, Andhra Pradesh thanks to a grant gained from the Big Lottery Fund. The project works in remote rural areas as well as urban slums.

In 2005/06 our support enabled them to:

- Build the capacity of local organisations by training over 1700 people within those groups to raise awareness of TB
- Hold over 4,000 awareness events in 577 villages and 113 slum areas (a total population of 1.6m people)

LAMB Hospital, Bangladesh:

TB Alert supports the TB component of LAMB's community health and development programme in rural areas of Bangladesh. The project particularly focuses on fighting the stigma which can mean that women are inhibited from seeking TB treatment.



Fighting the stigma of TB in the slums of Delhi



Leela, age 35 came to Lalkuan Dots Centre with cough and chest pain. She was diagnosed with Sputum Negative TB (not infectious).

Her husband, who had earlier suffered from TB (and in all likelihood passed it on to her), decided to abandon her after he found out. Sadly it is not unusual for a woman with TB in India to be divorced or abandoned by their family for “bringing TB and shame on the household”.

Understandably, Leela became confused and depressed. She stopped taking treatment and was even ready to end her life. The health workers at Lalkuan knew that even if she didn't take her own life, it was at risk anyway since, if she didn't carry on the treatment, she could develop drug resistant TB.

The health worker visited her husband and convinced him to support Leela and the importance of Leela continuing treatment. Today, Leela is cured of the disease and has decided to fight the disease which nearly ended her life by creating awareness in her community. She wants to make sure women like her come forward with TB early, and that men like her husband support their wives rather than stigmatising them.

Over the year the project has:

- Treated 600 patients for TB
- Trained 212 DOTS workers to supervise patients taking their medicine
- Conducted awareness programmes in 52 schools, and with 925 village groups (many of them womens' groups)

prioritising children under 5, pregnant women and breastfeeding mothers.

- Carried out a study on paediatric TB to assess the Keith-Edward scoring system (KES)* as a suitable diagnosis tool for paediatric TB in a resource-limited setting such as rural India.

Nav Jivan Hospital, Palamu District, Jharkand state, India:

TB Alert supports this well-established mission hospital to extend WHO recommended DOTS treatment, as well as provide health education and community awareness campaigns in one of the poorest and most difficult parts of India.

This year Nav Jivan has:

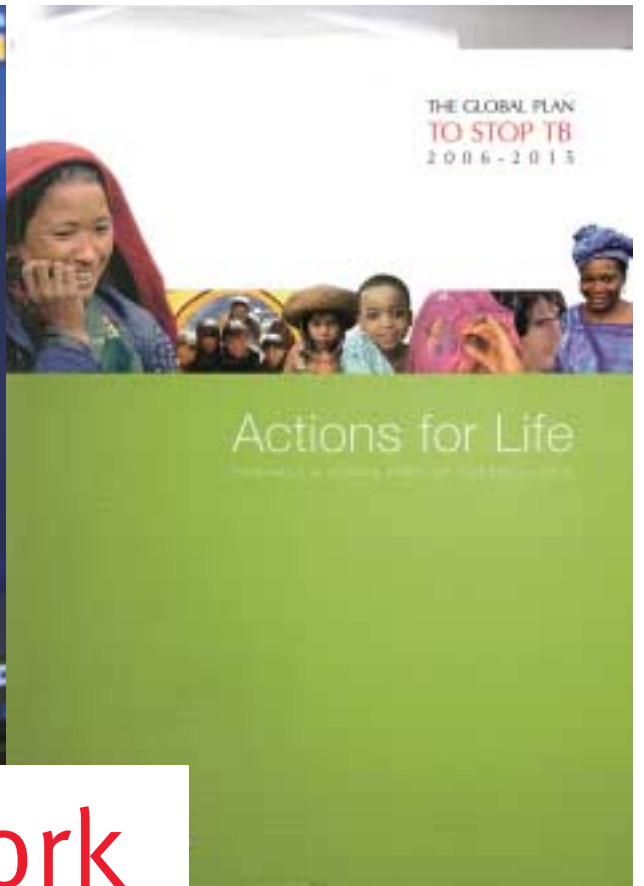
- Tested over 2,000 patients a month for TB, referring them back to local clinics for treatment
- Treated 198 patients within the hospital for TB
- Begun the construction of a new TB outpatients unit
- Started to provide supplementary diet packages for the poorest TB patients,

Voluntary Health Association of Delhi (VHAD), India:

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. The centres have:

- Treated 630 cases in 5 DOTS centres (an increase of 20% on the previous year)
- Conducted awareness raising activities in each of the 5 areas. ●

* A system by which one allocates points for factors such as length of illness, nutritional status, family TB history, skin test results, observance of clinical signs such as enlarged glands or bone deformities – children with a certain numerical score are treated for TB. TB drugs have extremely rare incidences of side effects in children.



Our advocacy work

Tuberculosis is a massive global challenge which clearly cannot be resolved by the efforts of a single small charity. From the start, **TB Alert** has worked to draw the attention of the public, government and the business and research sectors to the actions needed to confront the disease in the UK and worldwide.

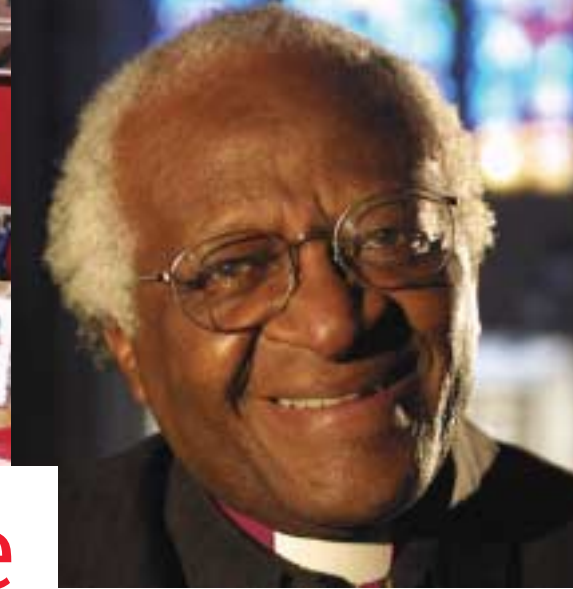
TB Alert has been actively engaging with partners both nationally and internationally to raise the profile of TB. Several events came out of this joint working, one of which was a London Press Launch of the Stop TB Partnership's Global Plan to Stop TB 2006-2015. **TB Alert**, alongside Results UK (an international grassroots lobby group), arranged the launch parallel to several other international launches. The launch was attended by a broad representation of print and television media. The main press launch of the Plan took place at an event during the World Economic Forum in Davos, headed by Gordon Brown MP (drawn in through **TB Alert** efforts), together with the President of Nigeria and the philanthropist, Bill Gates.

A conference aiming to make politicians, charities and those involved in TB in the UK more aware of the Global Plan, took place at Westminster just prior to World Stop TB Day. The day was arranged in conjunction with Results UK and AMREF UK (The African and Medical Research Foundation).

TB Alert also actively participated in a Consultation by the Department for International Development (DFID) on the future of its malaria and TB policies. **TB Alert** helped DFID with the process and also prepared a detailed response to the Consultation. The response was the first major achievement of **TB Alert's** new Advocacy Committee, whose members cover a range of TB knowledge and lobbying skills. The outcome of the Consultation was a DFID Practice Paper, *The Challenge of TB and Malaria Control*, which acknowledged many of the concerns raised by **TB Alert**.

Work conducted with the Stop TB Partnership, DFID and Results UK led to two meetings being held, one in July 2005 and another in February 2006. The meetings were held to highlight the link between the TB and HIV pandemics in both a medical and a practical sense for UK based international development agencies. ●





Plans for the future

The Trustees believe that **TB Alert** is now in a position to markedly increase its impact by leveraging support from major donors but for that it needs an enhanced institutional base in order to manage large programmes.



TB Alert has begun a process of developing a business plan which will set out what we hope to achieve in the next five years, and the resources required to meet those objectives. This plan will be finalised over the financial year 2006-07. The trustees have agreed to set aside a £60,000 designated fund for infrastructure investment and, using the business plan as well as supporting material, staff and trustees aim to approach core funding donors to seek further funding. That funding will be used to appoint a full time Chief Executive to lead expanded advocacy and awareness programmes and ensure international projects deliver maximum value. With investment in fundraising as well as increased core and project staff capacity, we envisage that the business plan will enable us to create a sustainable level of self-generated core and project funding.

Initiatives in India and Zambia have reached the stage where we are now ready to apply for significant statutory funding grants, while the second year of our Department of

Health grant in the UK will enable us to build on the foundations laid in the first year and reach more targeted at-risk groups with awareness raising materials.

In our next Annual Report...

TB Alert India becomes operational and takes over the running of the Delhi DOTS project. In Advocacy a major series of events focusses on the need for new diagnostics, drugs and vaccines in TB. Success in gaining funding for the ActionAid-led Advocacy network leads to the recruitment of a Global Health Advocate. A lease is signed on our first official office space in Brighton. A successful appeal by Archbishop Desmond Tutu on Radio 4 leads to over £20,000 worth of donations including gift aid, and together with various news stories on the fears about virtually untreatable "XDR-TB", a new level of interest in our cause. ●



Progress in fundraising

Fundraising is an investment for the future, and every £1 we spent this year (including fundraising salaries, office costs, leaflets and event costs) generated on average £6 in income.

For stability it is important that our income comes from a variety of sources and funders, and this page gives just a few examples which demonstrate the broad base of our support. We cannot mention every activity or donor separately, but to all of our fundraisers and supporters we would like to say a big THANK YOU!

TB Alert's antidote to sponsored walks

Three *TB Alert* volunteers visited our Murambinda project in Zambia this year

(at no cost to us), and following their trip came back with an incredible enthusiasm for fundraising (see pages 6 & 7 for more details about Murambinda). Their ensuing activities raised over £15,000 in donations for the project including gift aid. Some of the supporters raising money for Murambinda did so by taking part in our second "Ladies who Lunch" – the antidote to charity sponsored walks – held on a glorious September day in Regents Park.

Other supporters raised money through slightly more conventional (and exhausting!) sponsored activities including the London Marathon and the Great North Run.

Currently *TB Alert* relies on "own-place" runners for the London Marathon, and we are grateful to the two runners in April 05 who raised over £1,000 each for *TB Alert*. At the end of this year we were delighted to hear that after a long negotiation as part of a consortium of charities, *TB Alert* was awarded a "Silver Bond Place" for 2007. Our chance for a place will only come around every 4-5 years so we plan to make the most of it!





Goodbye Barts, Hello Lilly

Our last concert as Barts Choir Charity of the year was held in April 2005. The concert at the Royal Festival Hall was a successful end to our year with the choir. The relationship resulted in a donation of £4,500 from the choir, in addition to the funds received in the previous financial year from collections and sponsorship.

Later in the year **TB Alert** was delighted to be chosen as Lilly UK's charity for 2006 and the year started off well with several employee events including a World Cup ticket Raffle and cake and book sales.

Support from other companies continued to grow, and ranged from straightforward donations, to sponsorship (of leaflets and events), grants for project activities and two non-financial but very welcome gifts: Genus Pharmaceuticals paid for our fundraiser to visit our projects in Zambia and Malawi and Oxford Immunotec donated a laptop computer for use by volunteers working with the fundraiser.

“**TB Alert** began to harness the power of the internet in our fundraising.”

Every penny counts

TB Alert supporters all over the country held various collections throughout the year – including a Carol singing fundraiser in Trafalgar Square, a week of collecting outside the Royal Academy, and various flag days outside supermarkets. World Stop TB Day on 24th March saw joint awareness and fundraising events held by TB nurses and other health professionals.

A summer appeal to our donors resulted in over £2,000 worth of new annual donations by standing order, meaning that we now receive over £11,000 a year by this method. This is very welcome as regular gifts like this help us to plan and budget for the future.

Finally Autumn of 2005 saw our first charity dinner and Auction, held in Henley-on-Thames, hosted by MP and TV personality Boris Johnson. A great time was had by all and most importantly we raised over £3,200 after all costs were taken into account.

The power of the web

With the launch of our new website this year, **TB Alert** began to harness the power of the internet in our fundraising. Internet sales of Christmas cards doubled compared to the previous year with orders coming to us from all corners of the globe. Our runners and eventers were able to create their own sponsorship pages on www.justgiving.com/tbalert, raising over £3,500 between them in this way in addition to their traditional paper sponsor forms. For the first time we were able to put appeals on our website, giving donors the choice of responding via the web, telephone or post. Feedback was excellent, with people finding it allowed them to give in a way most convenient to them and their lifestyle. ●

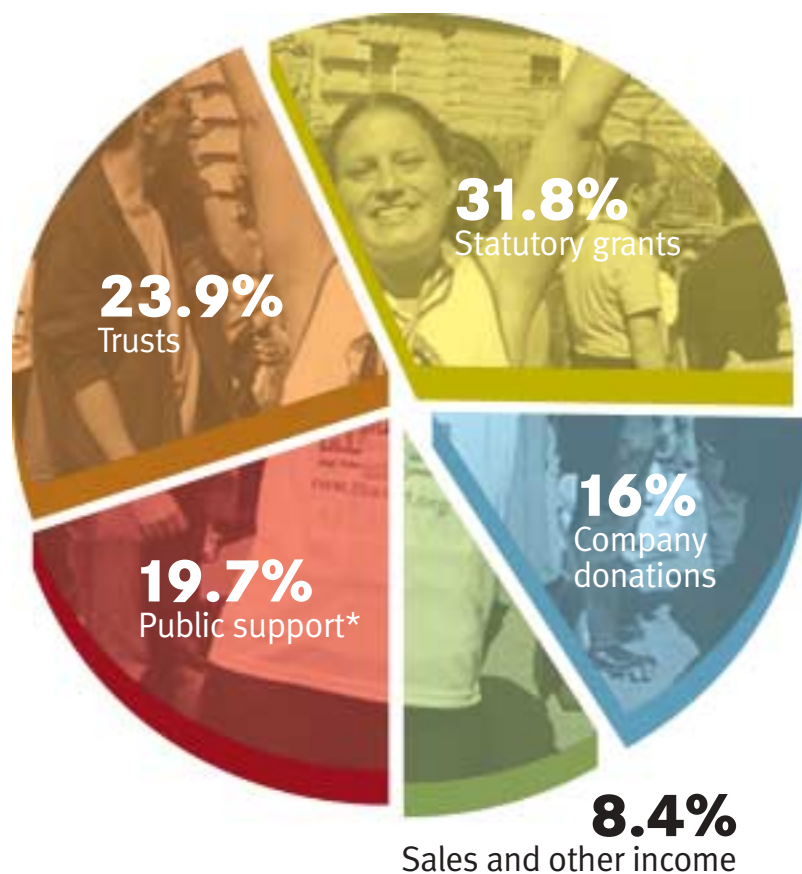
Where the money came from

Income and Expenditure

for the year ended 31st March 2006

	2005-06	2004-05
	£	£
Public support	54,770	76,041
Trusts	65,838	16,450
Statutory Grants	87,430	100,258
Company donations	44,116	37,400
Sales and other income	23,184	27,914
TOTAL INCOME	275,338	258,063

	2005-06	2004-05
	£	£
Project support	118,873	157,855
Advocacy/Awareness	55,564	29,080
Fundraising	35,947	27,023
Administration & Governance	8,862	7,146
TOTAL EXPENDITURE	219,246	221,104



What do we mean by...?

Public support

Public support is the money we receive from individuals through donations, sponsorship, collections, legacies and in memoriam gifts, and the gift aid we receive from eligible donations. It also includes the donations we receive from community groups (eg Rotary Clubs), faith groups and schools.

Trusts

Trusts are funds set up for charitable purposes to which charities can apply.

Statutory Grants

Money from Government sources such as the Department of Health, and the Isle of Man, and States of Jersey and Guernsey, as well as the Big Lottery (formerly known as the Community Fund).

Company donations

Companies donate in a number of ways from donations to sponsoring materials or events, matching money their employees raise, or gifts in kind.

Sales and other income

Sales of leaflets as well as Christmas cards, plus interest payments from our high interest deposit account.

Project support

All of our direct project expenditure 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.

Advocacy/Awareness

Leaflets, newsletters, 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.

Fundraising

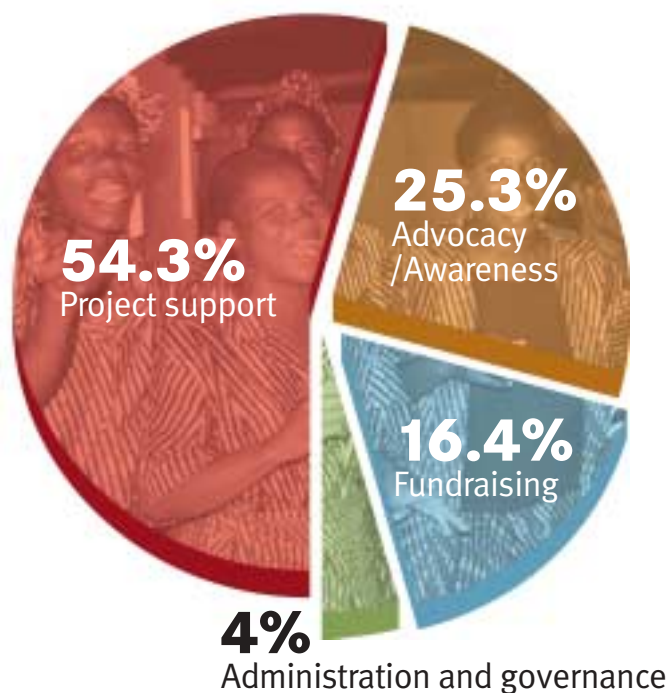
Fundraising materials, appeals and salary costs. **TB Alert** is careful to ensure that all of our fundraising activities bring in the highest returns possible for the money we invest. Our success in keeping fundraising costs down lies in the support we receive from volunteers for activities from website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

Administration & Governance

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.

Where the money went

Advocacy/Awareness and **Project support** combined make up our **Direct Charitable Expenditure** – expenditure on our core aims. This year 80p of every pound donated to **TB Alert** went where it counts – helping to save lives from TB.



Balance sheet at 31st March 2006

	2006	2006	2005	2005
	£	£	£	£
Current assets				
Cash at bank	158,891		68,863	
Debtors	18,805		32,121	
Prepayments and Accrued Income			3,138	
	177,696		100,984	
Creditors: Amounts falling due within 1 year	42,150		21,530	
Net Current Assets		135,546		79,454
Total Assets Less Current Liabilities		135,546		79,454
Funds				
General Fund	47,096		64,326	
Restricted Funds	88,450		15,128	
	135,546		79,454	

Financial Review

2005-06 saw a further growth in income to £275,338, inclusive of a core funds donation from a Trust donor of £50,000. **TB Alert** relies on the continued support of regular individual and company donors, income from its trading activities and sales of its leaflets to provide over half of its unrestricted income. A restricted grant of £33,500 from the Department of Health finances the activities of the Awareness Officer. Resources expended remained stable at £219,246. Of this amount, £174,437 was spent directly on charitable activities, £47,962 of which was funded from unrestricted funds.

Reserves policy

The Trustees have established a policy, reviewed annually, that the free reserves held by the charity should 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 £47,096, in line with policy. Restricted reserves are held for the minimum period possible between date of receipt and allocation to the designated purpose.

The Trustees have designated £60,000 of unrestricted income for the purpose of appointing a full-time Director, restricted funds at 31st March 2006 stand at £88,450 compared with an opening position of £15,128.

Investment policy

Cash surpluses, in excess of immediate operational needs, are invested in money market deposits.

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 13th December 2006.

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 2006.

SINCLAIRS – 13th December 2006

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 13th December 2006 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 13th December 2006

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
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)
Ashish Gosh
Dr KJR Murty
Dr Shanta Raye

UK Staff and Regular Volunteers

Paul Dawson (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
James Deane
Helen Donoghue
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Dr John Hayward
Maya Jaffe
Sunita Jaswal
Mimi Khan
Amy McConville
Dr John Millard
Dr John Moore-Gillon
Dr Henry Mwandumba
Dr Alwyn Mwinga
Jacqueline Nation
Samantha Perkins
Dr Richard de Soldenhoff
Paul Thorn
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, Hastings and Brent; the Sommerfeld family; members of Bart's Choir; contributors to our newsletter and all our energetic runners, walkers and cyclists.

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