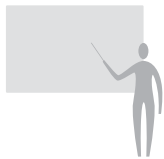




INFORMING



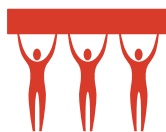
TRAINING



SCREENING



DIAGNOSING



SUPPORTING



COLLABORATING



ADVOCATING



**ALERT**

ANNUAL REPORT  
2012-13







## WELCOME FROM THE CHAIR AND CHIEF EXECUTIVE

This year saw continued progress in the global fight against TB, with fewer people becoming ill or dying from the disease. This picture was reflected by our work at TB Alert, where we helped more people than ever access life-saving treatment. Yet with TB still claiming 3,500 lives every day, we remain focused on the task ahead.

TB Alert's work focuses on 'access to treatment' because one-third of the people who develop TB never reach a qualified doctor to diagnose and treat them. Not only will many of those people die of this curable disease, but for lack of a course of antibiotics they could pass on TB within their families and communities. Our work breaks this cycle – not only saving their lives, but preventing others from becoming infected.

As the UK's national TB charity, we tackle the issue both here and in developing countries where practically every family will have seen the effects of TB first-hand. By working with local community organisations, we spread information and awareness messages so people know TB is curable and free treatment is available. We also help people overcome the barriers to seeking medical help, whether caused by the stigma still surrounding TB in some communities, the distance to the nearest clinic or simply not being able to afford a basic meal so their bodies can effectively absorb the medicine.

Our work in India – through our sister organisation TB Alert India – and in Malawi, Zambia and Zimbabwe has continued to grow. Our work is where the need is greatest, usually in impoverished, crowded urban areas where TB is easily transmitted, or remote rural areas far from the nearest clinic. We work hand-in-hand with government health services to help ensure that patients receive the best care throughout their treatment.

Our flagship UK programme, *The Truth About TB*, is reaching diverse communities and starting to fundamentally change the way that health services tackle the disease. This year we also launched our biggest ever programme among GPs in England, because often the signs of TB are misread, which delays diagnosis. Working with the Royal College of GPs (RCGP) and the Health Protection Agency (HPA), we developed training to reduce this 'diagnostic delay' and help GPs support their patients during the long course of treatment.

For the first time the charity's income exceeded £1 million, thanks to the generosity of many donors who recognise the crucial need to tackle TB around the world. Our thanks go out to every one of you, as well as to our expert advisers, staff teams and volunteers in the UK and India, and the partners with whom we work closely towards shared aims.

This annual report highlights our achievements over the past year as we rolled out the first year of work under our new Strategic Plan for 2012-17. We hope you find it inspiring reading and that you will continue to support TB Alert as we play our part in ridding the world of the scourge of TB.



**Paul Sommerfeld**  
Chair




**Mike Mandelbaum**  
Chief Executive



# OUR <sup>2012-13</sup> IMPACT

REACHED 3.78 MILLION

In total we reached 3.78 million people with information, training and support about TB



TRAINED  
11,000

We trained 11,000 health and social care professionals and community support workers



3.73 MILLION  
INFORMED



SCREENED  
30,000

We screened and tested 30,000 people for TB, HIV and TB-HIV



DIAGNOSED  
5,000

We diagnosed 5,000 people with TB, HIV or TB-HIV



SUPPORTED 6,000



We supported over 6,000 people through treatment for TB

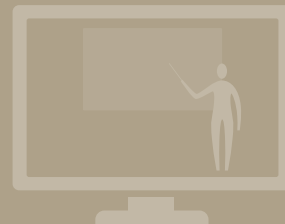
## OUR IMPACT IN THE UK

In the UK, *The Truth About TB* programme reached 253,823 people directly

- 4 local TB partnerships – bringing together third sector and statutory organisations, and patient representatives – were launched in regions with large numbers of people affected by TB: Birmingham, Brent, Manchester and Redbridge
- 86 third sector programme staff attended 4 *The Truth About TB* training events, which were co-developed by the 4 new local TB partnerships
- 5 partners launched local projects to raise awareness of TB among specific at-risk communities
- 28,843 people received information about TB through TB Alert's information service: [www.thetruthabouttb.org](http://www.thetruthabouttb.org) – 01273 234770
- 1,056 primary care professionals completed online TB training, developed by TB Alert in association with the RCGP and the HPA
- 66 TB specialist nurses received a TB resource pack to raise awareness of the illness among primary care professionals
- 108 organisations distributed 38,282 copies of public and patient information materials

# 1,056

PRIMARY CARE PROFESSIONALS  
COMPLETED ONLINE TRAINING,  
DEVELOPED BY TB ALERT IN  
ASSOCIATION WITH THE ROYAL  
COLLEGE OF GPs



- 56,000 people received materials developed specifically to meet the needs of local communities and produced with five partner organisations
- 262 partners distributed 129,374 *The Truth About TB* awareness materials on or around World TB Day 2013
- 116 people received patient support grants totalling £24,371, providing support to cover costs linked to TB treatment, such as travel to hospital, nutritious food and heating



## OUR IMPACT IN AFRICA

### Community-led TB-HIV Advocacy in Zambia (COTHAZ) reached 3,255,564 people:

- 45,639 through drama, door-to-door visits, focus group discussions and mobile video shows
- 9,385 through events on World AIDS Day and World TB Day
- 3.2 million through local radio shows on TB-HIV
- 540 local leaders and decision makers attended awareness-raising projects to gain their support for the project

### In Zimbabwe the Murambinda Mission Hospital TB Programme reached 67,007 people:

- 59,327 attended TB awareness-raising talks and performances
- 450 community volunteers given training to support outreach work to TB patients
- 31 clinical staff received TB training
- 7,199 screened for TB through active case finding work and 5,500 tested for the disease
- 722 diagnosed with TB, started on treatment and received counselling
- 2,047 patients supported through directly observed treatment (DOT)

**3.2 MILLION**  
REACHED IN ZAMBIA THROUGH  
LOCAL RADIO SHOWS ON TB-HIV



ZAMBIA

ZIMBABWE

**7,199**  
SCREENED IN  
ZIMBABWE FOR TB  
THROUGH ACTIVE  
CASE FINDING WORK

## OUR IMPACT IN INDIA

# 186,012

PEOPLE REACHED THROUGH  
OUR PROGRAMMES IN INDIA

### The TB-HIV in Andhra Pradesh programme (TAP) reached 58,277 people:

- 53,501 reached with information on TB and HIV
- 9,316 tested for TB (4,707), HIV (4,307) and TB-HIV co-infection (302)
- 836 diagnosed with TB (596), HIV (195) and TB-HIV co-infection (45)
- 3,545 self help group members received TB training
- 236 rural medical practitioners trained
- 995 'Anganwadi' child and family health workers trained in directly observed therapy

### Delhi DIVINE reached 10,138 people:

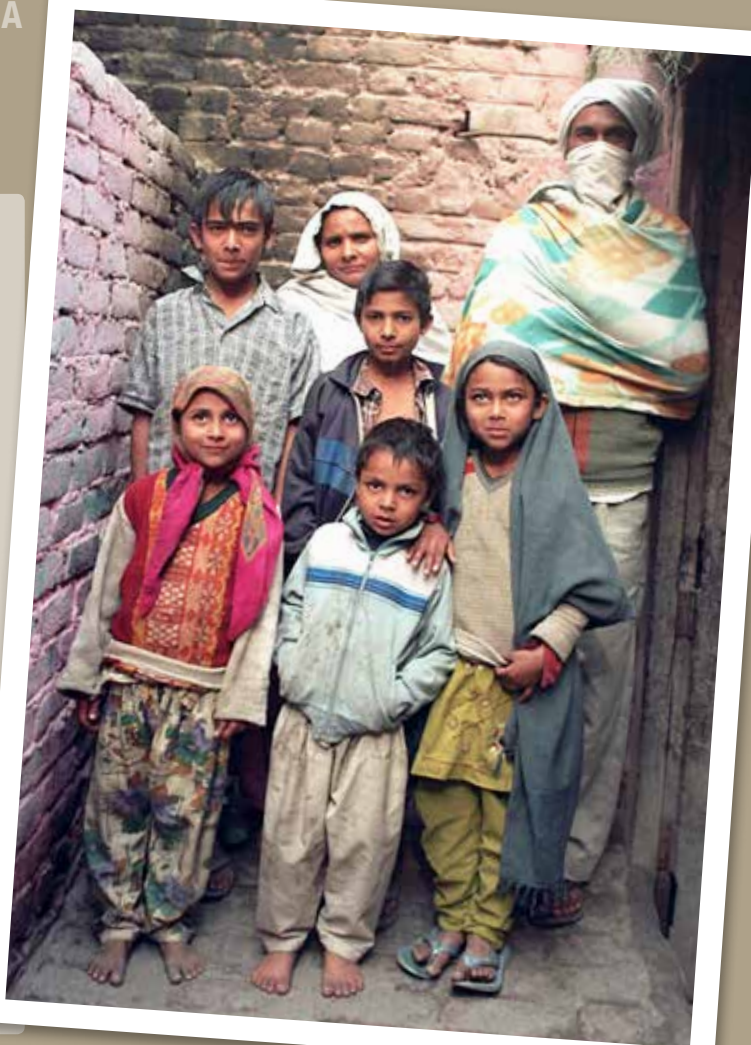
- 9,866 tested for TB
- 2,813 diagnosed with TB
- 2,870 supported on treatment for TB
- 215 staff and volunteers trained

### Project Axshya reached 44,489 people:

- 379 tested for TB
- 81 diagnosed with TB and supported through treatment
- 40,000 reached with TB information materials
- 4,110 NGO, workplace and government staff, and rural medical practitioners trained

### The Andhra Pradesh Community Health Interventions Project (APCHIP) reached 72,717 people, in the six months before the project ended in September 2012:

- 2,106 tested for TB
- 341 diagnosed with TB and supported through treatment
- 70,611 reached with TB information materials



### Project PRATAM reached 1,353 people:

- 486 tested for TB
- 71 diagnosed with TB
- 59 supported on treatment for TB
- 475 reached with TB information materials
- 392 chemists and rural medical practitioners trained

## PROVIDING VITAL SUPPORT AND RAISING AWARENESS

In the late 1950s, there was a sense of promise that TB could be eradicated globally. Professor John Crofton, an Edinburgh physician who later co-founded TB Alert, had developed an effective cure for TB using a combination of three of the new wave of antibiotic treatments. Unfortunately, that early promise was lost as global health systems struggled to effectively implement his medical breakthrough or to reach many of the millions of people that fall ill with TB each year.

Today, and every day this year, 3,500 people will die from TB around the world – most often because they are unable to reach a suitably qualified doctor and the life-saving treatment they need. A further 23,000 people will fall ill with TB today. Many of them will delay going to a doctor until their illness is advanced and more difficult to treat. During that delay, they risk passing TB on to others – particularly their loved ones.

TB Alert understands why this happens. There are many barriers that prevent people from accessing and remaining on life-saving treatment. These include stigma, a lack of public and professional awareness about TB and people's rights to treatment, and a lack of understanding of the importance of completing treatment. TB Alert is committed to providing the information and support necessary to help overcome these barriers, by:

- Developing awareness-raising programmes and materials tailored to the communities most at risk of TB
- Training health and social care professionals about TB
- Providing direct advice and support through our information service; patient support fund; peer support networks; and directly observed treatment (DOT) providers

### UK: Raising primary care awareness under *The Truth About TB* programme

In November 2012, TB Alert launched a new programme of TB training and resources for primary care professionals, in association with the HPA (now Public Health England) and the Royal College of GPs (RCGP).

The training aims to raise awareness of TB and enable these professionals to develop their knowledge of TB symptoms and treatment. As a result, TB cases should be referred to specialist services more quickly for diagnosis and treatment.

Within the first five months of its launch, 1,056 GPs, practice nurses and nurse practitioners completed the TB training through the RCGP's online training site. The course has received the highest user feedback rating among all of the RCGP's 50 e-learning courses.

The online training is complemented by a resource pack for TB specialist nurses to use in teaching sessions on TB in GP practice meetings. The resources received a 100 percent good or excellent rating in the pilot stages and 66 TB nurses ordered packs during the first month following its February launch.

**“It is essential that local NHS organisations and their partners continue to provide appropriate clinical and public health services for TB. We welcome the new suite of resources developed by TB Alert, which will help to raise awareness of TB among primary healthcare professionals and the public.”**

Department of Health

### India: Suman Jha and Rupesh Kumar

In 2011, 28-year-old Rupesh Kumar was diagnosed with multi drug-resistant TB and began treatment under the care of TB Alert India's Burari Clinic, part of our Delhi DIVINE Project. His wife, Suman Jha, was devastated by his diagnosis. She knew little about TB and feared for her husband's life.

The clinic supported both Rupesh and Suman through Rupesh's treatment, providing Suman with information about how to support her husband. She soon understood that he stood every chance of recovering, but that it was essential that he take his prescribed medication in full. This understanding eased her anxiety and gave her the knowledge to support Rupesh through his difficult 18 months of treatment.

Suman was so inspired by this experience that she asked the staff at the clinic how she could help other people in the same situation. The staff felt that her supportive nature and personal experience of TB made her an ideal candidate to train as a directly observed treatment (DOT) provider.

Now Suman uses her DOT training and experience, and Rupesh – who is fully cured – shares his story to help others affected by TB in their community.



Rupesh Kumar and Suman Jha



Jennifer Mwale: "There are fewer people dying of TB in our community now and I feel happy about it."



### Zambia: Jennifer Mwale

Jennifer Mwale is a traditional healer in the Chibuluma township of the Kitwe District, Zambia. She lives with her husband, a farmer, and five children who range in age from five to 21. Healing is a proud tradition in Jennifer's family. When her grandfather died, he appeared to Jennifer in a dream, asking her to follow in his footsteps and begin a life of healing others. Jennifer learnt her trade through visions and dreams that led her to create remedies using leaves, roots and tree barks. She says: "I often treated people with symptoms of persistent cough and weight loss with a herbal remedy made from the root of the 'Mussessa' tree. I did not realise that they could have TB."

In 2012, Jennifer was approached by a community worker from TB Alert's COTHAZ project, who enrolled her on a five-day TB training programme provided by CHEP, one of our partner organisations. Today, Jennifer recognises the symptoms of TB and understands that a person with symptoms needs to go to the nearest clinic for diagnosis and treatment. She now refers all her clients with TB symptoms to the clinic, rather than trying to treat TB herself.

"There are fewer people dying of TB in our community now and I feel happy about it," says a smiling Jennifer.

**"It is a shame that we are still facing TB as a problem in the year 2012. Not only have we not eradicated TB, as Sir John Crofton believed we could in the 1950s, but we now have a huge burden. We need people – people like those at TB Alert – who are focused and ambitious and care for people at grassroots in the UK, India and Africa."**

Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership



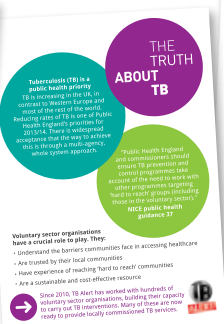
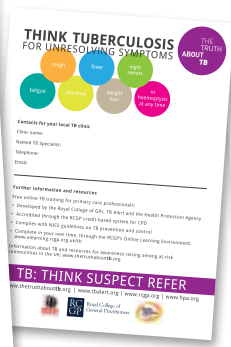
## DEVELOPING PARTNERSHIPS TO REACH THE MOST VULNERABLE PEOPLE

Whether in the UK or overseas, the people most vulnerable to TB tend to also be among the most disadvantaged in society – people in poor and overcrowded living conditions, homeless people, people who misuse drugs and alcohol, people living with HIV, and minority groups. These communities often face issues such as discrimination, low literacy levels and poverty, and have lifestyles where they see health as a low priority.

TB Alert understands that TB programmes can only be successful if they recognise the specific needs of disadvantaged communities. This is why we promote a collaborative approach to TB that brings together statutory TB service providers with the grassroots organisations that understand and work with communities affected by TB.

### UK: Local TB partnerships taking *The Truth About TB* programme forward

In 2012-13, four local TB partnerships were launched in the West Midlands, Greater Manchester and the London boroughs of Redbridge and Brent. The launches mark a significant milestone in meeting *The Truth About TB* programme's objective: to bring together statutory and third sector service providers to improve local TB services. The partnerships quickly set to work and delivered TB training to 86 third sector delegates across their regions. These frontline workers are now able to raise awareness of TB among their communities and client groups.



TB Alert worked with third sector partners to develop a series of resources that provide information about TB tailored to vulnerable communities in the UK.



## TB Alert India

Less than a decade since its launch, TB Alert India has used the support received from TB Alert to embed itself at the heart of the Indian Government's national TB control programme. The organisation is also a key civil society partner in the AXSHYA programme – a huge national TB programme funded by the Global Fund to Fight AIDS, TB and Malaria.

**“TB Alert India was registered as an Indian non-governmental organisation in 2004, founded on the ideals and objectives integral to TB Alert in the UK. Since then TB Alert India has received unstinting support from TB Alert in all matters – from funding to expert advice in the field of tuberculosis. There is no denying that the rapid progress of TB Alert India is due to our close relationship with TB Alert and the bonds will strengthen still further with the passage of time.”**

Dr Jayant Banavaliker, Chair, TB Alert India



Thatha Babu: “I am now a TB ambassador.”

## India: Training private practitioners to refer suspected TB cases to government TB services

When people fall ill in Andhra Pradesh – a vast, mainly rural state in India – they tend to turn to local private health practitioners for help. Government health services are often distant to rural poor communities and viewed with distrust. Unfortunately, most private practitioners are not properly trained and know little about TB or HIV – yet Andhra Pradesh has 20 percent of India's HIV cases and 13 percent of its TB cases, despite being home to just seven percent of the country's population.

The TB-HIV in Andhra Pradesh programme (TAP) recognises that private practitioners have to be involved in providing solutions to the challenges of treating TB. By training these practitioners in TB and HIV awareness, the programme can reach far further into the state than TAP's project workers could hope to do alone – they can also use the trust local communities place in private practitioners to encourage community members to engage with government TB services. In 2012-13, TAP trained 236 private practitioners on TB, including 51-year-old Thatha Babu in a remote tribal village called Gamparai Sundruputtu.

Fifteen years ago, Thatha decided he wanted to provide medical care in his local community, although he had only been schooled up to the age of 16. He spent the next two years alongside a medically trained doctor learning how to identify and treat common illnesses, and launched his own practice. Although Thatha provides only basic healthcare, he is the most trusted source of help for most of the 3,000 people in the surrounding villages. Just once or twice a year would he advise a patient to attend a local government clinic – 20 miles away – because he felt unable to treat their condition, despite living in an area with high rates of TB.

In 2011, a TAP outreach worker visited Thatha, who had a bad cough at the time and other symptoms that he put down to drinking alcohol. The outreach worker recognised Thatha's symptoms as typical of TB, and encouraged him to go for testing. Thatha was diagnosed with TB and successfully cured with TAP's support. But that was not the end of his story. When Thatha recovered, he received training on TB and HIV from TAP and now works closely with the TAP project team. During the past year he has referred 18 patients for testing, nine of whom have been diagnosed with TB and received treatment. Thatha says: “I am now a TB ambassador. I won't take any payment from TB patients and I'm helping TAP to cure people of TB in our villages.”



## CAMPAIGNING FOR BETTER CARE

TB Alert is proud to be part of a global movement that is making a real impact in reducing the number of people who fall ill with, and die from, TB. Yet that success could be so much greater if TB programmes had more effective tools to prevent, diagnose and treat the illness. Indeed, the limitations of current treatments have allowed the rise of drug-resistant TB, which threatens to reverse the recent progress.

- The BCG vaccine offers only limited protection for up to 15 years from vaccination
- There is no single, conclusive diagnostic test that is cheap and easy to use in resource-poor settings
- TB treatment is long and arduous, making it difficult for patients to complete their treatment – contributing to drug-resistance
- TB services are often limited by poorly trained healthcare staff and interruptions in drug supplies
- TB programmes have traditionally failed to address issues such as poverty, homelessness, substance misuse and the lack of awareness of TB, all of which limit the effectiveness of currently available treatment

This is why TB Alert advocates for the policy and resources needed for the effective prevention, care and control of TB. We also empower communities and people personally affected by TB to shape TB services. Our partners include: the Stop TB Partnership, Stop TB UK, the All Party Parliamentary Group on Global TB (APPG), the Aeras partnership for vaccine development, the TB Europe Coalition and the ACTION Project. In 2012–13, TB Alert provided oral and written evidence to the APPG to inform its April 2013 report, 'Old disease new threat', which called for a national strategy for tuberculosis in the UK and increased funding to strengthen the Global Fund to Fight Aids, TB and Malaria.

Public Health England has now established a TB oversight group, tasked with overseeing the development of a national strategy on TB in England, including TB Alert as a key stakeholder.

**“TB Alert plays a crucial role as the UK’s national TB charity. The organisation’s advocacy has helped to shape the Department of Health TB strategy, and its programme work both at home and internationally helps people access life-saving treatment.”**

Andrew George MP, Chair of the All Party Parliamentary Group on Global TB

### UK: Advocacy at a national and international level

The TB Action Group (TBAG), a national TB advocacy and support network for people affected by TB that is facilitated by TB Alert, continued to increase its impact on the national and international stage in 2012–13. Members are increasingly being engaged in parliamentary activities and policy development at a national and European level:

- On an expert panel to give oral evidence at the All Party Parliamentary Group on Global Tuberculosis enquiry into the threat of drug-resistant TB in the UK
- Within the guideline development group of the National Institute of Health and Care Excellence (NICE) for national guidance on the diagnosis and treatment of TB in the UK
- In a keynote speech at the European Parliament on World TB Day, calling for the EU to lead on investment and development of patient friendly drugs
- On the Steering Group of Public Health England's PREDICT study work, looking at the development of new tuberculosis technologies

In June 2012, TBAG members mobilised at the European Conference of the International Union Against Tuberculosis and Lung Disease. Members gave talks at 'Advocacy Corner', spoke on the role of TBAG in the civil society response to TB in the UK, and held the first ever civil society procession at the event, with a variety of friends and partners from across Europe. TBAG members also participated in a range of local community activities to raise awareness of TB.

### Zambia: Local advocacy through the Kamitondo clinic

The Kamitondo clinic is located in Kitwe, in the Copperbelt District of Zambia. It is a busy health centre providing services for both TB and HIV. In 2012, the research of CINDI, one of the partner organisations in our COTHAZ project, found that the clinic was a hotspot of TB infection for people living with HIV, as infection control guidelines were not being followed. CINDI set up a meeting with the district health office, the neighbourhood health committee, and clinical staff to advocate for a change in practice and funding to reduce the risk of being people with HIV being infected with TB.

As a result, there are now separate areas at the clinic for patients seeking treatment for TB and HIV. The local council also agreed to help fund a shelter, to cut the risk of transmission still further.





## Representing the patient voice on the international stage

As a stress management consultant, Viren Lavingia is used to taking a healthy approach towards life. When Viren first fell ill, he attributed his chest pains and breathlessness to stress and thought a holiday with his wife, Sharda, would be the answer. Unfortunately, his symptoms became worse. Then Sharda's efforts to relieve the pain through massage uncovered a worrying swelling under his right shoulder blade.

This began a long period of uncertainty for Viren, who lives in Birmingham. Diagnostic tests identified an accumulation of fluid in his lungs. He was prescribed antibiotics in ever increasing strengths for suspected pneumonia – but did not respond to treatment. Three months after first visiting his GP, Viren was finally tested for TB. The result was positive.

Although Viren realised he would require support through the treatment and told Sharda straight away, he feared the stigma around TB that is often found within the Asian community. Viren sought help through TB Alert's information service and was put in touch with the TB Action Group (TBAG). With peer support from TBAG, he felt able to confide in others. Through the information they received from TB Alert and TBAG, the couple realised that the stigma that surrounds TB is based on myths and misconceptions about the illness. Together, they decided to use their experience to tackle stigma in their community. That way they could help others seek help for TB symptoms as quickly as possible.

Today, both Viren and Sharda are active members of TBAG. In 2012, they joined other TBAG and TB Alert advocates to urge delegates at the European Conference of the International Union Against Tuberculosis and Lung Disease to take action on TB.

"We wanted to tackle the stigma around TB often found in our community." Viren Lavingia, pictured (left) with wife Sharda (right).



## YOU MAKE IT POSSIBLE THANK YOU

Thank you to all our wonderful supporters who helped TB Alert to reach more people affected by TB than ever before during 2012-13. We could not have achieved this without you.

### The Sir John Crofton Fund To Fight TB

In November 2012, we launched a high profile fund to mark the 100th anniversary of TB pioneer and TB Alert co-founder Sir John Crofton's birth. To date, the fund has raised a staggering £148,000 in Sir John's name. We are exceptionally grateful to everyone who has donated in this great man's honour.

### Trusts, foundations and corporate support

TB Alert's income from trusts and foundations has increased significantly in the past few years, culminating in our highest ever income from this source in 2012-13 – an impressive £145,000. This total was buoyed by a generous grant of £25,000 from the Freemasons' Grand Charity. Thank you to all the trusts and foundations, too numerous to mention here, that have contributed to our work. Thanks also to our friends at Genus Pharmaceuticals and Oxford Immunotec.

### Community and events

As ever, we are impressed by the lengths to which our supporters will go to fundraise for TB Alert. Simon Richardson covered the equivalent distance of the English Channel on a rowing machine in his local gym while still recovering from TB, raising close to £4,000 towards our work. Thanks to Simon, and to our participants in the Great North Run and Brighton Half Marathon, as well as Barts Choir for their annual fundraising carol concert in Trafalgar Square.

### Individuals

We are very grateful to all the individuals who support our work – not least the many people motivated by their own experience of TB to donate money or hold fundraising events, helping others affected by the illness.

### Your support has helped change the lives of people like Jarvis

Jarvis Kelly was just 11 years old when he started experiencing chest pains, night sweats, high temperatures, a loss of appetite and breathlessness. These are all symptoms of TB, yet it took nine months for him to be diagnosed and receive treatment.

Jarvis didn't want to let his illness hold him back from playing football, but he had to put playing on hold after doctors discovered a hole in one of his lungs. Still he was determined to help other people with TB, and soon after his recovery took part in a running event for TB Alert. Jarvis said: "When I found out there were children in Africa and Asia who couldn't get the same help as I got for my TB, which saved my life, I really wanted to do something to help. People need to know what the signs of TB are so they can get help quickly."

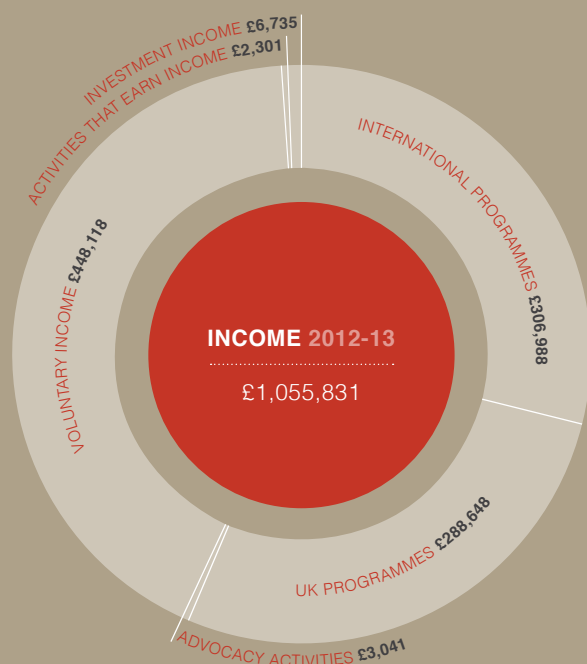
Jarvis would like to pursue a career as a professional footballer; he's now also considering training to become a doctor so he can help other people with TB.



Images, top to bottom: Sir Alan Parker and Barry Cryer at the Crofton Dinner; Simon Richardson rowing the English Channel in his gym; Claire Ward ran the Paris Marathon for TB Alert; Jarvis Kelly with his cousin, Harvey.



## MONEY MATTERS



FOR EVERY POUND WE RECEIVED

**85p**

WAS SPENT ON PROGRAMMES TO TACKLE TB

**14p**

WAS SPENT ON RAISING VITAL FUNDS

**1p**

WAS SPENT ON GOVERNANCE

FOR EVERY POUND WE SPEND ON  
FUNDRAISING, WE GO ON TO RAISE A FURTHER

**£8**

FOR OUR WORK

PLEASE CONTACT US IF YOU WOULD LIKE A COPY OF THE FULL FINANCIAL STATEMENTS

## HOW YOU CAN SUPPORT US

There are many ways you can support our work, including making a one-off or regular donation, becoming a trust or corporate partner, or leaving a legacy to TB Alert. To find out more or to make a donation, please go to [www.tbalert.org](http://www.tbalert.org), or call our fundraising department on 01273 234784.

### YOUR LEGACY COULD HELP THOUSANDS OVERCOME TB AND FULFIL THEIR DREAMS

Once you have considered your loved ones, please consider leaving a life-changing gift to TB Alert in your will. You can make a lasting gift that will fight TB long after your own lifetime, by providing a specific gift or a percentage of your estate. Your support could help us work towards a future where TB can finally be consigned to history, where it belongs. If you decide

to leave a gift to TB Alert, your donation will help ensure that more people with TB get the care and treatment they deserve.

### HOW DO I LEAVE A LEGACY TO TB ALERT?

If you would consider remembering TB Alert in your will, you should seek the advice of a solicitor or other professional adviser. If you already have a will, it can be changed at any time during your life to reflect your wishes. To include TB Alert as a beneficiary, you will need to complete a legal document known as a Codicil Form, listing any amendments you may wish to make to your existing will.

To discuss leaving a legacy to TB Alert please call our fundraising department on 01273 234784.

**OUR VISION**  
IS THE CONTROL AND ULTIMATE  
ELIMINATION OF TB

**OUR MISSION**  
IS TO INCREASE ACCESS TO EFFECTIVE  
TREATMENT FOR ALL

.....

TB Alert is the UK's national tuberculosis charity. Our projects are in the UK, India and Africa, and we also work with international partners to tackle TB as a global issue. Our activities focus on three main areas:

- raising public and professional awareness about TB and providing support to patients during their treatment
- bringing together statutory health services, voluntary organisations and people affected by TB to plan and deliver better TB services
- developing policy and advocating for the resources to improve the care of patients and the prevention and control of TB.

This work all supports our organisational mission of increasing access to effective treatment for all people affected by TB.

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**TB ALERT THE UK'S NATIONAL TUBERCULOSIS CHARITY**



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[www.tbalertindia.org](http://www.tbalertindia.org)



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TB Alert is a registered charity, no. 1071886, and a company limited by guarantee, registered in England, no. 3606528

TB Alert is a Stop TB partner and an organisational member of the International Union Against Tuberculosis and Lung Disease

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Photo credits: Trygve Berge: p2 (microscope); Zui Mukhida: p5 and p10.  
Designed by James Adams: [www.getupandgodesign.com](http://www.getupandgodesign.com)