

TB ALERT
(A Company Limited by Guarantee)
TRUSTEES' REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2015

Charity Registration No. 1071886
Company Registration No. 3606528

TB ALERT
(A Company Limited by Guarantee)

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FOR THE YEAR ENDED 31 MARCH 2015

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REPORT OF THE TRUSTEES

The Trustees, who are also Directors of the Charity for the purposes of the Companies Act 2006, present their report with the financial statements of the Charity for the year ended 31 March 2015. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

LEGAL AND ADMINISTRATIVE INFORMATION

Registered Company number: 03606528 (England and Wales)

Registered Charity number: 1071886

Trustees (who are also directors):	Paul Sommerfeld	Health Activist	
	Professor Peter Davies	Medical Practitioner	
	Dr Deepti Kumar	Doctor	
	Edward Sadler	Solicitor	
	Dr Ruth McNerney	University Lecturer	
	Glenda Cooper	Journalist	(Resigned 11.3.14)
	Vagn Hansen	Business Executive	
	Dr Jayant Banavaliker	Doctor	(Resigned 1.6.14)
	Dr Ebere Okereke	Doctor	
	Katie Dee	Public Health Specialist	(Appointed 13.2.15)
	Loy Lobo	Business Executive	(Appointed 15.12.14)
	Robert Wilkinson	NGO Consultant	(Appointed 15.12.14)
	David Thomson	Barrister	(Appointed 15.12.14)
	Prabhakara Varma	Business Executive	(Appointed 18.9.14)

Company Secretary: Professor Peter Davies

Operations Address: Community Base
113 Queens Road
Brighton
BN1 3XG

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REPORT OF THE TRUSTEES – continued

LEGAL AND ADMINISTRATIVE INFORMATION - continued

Registered Office: Clark Brownscombe Limited
8 The Drive
Hove
East Sussex
BN3 3JT

Independent Auditors: Clark Brownscombe Limited
8 The Drive
Hove
East Sussex
BN3 3JT

Bankers:

HSBC Bank plc
31 Euston Road
London
NW1 2ST

Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh
EH3 8YJ

CCLA Investment Management Ltd
80 Cheapside
London
EC2V 6DZ

Virgin Money plc
Jubilee House
Gosforth
Newcastle upon Tyne
NE3 4PL

Solicitors: Laytons
2 More Riverside
London
SE1 2AP

Patrons: Archbishop Emeritus Desmond Tutu
Lord Robert Kilpatrick of Kincaig

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REPORT OF THE TRUSTEES – continued

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The Charity was established as a company on the 30 July 1998 and as a charity on 8 October 1998. It exists to promote awareness of tuberculosis and to support measures to advance the care and treatment of individuals affected by the disease worldwide.

The Charity is registered with the Charity Commission under No. 1071886 in the original name of TB Alert. Its principal office is Community Base, 113 Queens Road, Brighton BN1 3XG.

The Charity is a company limited by guarantee registered in England and Wales under No. 03606528. The Charity is governed by its Memorandum and Articles of Association which require that it has a minimum of three Trustees but specify no maximum.

Recruitment and appointment of new Trustees

New Trustees are elected at the TB Alert Annual General Meeting. One third of the Board are subject to re-appointment each year, thus Trustees are normally appointed for a period of three years. The Trustees may co-opt a person who is willing to act to be a Trustee during the year. These Trustees are identified by personal enquiry or through advertisement. A Trustee so appointed will hold office only until the next Annual General Meeting at which point they will be proposed for reappointment.

Induction and training of new Trustees

New Trustees are provided with induction materials describing the activities of the Charity and outlining their responsibilities, and they meet with relevant members of the Charity's staff.

Organisational structure

Day to day management of the organisation is the responsibility of the Chief Executive.

The Trustees are responsible for the governance of TB Alert. The aim is to include within the trustee body a range of skills and experience appropriate to the aims and management of the Charity. Currently the trustee body includes people with relevant medical, community health, international programmes, advocacy, organisational management, financial and legal skills. The Trustees with medical and community health experience are leading practitioners in the field of tuberculosis. They also provide a link with charities, pharmaceutical companies and medical societies working in related fields.

The Charity has two advisory committees (some of which include external specialists): finance and operations, and UK advisory.

Wider network

TB Alert is an organisational member of the International Union against Tuberculosis and Lung Disease (IUATLD) and affiliated with the global Stop TB Partnership, the other members of which are organisations with consistent aims. These relationships do not impact on the governance of TB Alert. The Chair of Trustees has been Chair of the Stop TB Partnership Advocacy Working Group.

Related parties

TB Alert works closely with its sister organisation, TB Alert India, based in Hyderabad. TB Alert contributes towards core costs of TB Alert India. Funds raised by TB Alert for projects in India are channelled via TB Alert India; TB Alert India either implements these programmes directly or delivers them through partner NGOs, in which case TB Alert India monitors activities and performance and provides technical assistance.

Risk management

The Trustees consider the main risks to which TB Alert could be susceptible and monitor them through a risk register which assesses financial, programmatic and systematic risks to the organisation. This risk register is reviewed by the Trustees at six monthly intervals.

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REPORT OF THE TRUSTEES – continued

PUBLIC BENEFIT

In shaping our objectives and planning our activities for the year, the Trustees have given consideration to the duties set out in section 17(5) of the Charities Act 2006 to have due regard to public benefit. In particular, the Trustees have considered how the planned activities will contribute to the overall aims and objectives that have been set out in our Memorandum of Association.

The Trustees believe that the following paragraphs, specifically on the “Objectives and Activities” and “Achievements and Performance” for the year, relate in detail the benefit that the charity provides to the public.

OBJECTIVES AND ACTIVITIES

Objectives and aims

Our objects, as defined in our Memorandum of Association, are:

- (a) to support medical, scientific, social and humanitarian activities throughout the world for the relief and rehabilitation of persons affected by Tuberculosis and related medical and social conditions and for the prevention and control of that disease.
- (b) to educate persons throughout the world regarding the effects of Tuberculosis so as to heighten awareness of the need for better detection, treatment and rehabilitation of persons affected by Tuberculosis and related medical and social conditions.

Our vision is the control and the ultimate eradication of TB.

Our mission is to increase access to effective treatment for all.

Strategic Objectives. The charity’s strategic plan for 2012-17, contains five strategic objectives:

1. Meet the needs of individuals and communities affected by TB for information and support, and raise awareness of TB among health practitioners.
2. Strengthen collaboration between health and social care systems and civil society, for the care of patients and the prevention and control of TB.
3. Influence resource mobilisation and policy for the care of patients and the prevention and control of TB.
4. Measure and demonstrate the impact and cost-efficiency of TB Alert’s work.
5. Secure committed, skilled and effective staff and trustees and a diversified funding base.

Significant activities

Our main activities, and the people we work to help, are described in the Achievements and Performance section. All of our charitable activities focus on the prevention, access to treatment and successful treatment of Tuberculosis and are undertaken to further our charitable purposes for the public benefit, so as to address the health, social, humanitarian and economic impact of people being infected with Tuberculosis and not accessing treatment and a cure at the earliest opportunity.

TB remains the global emergency that the World Health Organisation declared in 1993. Tuberculosis kills 1.5 million people a year (nearly three people every minute). Most deaths occur because patients don’t know a cure is available or they have difficulty accessing treatment.

TB is an airborne disease that can affect anyone but is most common among people living in poverty because they are more likely to be malnourished, have poor immune systems and be living in close proximity. TB prevents people from attending education, earning a living or looking after their family, which increases poverty within families and communities.

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REPORT OF THE TRUSTEES – continued

Tuberculosis is the main killer of people living with HIV in developing countries yet TB can be cured, even if someone is HIV positive, giving them years more life.

Diagnosis of TB can be difficult, especially in children, people who are HIV positive or people with TB affecting parts of the body other than the lungs. Drugs for drug-sensitive TB are effective and low cost but treatment takes at least six months and can cause unpleasant side effects so patients need support to ensure they complete the course. Incomplete treatment risks drug resistance which is difficult and costly to treat. The only vaccine we have, BCG, gives limited protection so the development of new vaccines, diagnostics and drugs plays a key part in the fight to eradicate TB.

Many people think TB was eradicated in the UK. It never was. The lowest number of cases was in 1987 when there were 5,745 cases. By 2013 there were 7,892.

TB Alert is the only specialist TB charity working to fight Tuberculosis both in the UK and internationally. TB Alert works to ensure that poverty and lack of awareness are not a barrier to accessing TB treatment and to eliminate the stigma and discrimination associated with Tuberculosis.

Volunteers

Our office in Brighton continued to benefit from the generous time of a number of volunteers, who support fundraising, administration, international programmes and communications functions. We are very grateful for their time and commitment and their contributions to helping us achieve our aims.

ACHIEVEMENTS AND PERFORMANCE

Introduction

World TB Day, 24 March 2015, highlighted an ambitious new 20-year (2016-2035) strategy to end the global TB epidemic, which was agreed by governments at the World Health Assembly.

The World Health Organization's (WHO) End TB Strategy envisions a world free of TB with zero deaths, zero disease and zero suffering. It sets targets and outlines actions for governments and partners to provide patient-centred care, pursue policies and systems that enable prevention and care, and drive research and innovations needed to end the epidemic and eliminate TB.

World TB Day provided a focal point to bring together the voices of the governments, affected communities, civil society organisations, healthcare providers and international partners to join the drive to roll out this strategy and to reach, treat and cure all those who are ill today. It is within this broad partnership of stakeholders that TB Alert plays its role as the UK's national TB charity, tackling TB in this country and internationally.

Our international programme

We continue to focus our work in India, which carries almost a quarter of the global TB burden, and southern Africa, where HIV makes weakened immune systems especially susceptible to TB.

Our field work focuses on several key areas:

- increasing awareness and helping people overcome the practical barriers to being tested and treated for TB, and supporting them through treatment
- supporting and training healthcare professionals to help ensure they have the skills and resources to provide effective care
- building the capacity of civil society organisations to integrate TB into their work and become active and effective partners in the fight against TB.

Our awareness work tackles the myths and misconceptions that so often surround TB, and the stigma that makes people delay seeking life-saving treatment. We believe the fight against TB has to take place in communities as much as in clinics, which is why we work with experts in public and community health alongside leading clinicians.

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REPORT OF THE TRUSTEES – continued

Together with our sister organisation, TB Alert India, our work in the UK and internationally reached:

- 35,739 people tested or screened for TB or related diseases
- 2,537 people diagnosed with TB or related diseases
- 4,446 people supported through treatment
- 6,598 health workers and volunteers who were trained
- 707,073 people receiving information about TB, its symptoms and how to get help. Additionally, our mass media activities reached over 5.5 million more people.

In **India**, together with TB Alert India, we completed our **TB in Andhra Pradesh** (TAP) project, helping poor communities in remote, often mountainous areas. We were delighted that the evaluation of the project showed it exceeded its targets, most importantly in respect to the number of people diagnosed with TB, HIV and co-infection.

In India's capital, the **Delhi Divine** project is diagnosing and treating people in some of the city's poorest areas. A major achievement was that having established centres in the three slum areas of Sant Nagar, Swaroop Nagar and Ibrahimpur, these were handed over the Delhi health authorities to run in future years. This strategy is key to ensuring our work is sustainable and continues to benefit these communities over the long term. To replace these areas, TB Alert India has established new centres in Balasva, Mukundhpur and Bwana localities, which are densely populated and have no free health services. These three new centres will provide TB services to a population of more than half a million.

Other projects implemented by TB Alert India include:

- The **Axshya** project, supported by the Global Fund to Fight AIDS, TB and Malaria, covering a population of seven million in Andhra Pradesh. The project improves access to quality TB care and strengthens local civil society's role in fighting TB.
- The **PRATAM** project, which works with rural health practitioners and chemists in remote rural areas, to ensure people are diagnosed and treated effectively.
- A **Challenge Fund** project in Andhra Pradesh establishes local advocacy groups of people affected by TB.

In **Zambia** we provided technical support to our long-standing partner Chichetekelo Outreach Partners to develop and implement a project funded through the Stop TB Partnership's Challenge Fund for Civil Society. The project builds the capacity of ten community based organisations to track drug stock-outs and organise advocacy activities. It also trains prison authorities and prisoners on TB, TB/HIV co-infection and drug resistant TB.

In **Malawi**, TB Alert worked in partnership with Development Aid People to People Malawi (DAPP Malawi) to develop and initiate two new projects in Mulanje and Thyolo districts. Malawi has made progress in the health sector but continues to face especial challenges in tackling multi-drug resistant TB and TB/HIV co-infection. The new projects, funded by the Department for International Development and Comic Relief, aim to reduce HIV and TB deaths, prevent drug resistance and alleviate poverty. They do this by raising awareness of HIV, TB and TB/HIV co-infection, focusing on early case finding, linking patients to treatment, improving patients' nutrition during treatment and supporting patients and their families.

In **Zimbabwe**, we completed an assessment of ten years' work with Murambinda Hospital as well as an audit of TB and TB/HIV co-infection in all eight districts of Manicaland. Our international programme team worked with a new partner, DAPP Zimbabwe, to develop a programme in the districts of Mutasa, Chimanmani and Makoni that will build a more integrated TB and HIV programme. The new programme will raise awareness of TB and HIV, identifies HIV positive and TB affected people and links patients to treatment, thus reducing deaths, containing onward infection and the development of drug resistance, and preventing poverty. The project aligns with WHO's ENGAGE-TB approach to integrate community-based TB and HIV/TB prevention, care and control.

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REPORT OF THE TRUSTEES – continued

Our UK programme

England's first national TB strategy was published in January 2015. TB Alert is a member of the TB Oversight Group, which developed the strategy, and is involved at regional levels through the new TB Control Boards. TB Alert is recognised as the key source of expertise and support on tackling the social dimensions of TB which sit at the heart of many of the Strategy's ambitions. As this new TB strategy is delivered during the coming year we aim to provide a range of advice, resources and hands-on support which we look forward to describing in next year's report.

Our programme work continued to develop on many fronts. In Birmingham, we worked with the public health team and local voluntary organisations to run a latent TB testing programme for students at an English language college. The outcomes were very good: of the 672 students attending the college on the four days of testing, 464 were tested and 76 tested positive for latent TB, most of whom then received treatment. Another outcome resulting from the project was that over 60 students who had not previously registered with primary care now have a GP.

TB Alert's Patient Support Fund supported 23 patients during the year. This was fewer than usual as it is increasingly difficult to raise funds for this vital service, which meets the most vulnerable patients' needs for basic living and travel costs to help ensure they complete their course of medication and can remain in regular contact with their clinicians. As we described in last year's report, we are advocating that local health and social care services to provide funds for this purpose, which is specifically recommended by NICE.

Our advocacy to improve the social care of TB patients also resulted in a paper on 'Support of vulnerable patients throughout TB treatment in the UK' being published in the Journal of Public Health. We continue to work with Imperial College London as lead third sector collaborator on their Health Protection Research Unit programme on TB.

We continued our work to raise awareness of TB in primary care, to reduce diagnostic delay and ensure GPs have a good understanding of how to support patients during their treatment. Our online training course, developed with the Royal College of GPs and Public Health England, has now been accessed by over 2300 GPs and practice nurses.

During the year we provided training to communities, voluntary sector organisations and local authority staff in many high incidence boroughs including Brent, Ealing, Enfield, Haringey, Harrow, Newham and Redbridge.

The TB Action Group (TBAG) of people personally affected by TB played important roles in developing national policy. TBAG members are on the development groups for NICE's review of its guidance for TB. TBAG members also took part in a workshop under the auspices of Public Health England to advise on the development of the national TB strategy. We are very grateful to Janssen Pharmaceuticals for supporting TBAG's costs this year.

TBAG members often provide telephone-based peer support to patients who are struggling with their treatment. We were therefore delighted to be awarded a Patient Group Bursary Scheme by Sanofi to develop a peer support programme in east London, which we plan to launch during the coming year.

A highlight of the year was the inaugural Sir John Crofton Prize for TB Nursing, which we launched to recognise excellence in TB nursing. Entries were sent in by nursing teams across the country, highlighting the wonderful and varied work they do to promote public health and support their patients. The prizes were awarded by Amy McConville of the TB Action Group at the Royal Society of Medicine's annual TB Conference in March. The winning team was from Homerton Hospital in Hackney for their ground breaking initiative in securing housing for patients without recourse to public funds. The runners-up were the Cardiff TB Control Team, for their work to increase uptake of testing for latent TB among international university students. We are very grateful to Oxford Immunotec and many generous individuals for their sponsorship of the award.

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REPORT OF THE TRUSTEES – continued

We were funded this year by Public Health England to advise statutory stakeholders on the social aspects of tuberculosis and the role of the third sector, and to provide training and professional education. Since this grant was for a single year, it was necessary to reduce our staff team towards the year end while we waited on the outcomes of funding applications for the following year, although we have continued as many of our activities as possible.

Our advocacy work

The key advocacy focus of the year was our ongoing work with the Department of Health, Public Health England and NHS England to support the successful launch of the national TB strategy (The Collaborative Tuberculosis Strategy for England, 2015 to 2020). As the only voluntary sector organisation on the steering TB Oversight Group we provide a unique perspective to government departments. Alongside this, we continued working closely in our advocacy work with colleagues at the British Thoracic Society and the All Party Parliamentary Group on TB.

We continued our involvement in Eastern Europe and Central Asia through the TB Europe Coalition (TBEC). The Coalition brings together civil society TB activists across the WHO's Europe region which stretches from Ireland to the Pacific and includes the countries of the former USSR. TBEC itself has now grown to around 350 members in 26 countries and is recognised by WHO as their primary interlocutor for the civil society sector in the region.

In particular, the Chair of TB Alert sits on the Steering Committee of TBEC and has acted in the past year as facilitator on workshops in Armenia, Ukraine, Georgia, and Belarus. These events bring together people from civil society organisations active on TB within a country and help them to build more effective co-ordination between themselves, develop a strategy for TB advocacy activity, and increase their capacity to engage in effective advocacy.

FUNDRAISING

Corporate, trust and foundation support

We would like to thank all the companies, trusts and foundations that have contributed to our work in the UK and overseas throughout the year. Over many years we received generous support from Genus Pharmaceuticals, but with the company recently having merged we have lost this important source of funding. We are pleased however to have developed our funding relationships with other companies working in TB, most notably Oxford Immunotec and Janssen.

Trusts and foundations provide a significant proportion of funding for our programmes and services, helping to change the lives of our beneficiaries. At a time when they are receiving increasing numbers of requests from charities, we are grateful that they continue to recognise the importance of TB Alert's life-saving work.

Donations and events

We are very grateful to everyone who supports our work, including those motivated by their own experience of TB to donate money or take part in a fundraising event to help others affected by the illness.

Chloe Kinrade from Suffolk raised £767 for TB Alert after losing her father to TB. Chloe did a skydive to honour a promise she had made to her father, Clay, when he was ill. "I promised him I'd do a skydive when he got out of hospital. He never made it out, but I wanted to follow through as I knew he would be watching me!"

Before Clay became ill, Chloe knew very little about tuberculosis. "I really thought TB was no longer a problem in the UK and was only something you found in other countries," said the 24-year-old dance teacher. "So I got a huge shock when I found out Dad had it."

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Clay was rushed to hospital when he became ill and was diagnosed with TB a few days later. He was moved to the critical care unit, and the family were warned he only had a very small chance of surviving as he had been diagnosed so late. “Dad was so ill that he couldn’t talk so I asked him to squeeze my hand if he was going to fight as hard as he could. And he did. He gave it everything he had,” says Chloe. But after three weeks Clay sadly lost his battle with TB.

“I feel so strongly that people need to be aware of this deadly disease – that’s why I did the jump for TB Alert,” Chloe told us.

PLANS FOR FUTURE PERIODS

TB Alert plans to reduce its reliance on grant income by diversifying into work which will increase its earned income. For example, a feasibility study will be carried out into supporting the integration of TB activities into the work of non-governmental organisations working in developing countries, along with State and commercial actors and international health partnerships. This will address the integration of TB into HIV and other health and economic development activities such as maternal health, housing and nutrition, and programmes assisting populations especially vulnerable to TB such as miners, migrants and sex workers.

FINANCIAL REVIEW

The year 2014-15 saw our income total £607,947. Grants received in the year included £100,000 from Public Health England, £235,286 from the Department for International Development and £34,649 from Comic Relief.

Resources expended were £710,082. Of this amount, £611,317 (86%) was spent directly on charitable activities, £161,638 of which was from unrestricted funds.

Reserves policy

The Trustees have a policy, reviewed annually, that free reserves held by the charity should be between 3 and 6 months of total unrestricted expenditure, which based on the 2015-16 budget equates to between £34,821 and £69,643 in general funds. Unrestricted Funds at the end of the year stood at £130,304 which provides some additional security in an unpredictable financial environment, especially with regards to statutory funding.

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REPORT OF THE TRUSTEES – continued

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also the directors of the company for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS

So far as the Trustees are aware, there is no relevant audit information (as identified by section 418 of the Companies Act 2006) of which the charity's auditors are unaware. Each Trustee has taken all the steps that he or she ought to have taken as a Trustee in order to make himself or herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

AUDITORS

A resolution to reappoint Clark Brownscombe Limited as auditors to the charitable company will be proposed at the forthcoming Annual General Meeting.

The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Trustees on

and signed on their behalf by:

P J Sommerfeld
Trustee

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TB ALERT

We have audited the financial statements of TB Alert for the year ended 31 March 2015 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the financial statements to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TB ALERT

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

J Thacker FCA DChA
Senior Statutory Auditor

For and on behalf of Clark Brownscombe Limited
Statutory Auditor
8 The Drive
Hove
East Sussex
BN3 3JT

Date:

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STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2015

	Notes	Unrestricted Funds £	Restricted Funds £	Total Funds 2015 £	Total funds 2014 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	2	146,447	58,781	205,228	318,549
Activities for generating funds	2	4,981	-	4,981	17,550
Investment income	2	931	-	931	4,115
Incoming resources from charitable activities:					
UK Programmes	2	9,887	116,985	126,872	252,831
International Programmes	2	-	269,935	269,935	235,544
Advocacy Programmes	2	-	-	-	-
TOTAL INCOMING RESOURCES		<u>162,246</u>	<u>445,701</u>	<u>607,947</u>	<u>828,589</u>
RESOURCES EXPENDED					
Costs of generating funds					
Costs of generating voluntary income	3	94,179	-	94,179	100,571
Fundraising trading: cost of goods sold and other costs	3	515	-	515	1,263
Charitable activities					
UK Programmes	3	25,657	140,752	166,409	344,207
International Programmes	3	112,701	301,637	414,338	391,343
Advocacy Programmes	3	23,280	7,290	30,570	22,778
Governance costs	3	<u>4,071</u>	<u>-</u>	<u>4,071</u>	<u>4,094</u>
TOTAL RESOURCES EXPENDED		<u>260,403</u>	<u>449,679</u>	<u>710,082</u>	<u>864,256</u>
NET INCOMING / (OUTGOING) RESOURCES		(98,157)	(3,978)	(102,135)	(35,667)
GAINS ON REVALUATION OF ASSETS FOR CHARITY'S OWN USE		2,092	-	2,092	(4,812)
TOTAL FUNDS START FINANCIAL YEAR		<u>226,369</u>	<u>19,143</u>	<u>245,512</u>	<u>285,991</u>
TOTAL FUNDS END FINANCIAL YEAR	17	<u>130,304</u>	<u>15,165</u>	<u>145,469</u>	<u>245,512</u>

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006. All of the above relate to continuing activities.

There have been no recognised gains or losses other than the results for the financial year and all surpluses or deficits have been accounted for on a historical cost basis.

The notes set out on pages 15 to 24 form part of these financial statements.

TB ALERT
(A Company Limited by Guarantee)

Charity Registration No. 1071886 Company Registration No. 3606528

BALANCE SHEET

AS AT 31 MARCH 2015

	Notes	2015 £	2014 £
FIXED ASSETS			
IT Equipment	10	1,151	2,686
CURRENT ASSETS			
Stocks		3,799	3,658
Debtors	11	39,667	47,076
Cash at bank and in hand		<u>217,608</u>	<u>286,051</u>
		261,074	336,785
CREDITORS			
Amounts falling due within one year	12	<u>116,756</u>	<u>93,959</u>
NET CURRENT ASSETS		<u>144,318</u>	<u>242,826</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>145,469</u>	<u>245,512</u>
FUNDS	17		
Unrestricted Funds		130,304	226,369
Restricted Funds		<u>15,165</u>	<u>19,143</u>
TOTAL FUNDS		<u>145,469</u>	<u>245,512</u>

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The accounts were approved by the Board on

and signed on its behalf by:

P J Sommerfeld
Trustee

V Hansen
Trustee

The notes set out on pages 15 to 24 form part of these financial statements.

TB ALERT
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Charity Registration No. 1071886 Company Registration No. 3606528

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015

1. ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

1.1 Basis of Preparation

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Companies Act 2006 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities, issued in March 2005.

1.2 Incoming Resources

All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Grants and donations receivable in respect of specific restricted expenditures are recognised as income in the period in which the relevant expenditure occurs or as specified by the donor.

Where grants are received during the year under review but relate to a later period the amount is deferred under Grants in Advance in the Balance Sheet.

All other donations and gifts are accounted for when they are received. Tax recoverable on gift aid donations received is provided in full in the period in which the donation is received.

1.3 Resources Expended

Expenditure is accounted for on an accruals basis, including irrecoverable VAT, and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Cost of generating funds

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of charitable activities.

Charitable activities

Project grant expenditure is charged to the Statement of Financial Activities when a constructive obligation exists, notwithstanding that they may be paid in future periods. All other expenditure is recognised in the period in which it is incurred.

Governance costs

Governance costs are costs associated with the governance arrangements for the charity as opposed to costs associated with charitable or fundraising activities.

Allocation and apportionment of costs

Expenditure is allocated to five areas of activity where the cost relates directly to that area, with salaries allocated based on time spent. The five areas of activity are: UK programmes, international programmes, advocacy programmes, fundraising, and governance.

1.4 Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

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Charity Registration No. 1071886 Company Registration No. 3606528

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 – continued

ACCOUNTING POLICIES - continued

1.5 Taxation

The Charity is exempt from Corporation Tax on its charitable activities under Section 505(1) of the Income and Corporation Taxes Act 1988.

1.6 Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the Trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

1.7 Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

1.8 Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

These contributions are invested separately from the Charity's assets.

1.9 Tangible Fixed Assets

All assets costing more than £1,000 are capitalised. Depreciation is calculated so as to write off the cost of an asset over the useful economic life of that asset as follows:

Computer equipment – straight line over 3 years

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 - continued

2. INCOMING RESOURCES

INCOMING RESOURCES FROM GENERATED FUNDS	Unrestricted Funds £	Restricted Funds £	Total 2015 £	Total 2014 £
Voluntary Income				
Donations	33,546	15,812	49,358	95,575
Gift Aid	9,244	-	9,244	7,208
Legacies	-	-	-	14,079
Corporate	10,184	17,219	27,403	85,414
Trusts and foundations	93,473	25,750	119,223	116,273
Community groups	-	-	-	-
	<u>146,447</u>	<u>58,781</u>	<u>205,228</u>	<u>318,549</u>
Activities for generating funds				
Fundraising events	4,240	-	4,240	16,091
Fundraising trading	741	-	741	1,459
	<u>4,981</u>	<u>-</u>	<u>4,981</u>	<u>17,550</u>
Investment Income	<u>931</u>	<u>-</u>	<u>931</u>	<u>4,115</u>
INCOMING RESOURCES FROM CHARITABLE ACTIVITIES				
UK Programmes	9,887	116,985	126,872	252,831
International Programmes	-	269,935	269,935	235,544
Advocacy Programmes	-	-	-	-
	<u>9,887</u>	<u>386,920</u>	<u>396,807</u>	<u>488,375</u>
TOTAL INCOMING RESOURCES	<u>162,246</u>	<u>445,701</u>	<u>607,947</u>	<u>828,589</u>

TB ALERT
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Charity Registration No. 1071886 Company Registration No. 3606528

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 – continued

3. RESOURCES EXPENDED

	Unrestricted Funds £	Restricted Funds £	Total 2015 £	Total 2014 £
CHARITABLE ACTIVITIES				
UK Programmes				
Programme activities, including staff and associated costs	14,468	135,770	150,238	322,931
Organisational costs	<u>11,189</u>	<u>4,982</u>	<u>16,171</u>	<u>21,276</u>
	<u><u>25,657</u></u>	<u><u>140,752</u></u>	<u><u>166,409</u></u>	<u><u>344,207</u></u>
International Programmes				
Programme activities	10,456	275,141	285,597	253,668
UK based staff and associated costs	93,028	25,714	118,742	128,083
Organisational costs	<u>9,217</u>	<u>782</u>	<u>9,999</u>	<u>9,592</u>
	<u><u>112,701</u></u>	<u><u>301,637</u></u>	<u><u>414,338</u></u>	<u><u>391,343</u></u>
Advocacy Programmes				
Programme activities, including staff and associated costs	21,552	7,263	28,815	19,777
Organisational costs	<u>1,728</u>	<u>27</u>	<u>1,755</u>	<u>3,001</u>
	<u><u>23,280</u></u>	<u><u>7,290</u></u>	<u><u>30,570</u></u>	<u><u>22,778</u></u>
TOTAL CHARITABLE ACTIVITIES	<u><u>161,638</u></u>	<u><u>449,679</u></u>	<u><u>611,317</u></u>	<u><u>758,328</u></u>
GOVERNANCE COSTS				
Meeting costs	710	-	710	839
Audit fees	3,074	-	3,074	2,550
Organisational costs	<u>287</u>	-	<u>287</u>	<u>705</u>
	<u><u>4,071</u></u>	<u><u>-</u></u>	<u><u>4,071</u></u>	<u><u>4,094</u></u>
FUNDRAISING COSTS				
Cost of generating voluntary income				
Fundraising costs	10,400	-	10,400	11,754
Staff and associated costs	<u>83,779</u>	-	<u>83,779</u>	<u>88,817</u>
	<u><u>94,179</u></u>	<u><u>-</u></u>	<u><u>94,179</u></u>	<u><u>100,571</u></u>
Fundraising trading: cost of goods				
Christmas card costs	515	-	515	1,050
Postage and packaging	<u>-</u>	<u>-</u>	<u>-</u>	<u>213</u>
	<u><u>515</u></u>	<u><u>-</u></u>	<u><u>515</u></u>	<u><u>1,263</u></u>
TOTAL RESOURCES EXPENDED	<u><u>260,403</u></u>	<u><u>449,679</u></u>	<u><u>710,082</u></u>	<u><u>864,256</u></u>

TB ALERT
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 – continued

4. BREAKDOWN OF PROGRAMME COSTS

	Unrestricted Funds £	Restricted Funds £	Total 2015 £	Total 2014 £
UK Programmes				
UK Awareness and Partnerships Programmes	25,657	132,441	158,098	306,813
Primary Care Awareness	-	6,724	6,724	4,525
Patient Support Fund	-	1,587	1,587	23,810
TB Action Group	-	-	-	9,059
	<u>25,657</u>	<u>140,752</u>	<u>166,409</u>	<u>344,207</u>
International Programmes				
Malawi – DAPP (Comic Relief)	-	34,649	34,649	-
Malawi – DAPP (DfID)	103	85,454	85,557	-
India – TAP	1,134	149,832	150,966	122,937
India – Delhi Divine Project	1,531	10,717	12,249	7,324
India – TB Alert India costs	15,236	-	15,236	24,810
Zambia – COTHAZ	-	-	-	112,607
Malawi – JournAIDS	-	3,588	3,588	8,178
Zimbabwe – Murambinda Hospital	5,394	17,397	22,791	24,988
International Project Management	89,303	-	89,303	90,499
	<u>112,701</u>	<u>301,637</u>	<u>414,338</u>	<u>391,343</u>
Advocacy Programmes				
TB Europe Coalition	-	7,290	7,290	5,207
Other advocacy programmes	23,280	-	23,280	17,571
	<u>23,280</u>	<u>7,290</u>	<u>30,570</u>	<u>22,778</u>
Total Programme Costs	<u>161,638</u>	<u>449,679</u>	<u>611,317</u>	<u>758,328</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 – continued

5. GRANTS PAYABLE

	2015	2014
	£	£
The total grants paid during the year was as follows:		
UK - Patient Support Fund	1,550	21,401
UK - Awareness and Partnership Programmes	-	6,800
Advocacy Programmes	1,145	-
Malawi – DAPP (Comic Relief)	31,346	-
Malawi – DAPP (DfID)	78,304	-
India - TAP	136,369	108,423
India - Delhi Divine Project	7,612	6,421
India - TB Alert India costs	10,416	24,538
Zambia - COTHAZ	-	86,859
Malawi - JournAIDS	2,567	7,752
Zimbabwe - Murambinda Hospital	<u>16,852</u>	<u>19,640</u>
	<u>286,161</u>	<u>281,834</u>

6. SUPPORT COSTS

	UK Programmes	International Programmes	Advocacy Programmes	Fundraising	Governance	Total 2015
Management	15,017	9,672	1,755	7,800	13	34,257
Finance	67	75	-	1,044	3,074	4,260
Administration	<u>1,087</u>	<u>252</u>	<u>-</u>	<u>1,556</u>	<u>984</u>	<u>3,879</u>
	<u>16,171</u>	<u>9,999</u>	<u>1,755</u>	<u>10,400</u>	<u>4,071</u>	<u>42,396</u>

7. NET INCOMING / (OUTGOING) RESOURCES

	2015	2014
	£	£
Net resources are stated after charging/(crediting)		
Auditors' remuneration	4,147	4,269
Depreciation	<u>1,535</u>	<u>1,535</u>
	<u>5,682</u>	<u>5,804</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 - continued

8. TRUSTEES' REMUNERATION AND BENEFITS

There were no Trustees' remuneration or other benefits for the year ended 31 March 2015 nor for the year ended 31 March 2014.

Trustees' Expenses - Payments were made to one Trustee (2014: one Trustee) during the year totalling £2,697 (2014: £5,425). These consisted of reimbursement of expenses (mainly travel and subsistence). The amount of expenses incurred relating to governance was £nil and the amount of expenses incurred directly in the course of TB Alert's charitable activities was £2,697.

9. STAFF COSTS

	2015	2014
	£	£
Wages and Salaries	299,927	354,150
Social Security Costs	29,046	36,232
Pension Cost	<u>15,368</u>	<u>13,355</u>
	<u>344,341</u>	<u>403,737</u>

The average monthly number of employees the year was 10 (2014: 12)

No employee received emoluments in excess of £60,000 in the year.

10. TANGIBLE FIXED ASSETS

	Computer Equipment
	£
Cost	
At 1 April 2014	4,605
Additions	-
Disposals	-
At 31 March 2015	<u>4,605</u>
Depreciation	
At 1 April 2014	1,919
Additions	1,535
Disposals	-
At 31 March 2015	<u>3,454</u>
Net book value	
At 31 March 2015	<u>1,151</u>
At 31 March 2014	<u>2,686</u>

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Charity Registration No. 1071886 Company Registration No. 3606528

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 – continued

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2015	2014
	£	£
Trade Debtors	8,323	2,929
Other Debtors	<u>31,344</u>	<u>44,147</u>
	<u>39,667</u>	<u>47,076</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2015	2014
	£	£
Trade Creditors	4,317	49,133
Taxation and Social Security	2,578	7,876
Deferred Income	99,984	26,429
Other Creditors	<u>9,877</u>	<u>10,521</u>
	<u>116,756</u>	<u>93,959</u>

The Charity has made no firm commitments in respect of its grant-making activity that are not reflected in these accounts.

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds	Restricted Funds	2015 Total Funds	2014 Total Funds
	£	£	£	£
Fixed Assets	1,151	-	1,151	2,686
Current Assets	222,480	38,594	261,074	336,785
Current Liabilities	<u>(93,327)</u>	<u>(23,429)</u>	<u>(116,756)</u>	<u>(93,959)</u>
	<u>130,304</u>	<u>15,165</u>	<u>145,469</u>	<u>245,512</u>

14. CONTINGENT LIABILITIES

The balances on the restricted funds will be used to continue to fund the project to which they relate. In the unlikely event that the project is terminated, the balance will be repayable to the original funder where applicable. It is not possible to evaluate the potential liability that may arise in this situation.

15. RELATED PARTY DISCLOSURES

TB Alert India is considered to be a related party by virtue of being a sister organisation based in Hyderabad involved in the monitoring of the activities and performance of projects based in India.

During the current year, TB Alert contributed £15,236 towards TB Alert India's core costs.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 - continued

16. SHARE CAPITAL

The company is limited by guarantee with no issued share capital. Each member has undertaken to contribute a maximum of £10 in the event of the Charity being wound up.

17. MOVEMENT IN FUNDS

	Balance as at 1 April 2014	Income	Expenditure	Balance as at 31 March 2015
UK Programmes				
Public Health England	-	100,000	(100,000)	-
Other UK Awareness and Partnership Programmes	-	39,164	(39,164)	-
Patient Support Fund – UK General Fund	-	6,200	(1,298)	4,902
Patient Support Fund – Bedfordshire Fund	2,100	-	(290)	1,810
Patient Support Fund – Bradford/Leeds Fund	650	500	-	1,150
Patient Support Fund – Women’s Fund	658	-	100	758
Patient Support Fund – Scotland Fund	100	-	(100)	-
International Programmes				
India – TAP (DfID CSCF 550)	-	149,832	(149,832)	-
India – Delhi Divine Project	7,262	10,000	(10,717)	6,545
Malawi – JournAIDS	8,373	2,000	(10,373)	-
Malawi – DAPP (Comic Relief 174251)	-	34,649	(34,649)	-
Malawi – DAPP (DfID GPAF-INN-040)	-	85,454	(85,454)	-
Zimbabwe – Murambinda Hospital	-	10,612	(10,612)	-
Advocacy Programmes				
TB Europe Coalition	-	7,290	(7,290)	-
Total Restricted Reserves	19,143	445,701	(449,679)	15,165
Unrestricted Funds	<u>226,369</u>	<u>162,246</u>	<u>(258,311)</u>	<u>130,304</u>
Total Funds	<u>245,512</u>	<u>607,947</u>	<u>(707,990)</u>	<u>145,469</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2015 - continued

18. PUBLIC HEALTH ENGLAND GRANT

Project Title: Delivery of Collaborative TB Strategy for England and contribution to year-on-year decrease in both the incidence of TB and in health inequalities.

INCOME

Public Health England grant awarded for current year 100,000

TOTAL FUND

100,000

EXPENDITURES

CAPITAL EXPENDITURES

Office Equipment -

Software/programmes -

REVENUE EXPENDITURES

National TB Oversight Group and TB Control Board

Liaison Lead 33,641

Programme Director 21,712

TB Partnerships Officer 15,551

Communications Officer 8,352

Travel & Accommodation 3,831

Project Overheads (Administration, Governance
And accommodation) 16,913

TOTAL EXPENDITURES

100,000

Underspend / (overspend)

Balance carried forward (underspend to be carried into following year) -