

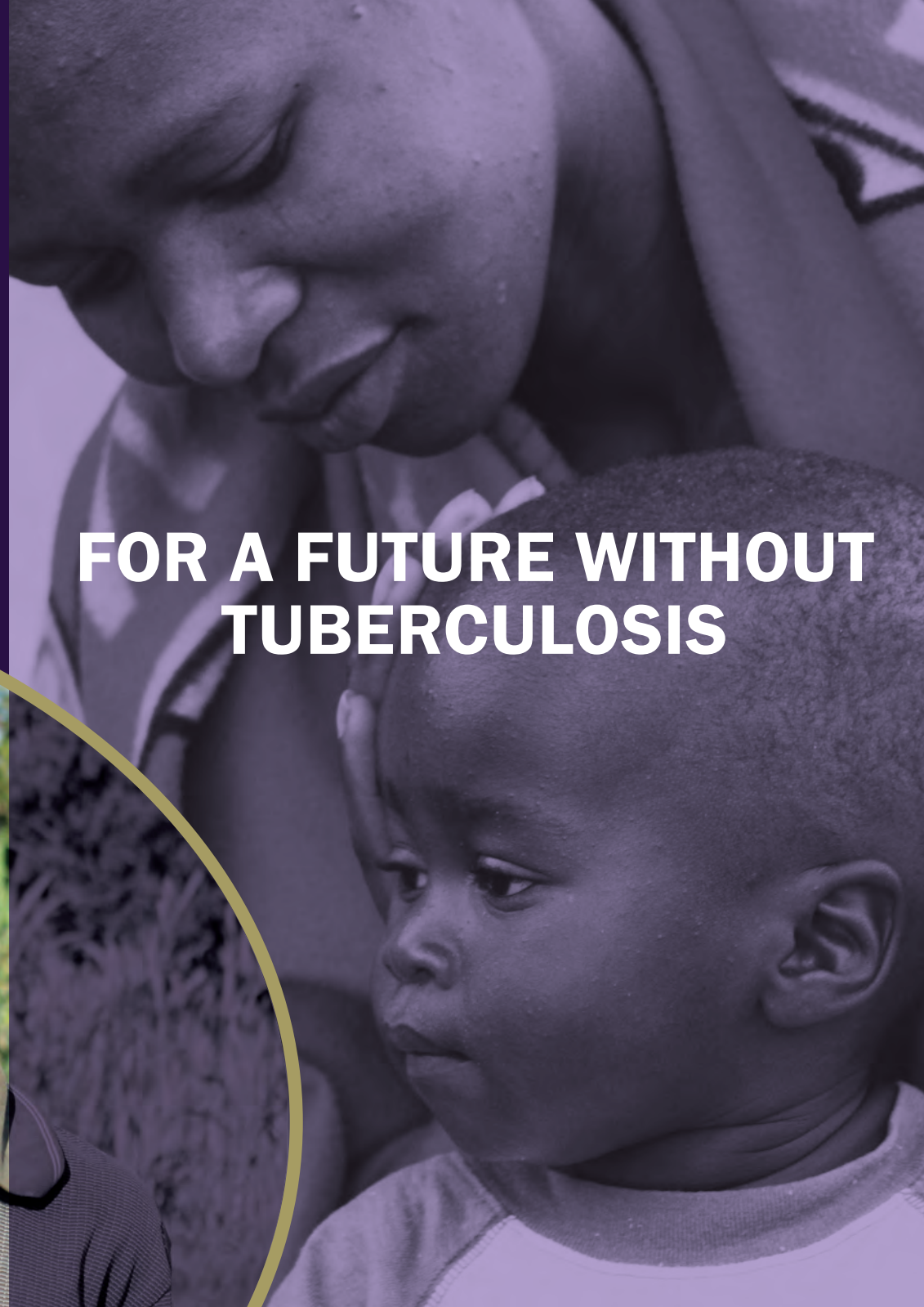
ANNUAL REVIEW 2014-15



TB
alert



**FOR A FUTURE WITHOUT
TUBERCULOSIS**



WELCOME

This year saw ambitious strategies launched both in the UK and globally, to help us move closer to ending the TB epidemic. We also saw an increase in TB Alert's impact, reaching more people and saving more lives.

The END TB strategy was launched by the World Health Organisation to lead the global fight against TB. Its vision is a world with zero deaths or suffering due to the disease. Its targets are that by 2035 there will be a 90% reduction in incidence and 95% fewer deaths. One of the strategy's four guiding principles is for a "strong coalition with civil society organisations and communities", which so clearly reflects the ethos and work of TB Alert.

In England, the first national TB strategy was launched, aimed at ultimately eliminating TB as a public health problem in this country. TB Alert has long called for the government to show this kind of leadership, responding to the increased rates we have seen over recent decades. During the last two years TB Alert has played a central role in the development of this strategy, and the implementation plan recognises TB Alert as leading the involvement of the voluntary and community sector.

To measure the success of these strategies we will look towards clinics and communities around the world and the number of people with TB being found, treated and cured. The work ahead is immense: although global levels of TB are slowly falling, we still face the appalling fact that, of the 9 million people who fall ill with TB each year, 3 million are 'missed' by health systems. These people fail to get the life-saving care they so desperately need.

This report tells the story of how TB Alert is working to reach these missing millions. It shows how, alongside our sister organisation TB Alert India and our partners in the UK, Africa and India, we are helping more people to get tested and diagnosed, and supporting them through the long and arduous course of antibiotic treatment. It tells the story of the people whose lives have been saved, of the staff and volunteers who are being trained to provide quality care, and of the communities where TB is being tackled at grassroots.

TB Alert's work brings together clinicians, caregivers and public health workers; communities, the wider voluntary sector, and donors from all walks of life; and of course people personally affected by TB. As the UK's national TB charity, we are proud to lead and continue to build this strong coalition in the fight towards a better future, a future without tuberculosis.

Mike Mandelbaum

Chief Executive, TB Alert



TB ALERT

THE UK'S NATIONAL TUBERCULOSIS CHARITY



Our vision is the control and ultimate elimination of TB
Our mission is to increase access to effective treatment for all

tb alert

www.tbalert.org

www.thetruthabouttb.org

www.tbalertindia.org

TB Alert, Community Base, 113 Queens Road, Brighton, BN1 3XG
01273 234029 • contact@tbalert.org

TB Alert is registered charity no. 1071886 and company limited by guarantee no. 3606528. TB Alert is a Stop TB partner and an organisational member of the International Union Against Tuberculosis and Lung Disease


Reaching the missing 3 million

Last year, 3 million of the 9 million people who fell ill with TB didn't receive the care they needed. These 'missing 3 million' make up the majority of people who die from this curable disease. It is them more than anyone who TB Alert exists to help.

Many of the missing 3 million do not reach health services at all. They may have low awareness of TB, or they may experience the stigma the disease still carries. They may not know how to seek care, or they may be hindered by issues like poverty and conflict. Others may seek help from health services that are simply not equipped to provide them with an accurate diagnosis or the right treatment.

This is why nationally and internationally TB Alert works to:

- raise public and professional awareness about TB and support patients through their treatment
- form partnerships between health services, voluntary organisations and people affected by TB, to plan and deliver better TB services
- advocate for the policy and resources to improve patient care and prevent the spread of TB.

A photograph showing two people riding bicycles on a dirt road. The person in the foreground is wearing a green shirt and a backpack. The person behind them is wearing a white shirt and a red and white striped hat. They are riding away from the camera on a dirt road that winds through a valley with mountains in the background. The sky is overcast.

“Despite the delay, I eventually received the medication I needed. So many people in other countries cannot get lifesaving drugs, and that is just heartbreaking. It is comforting to know that TB Alert is working to improve access to diagnosis and treatment.”

Sophie Watkins, UK, treated for TB in 2014

Our impact

In 2014-15, TB Alert and TB Alert India worked with partners across three continents to reach more than 6 million people. Our projects in the UK, India, Malawi, Zambia and Zimbabwe:



SCREENED
47,776
people for TB
or HIV



DIAGNOSED
3,766
people with
TB or HIV



SUPPORTED
7,328
people through
treatment



TRAINED
11,414
health workers
and volunteers



INFORMED
710,552
people about
TB and where
to seek help

We also reached a further
5.5 million
people through mass
media activities

"TB Alert was central to the development of the Collaborative TB Strategy for England. The strategy implementation plan includes a key role for TB Alert in working closely with Public Health England, NHS England, local authorities and civil society."

**Ibrahim Abubakar, Head of TB Section,
Public Health England**



You make it possible – Thank you

Thank you to all our wonderful supporters. You helped TB Alert reach more people than ever during 2014-15, and we could not have achieved this without you.

TB Alert received valuable project funding this year from the Department for International Development, Comic Relief and Public Health England. We would also like to acknowledge the support that Janssen gave for the TB Action Group.

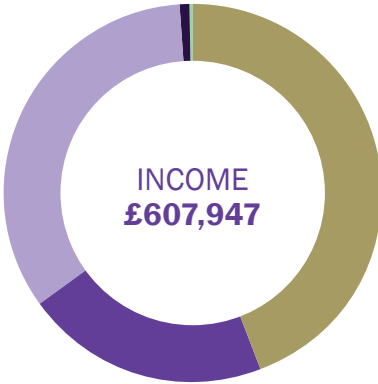
The inaugural Sir John Crofton Prize for TB Nursing was a resounding success thanks to all the generous donors and the award sponsors, Oxford Immunotec.

"I really thought TB was no longer a problem in the UK. So I got a huge shock when I found out Dad had it. I feel strongly that people need to be aware of this deadly disease – that's why I completed a Skydive for TB Alert."

Chloe Kinrade, who raised £800 for TB Alert after losing her father to TB

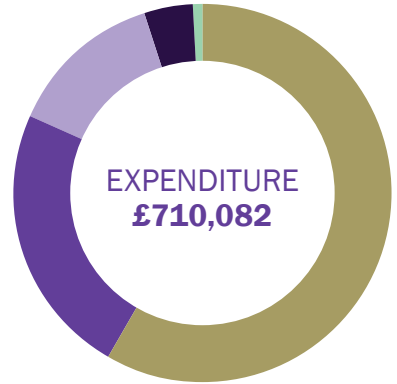
We are exceptionally grateful to all of you who support our work by giving your money, time or effort – especially those of you who were inspired by your own experience of TB.

Money matters



INCOME
£607,947

- International programmes **£269,935**
- UK programmes **£126,872**
- Voluntary income **£205,228**
- Activities that earn income **£4,981**
- Investment income **£931**



EXPENDITURE
£710,082

- International programmes **£414,338**
- UK programmes **£166,409**
- Costs of generating funds **£94,694**
- Advocacy activities **£30,570**
- Governance costs **£4,071**

£1

For every £1 we received

86p was spent on programmes to tackle TB

13p was spent on raising vital funds

1p was spent on governance



We can control TB by testing the family and regular contacts of patients with the illness. This 'contact tracing' looks for people who may have caught the active or latent forms of TB so that the right kind of treatment can be prescribed. But the process is often challenging, since the stigma of TB prevents many patients disclosing who they might have infected.



Prisons are crowded, poorly ventilated environments where inmates' health is rarely a priority – particularly in resource poor countries such as Zambia. This explains why prisoners experience high rates of TB, including drug-resistant TB, which can feed into the wider community when they are released. In 2014, TB Alert helped launch a new project to address TB and TB-HIV in the Mpima and Mukobeko prisons in Kabwe. The project:

- informs prisoners and wardens about TB and HIV so they can seek help for symptoms
- supports prisoners with TB and HIV even after their release
- traces the contacts of prisoners to see if they have been infected
- helps prison officials advocate at a national level for improved TB control measures.

CONTROL

Joined up treatment and care is the route to a successful cure. Antibiotic treatment cures TB, but the course is long – at least six months – and often comes with difficult side-effects. Many patients cannot afford the time or cost of frequent visits to the clinic, and they may not have adequate nutrition to aid their recovery. Practical and emotional assistance, such as nutrition packages and peer support, can be crucial to help them keep going. Without this support patients may miss doses or stop treatment altogether, risking ongoing transmission, drug-resistance and, ultimately, death.



Jean (pictured, left), was diagnosed with pulmonary TB following an emergency admission to hospital. Homeless at the time, he was discharged back on to the streets where he struggled to keep taking his medication. Jean's poor health and limited English meant it was difficult for him to complete the paperwork he needed to obtain sickness benefit. Fortunately, his TB Nurse secured him a hostel place and a food grant through

TB Alert's Patient Support Fund. Jean has now recovered and is grateful for the support he received: "For a time, the voucher from TB Alert gave me the only food I had each week. I want to say thanks."

TREATMENT AND CARE

TB alert

WORKING FOR A FUTURE WITHOUT TB

Prevention. Access. Diagnosis. Treatment and Care. Control.

Through the stories of TB Alert's programmes and the people we have helped, this review shows how we address the challenges at each of the five stages in this pathway to save lives and reduce suffering from TB.

Early and accurate diagnosis is crucial to ensure treatment starts as soon as possible. Yet in many of the poor countries where TB is most prevalent, limited facilities and a lack of trained staff can delay or deny an accurate diagnosis. Even in the UK it takes most people over 70 days after they experience the first symptoms of TB before they start treatment.



In 2014, the Indian government asked TB Alert India's Delhi DIVINE programme to turn around a failing TB diagnostic centre in Mukundpur, North Delhi. The area is home to 150,000 people, half of whom live in slums. There were many problems that needed fixing. Instead of being easily accessible, the centre was hidden away in a residential block. There was no outreach to the community, or to the unqualified private healthcare providers that most people turn to when they fall ill. And shockingly, many people who received a TB diagnosis did not go on to receive treatment at the local clinic.

TB Alert India sprang into action, relocating the centre to where people could easily find it. They trained 61 chemists and private healthcare providers, along with 15 community volunteers who identify people with TB symptoms. 100 people a month are now being tested, double the previous number. And we ensure that everyone diagnosed with TB – around a quarter of those tested – goes on to receive the life-saving treatment they need.

DIAGNOSIS

PREVENTION

Prevention is critical to reducing TB. We have a vaccine, the BCG, but it is not effective against all forms of TB and it only offers about 15 years' protection. The BCG has been around for nearly 100 years and we desperately need a new vaccine. The other way to prevent TB is to treat the 'latent' form of the illness before it turns into 'active' disease when the symptoms of TB begin to present themselves. Some 2 billion people – over a quarter of the world's population – are infected with latent TB. Although only a proportion of them will develop active TB, it is important to target treatment for latent TB where it is likely to be most effective.



College students make up 36% of Birmingham's TB cases. So TB Alert worked with the local public health team and third sector partners to pilot a TB testing programme aimed at people studying English as a second language. Health and social care students were taught about TB and hosted 'healthy living' events to encourage their peers to get tested at college sites. 464 students were tested, of whom 73 tested positive for latent TB and began preventive treatment. The project also led to over 60 students registering with a GP for the first time.

ACCESS

People need to access diagnosis and treatment quickly, to limit the damage TB can cause and minimise the risk of passing it to others. But many people do not recognise the symptoms of TB or lack the confidence and resources to seek help – particularly people within the marginalised communities most affected by TB.



Tour guide Oscar Kachina was forced to halt an expedition on Mount Mulanje in Malawi when he became breathless. The members of his tour group urged him to seek help, but he did not know what was wrong or where to turn. He went first to a private clinic, but he was not tested for TB and the prescribed medication was ineffective. Fortunately, an outreach worker from TB Alert's project spoke to Oscar on a door-to-door visit and referred him to the TB service. Oscar was diagnosed with TB in January 2014 and completed his treatment six months later. He told us that he is now fit enough "to reach the summit once more".