



Annual Review 2016-17



Welcome

This annual review is written during the run-up to an important and potentially breakthrough period in the global fight against tuberculosis. But before explaining this I would like to update you on the scale of the challenge we face.

In last year's review, I mentioned the 3 million people who, each year, miss out on quality TB care. A year on, it turns out that the scale of the issue is greater than we all thought. During recent years the World Health Organization has been carrying out prevalence studies to better measure the number of people who have TB, and each year their studies lead to them revising their estimate upwards. It is now thought that 10.4 million people develop TB each year, with 4.3 million people – rather than 3 million – missing out on quality care.

The world is finally waking up to the scale and urgency of this issue. The UN and WHO have set an 'End TB' target to reduce deaths by 95% by 2035, but to achieve this funders and high burden countries must commit to the actions necessary to bring this global health emergency under control. In November 2017, Moscow will be hosting the first global ministerial conference on TB, and plans are well advanced for a UN high-level meeting on TB in September 2018. As the only TB-specific charity in this country, TB Alert is working to ensure the UK plays its part in this once in a generation opportunity to increase the world's focus on TB. Through our involvement in the WHO's civil society task force and as members of the Stop TB Partnership we are working to ensure the voices of communities and people affected by TB are at the heart of deliberations.

We base our advocacy on the knowledge and expertise gained from our field projects which, day in and day out, are demonstrating effective ways to reach communities and save lives. Whether in this country, in Africa, India, or in Eastern Europe where we are now beginning to work, each day our projects are raising awareness of TB, ensuring people with symptoms are tested and treated, and supporting them through treatment.



Each person cured is a cause for celebration for that individual and their family. It also benefits the wider community by preventing others becoming infected. And with millions of people still not receiving the antibiotics that would cure their illness TB Alert is as committed as ever to our mission of increasing access to effective treatment for all.

Mike Mandelbaum
Chief Executive

Our impact 2016-17



215,418 SCREENED
for TB or HIV



6,559 DIAGNOSED
with TB or HIV



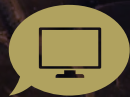
5,641 SUPPORTED
through treatment



2,400 TRAINED
health workers and volunteers

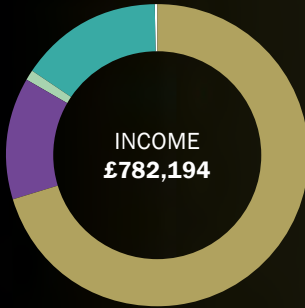


1,092,631 INFORMED
about TB and where to seek help



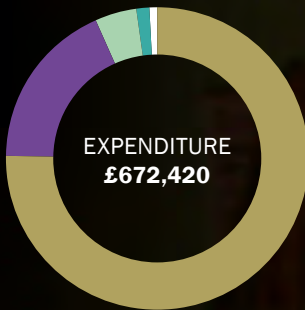
204,122 REACHED
through mass media activities

Money matters 2016-17



INCOME
£782,194

- International programmes **£550,784**
- UK programmes **£101,061**
- Advocacy **£9,000**
- Voluntary income **£120,368**
- Investment and other trading income **£981**



EXPENDITURE
£672,420

- International programmes **£507,183**
- UK programmes **£120,629**
- Advocacy **£30,537**
- Cost of generating funds **£9,978**
- Governance **£4,093**



98p was spent on programmes to tackle TB

.....

1p was spent on raising vital funds

.....

1p was spent on governance



Spotlight on TB in the mining sector

In Southern Africa's vast mining industry, a cough can have devastating consequences.

Airborne TB bacteria can circulate for hours in the mining industry's cramped and poorly ventilated living and working spaces, before readily finding a home in lungs already weakened and inflamed from silica dust. This is why over 90% of the region's three million miners are thought to have latent TB and up to 7% of miners develop TB each year.

The effects of that cough can spread far beyond the mine, however. The majority of miners are migrant workers – travelling from across the continent and working in numerous mines during their working lives. When untreated TB cuts their working lives short, miners typically return home. Then, with limited access to healthcare and little understanding of their illness, they pass TB on to their loved ones and the wider community. In this way, hundreds of thousands of people fall ill with TB in Southern Africa each year through their links to the mining industry.

Help is now coming directly to communities through the Global Fund's TB in the Mining Sector (TIMS) initiative



“Over 90% of the region’s 3 million miners are thought to have latent TB”

This human rights catastrophe has occurred unchecked for decades. Though governments and the courts are finally beginning to ensure the mining industry meets its responsibilities, the effects are coming too slowly for the many people already infected with, and dying from, TB.

Fortunately, help is now coming directly to communities through the Global Fund’s multi-million dollar TB in the Mining Sector (TIMS) initiative.

This innovative programme is coordinating national governments, civil society and the private sector to analyse the issues around TB and mining and implement a regional response. TB Alert is providing technical advice to our partner ADDP-Mozambique as they deliver community outreach across the region.

With TB Alert’s guidance, outreach workers are visiting families in communities with links to the mining industry to identify people who may be ill with TB and help them access healthcare services.

TB Alert is supporting the project in four ways:

- providing technical assistance to ADPP’s project management team
- training delivery teams in eight countries on community outreach and sputum collection
- producing high-quality TB information and awareness resources
- supporting the monitoring and evaluation of the programme to ensure it is effectively implemented.

Twoboy first fell ill with TB whilst working as a miner in South Africa, far from his home in Francistown, Botswana. At the time, he was one of the lucky ones. Twoboy recovered after receiving a diagnosis and treatment from a local clinic. Nevertheless, Twoboy gave up mining because of the toll exacted on his body and returned to Francistown.



Twenty years after he first fell ill with TB, Twoboy again began to feel unwell and quickly sought help at a local clinic. But the clinic failed to diagnose TB and offered ineffective treatment. Twoboy’s health continued to worsen but he did not know where else to turn. Fortunately, Mpala, an outreach worker from the TIMS project, called at his house while carrying out door-to-door visits in Twoboy’s community. Mpala took Twoboy’s sputum for testing and he was soon diagnosed with TB and started on the correct treatment. Twoboy says he ‘would have been dead and buried’ if Mpala had not knocked on his door that day.

You make it possible – Thank you

We would like to thank all the individuals, companies, trusts and foundations that have contributed to our work in the UK and overseas throughout the year. Our donors are critical in supporting our programmes and services, helping to change the lives of people and communities affected by TB.

Many people find the strength to support our work during their own encounters with TB, and continue to back the global fight against the disease long into the future. We are particularly thankful for this generous and inspirational support.

“We were lucky to have known and worked with Kanya, she made a huge impact on our lives and we will miss her greatly. Every step of the climb was worth it to raise awareness and support TB Alert - this disease affects so many in an irrevocable way.”

The Hinton Group (below), who raised over £2,000 for TB Alert scaling Mount Snowdon in memory of their colleague Kanya, who sadly died from TB



“Fighting TB gave me the strength to know I could achieve anything – so I actually feel in one way it was a blessing. I hope I can now help someone the way TB Alert helped me.”

Samara Barnes (above), who raised £860 for TB Alert in the Tough Mums 5K obstacle race



TB is a puzzle that has challenged people over millennia. With the advent of modern medicine we have the tools and techniques to cure people, but turning this into life-saving services for the poorest communities takes knowledge and skill. This review explains how TB Alert is helping solve the puzzle of TB on the ground, and how we continue to advocate for game-changing developments so that one day we will achieve our mission of access to effective treatment for all.

TB
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for a future without tuberculosis



1. PREVENTION

'Prevention is better than cure', the age-old aphorism tells us, and this is certainly true of TB. If you can prevent someone getting TB, you save them from a life-threatening illness and also stop the risk of them passing on TB to others. Yet this is a huge challenge. Globally, over 4 million people miss out on treatment annually – the majority of them with infectious TB that they could transmit to as many as 10-15 other people each year. A life-long vaccine that protects against all forms of TB would block this onward infection, revolutionising the fight against TB – but we are still waiting for this, nearly 100 years after the introduction of BCG. BCG is the most widely used vaccine in the world, but the millions of people that continue to fall ill with TB each year are evidence of its limitations.

In a world where great strides have been made in healthcare over the last century, it is a tragedy and a scandal that insufficient will and money have gone into developing an improved vaccine. The World Health Organization calculates a \$1.1bn funding gap each year in the research and development needed to achieve the global targets to end TB. Alongside partners including the WHO, Stop TB Partnership and International Union Against TB and Lung Disease, TB Alert is part of global advocacy efforts to ensure a breakthrough is made soon. If we are to meet the WHO's goal to end the TB epidemic by 2035, the next decade needs to mark a turning point in the fight against TB.

A new vaccine that protects people from birth and throughout their lives needs to be at the heart of this.



2. ACCESS

Since we cannot prevent all cases of TB, another piece of the puzzle comes into play – access to health services. The sooner someone is diagnosed and treated the better their chance of a full cure. Yet many people with TB symptoms delay going to a doctor, and others never reach one at all. Poverty, stigma, and low awareness of TB or the services available to them are all reasons why people delay getting the help they need.

This is why TB Alert helps overcome these barriers, including helping people like Angelina Manhiça (above), a mother of three in the Xai Xai district of Mozambique. Angelina knew about TB, as she had been treated for the illness in the past. But Angelina did not know that it was possible to get TB a second time, which is why she ignored her ongoing cough. Fortunately, an outreach officer from the TIMS project visited Angelina's village, going door-to-door to explain about TB and link people with TB symptoms to health services. The outreach worker knew that Angelina's worsening cough and history of TB needed thorough investigation, even though tests showed no signs of bacteria in her sputum. The worker referred Angelina to a doctor at a nearby hospital, who confirmed TB through a clinical diagnosis and started Angelina on life-saving treatment.

3. DIAGNOSIS

Even when a person with TB symptoms reaches health services, poor diagnostic facilities may prevent them from getting the quick and accurate diagnosis they need to limit the harm that TB causes. It is critically important not only to confirm a diagnosis of TB, but also to identify any co-occurring conditions such as HIV or diabetes to make sure the patient receives the appropriate package of treatment.

This is why our Delhi DIVINE project in India has taken the innovative step of offering diagnosis for TB and diabetes within the same centre. India has more cases of TB and of diabetes than any other country in the world and the two conditions have a problematic relationship. People with diabetes are more vulnerable to TB, TB can itself be a trigger for diabetes, and diabetes complicates TB treatment. The project now helps people like Kishwa (below), a housewife from the Burari slum district who came to Delhi DIVINE with chest pain and a high fever. Kishwa tested positive for TB and her elevated blood sugar showed that her diabetes was poorly managed. Through Delhi DIVINE, Kishwa is now receiving joined-up care for both conditions, allowing her to better control her diabetes and aid her recovery from TB.





4. TREATMENT AND CARE

Though TB treatment is long and often harsh, it is effective at treating TB and stopping its spread. But it is also possible to treat the infection before it makes people ill. Some 2 billion people – around 30% of the world's population – have the bacteria asleep in their bodies. This is known as latent TB, and in most cases the risk of it 'waking up' can be significantly reduced with a course of preventive antibiotics. Though it is impractical to treat everyone globally who has latent TB, in a low-incidence country like the UK it is possible to use this strategy. However, this is not straightforward, since you need to explain to people why it is in their interest to be tested and potentially treated for a condition that may only make them ill in the future.

This was a piece of the puzzle that TB Alert was commissioned to help solve, within England's latent TB testing and treatment programme. Last year we reported the launch of the Access, Testing and Treatment toolkit, which provides guidance for the NHS on setting up patient-centred latent TB services. Since then, we have produced a suite of awareness and information materials – in up to 11 languages – to support patients as they go through the testing and treatment process.



5. CONTROL

Prevention and control are two aligned and closely fitting pieces of the TB puzzle. While we cannot stop everyone falling ill with TB, we can try to protect patients' families and communities. TB control, through contact tracing, involves screening close contacts of a patient for symptoms of the illness. Anyone who has symptoms of TB can be tested and treated quickly, limiting the harm they suffer and preventing them from passing TB on to others. People found with latent TB are also offered treatment, where appropriate, reducing the chances of them later becoming ill. This is an especially valuable way to protect young children.

This way of working spared 9-year-old Anesu (above, front row, second from left), who lives with his mother in the village of Jinga in Zimbabwe's Chimanimani district, from the same fate as his father and sister who tragically died of TB. Anesu's mother did not realise that his swollen stomach and weight loss could be a sign of TB, as her husband and daughter had suffered from TB in their lungs. A local clinic also failed to spot that Anesu's symptoms could be TB. Fortunately, our TB-HIV Action Project identified Anesu's family for TB contact tracing and a field officer visited their home. The field officer recognised Anesu's symptoms could be TB and referred him to a clinic where he was diagnosed with TB and given treatment. Anesu is now a healthy weight and plans to use his experience to encourage others to seek help quickly if they have TB symptoms.



PREVENTION



for a future without tuberculosis



CONTROL



ACCESS

DIAGNOSIS



TREATMENT AND CARE