KNCV
TUBERCULOSIS
FOUNDATION

ANNUAL REPORT 2018

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“An ‘elderly’ in the TB community, with the spirit, energy and creativity of a ‘new kid on the block’”

Dr. Kitty van Weezenbeek

MESSAGE FROM OUR EXECUTIVE DIRECTOR

The year 2018 marked the 115th birthday of KNCV Tuberculosis Foundation. An 'elderly' in the TB community, with the spirit, energy and creativity of a 'new kid on the block'! These are crucial organizational characteristics at a time of unprecedented political, societal and technical developments in the fight against TB. Before looking back at the core of our work, namely evidence generation, technical assistance and policy development, I want to highlight KNCV's role in two important global events in 2018.

First of all, the United Nations High Level Meeting (UN HLM) on Tuberculosis held in New York City, September 2018. For the first time in the history of the UN, Heads of States paid attention to TB, resulting in a political declaration with key commitments for 2022. The UN HLM world leaders explicitly committed to reach and treat 40 million people with TB by end 2022. They also committed to a global target of reaching 30 million people with preventive treatment to protect those vulnerable (particularly people living with HIV and children/ household contacts) from progressing from infection to active TB. During side events of the UN HLM, KNCV contributed to panel discussions on childhood TB and presented the KNCV TB/HIV 'Cut and Paste' framework strategy for integrated TB/HIV services: Cut the silos between TB and HIV programmes and Paste the framework components into a coordinated response ensuring joint Planning; Advocacy; Service delivery; Training and Evidence generation. A framework that requires strong political back-up and therefore very well fitted the UN HLM opportunity. Only one month after the UN HLM, KNCV had the honor of co-hosting the 49th Union World Conference on Lung Health in The Hague. This was the third time after earlier editions in 1932 and 1967. The theme of the conference 'Declaring our rights: social and political solutions' was well aligned with both the UN HLM agenda and the reputation of The Hague as the City of Peace and Justice. I would like to express my gratitude to all KNCV staff worldwide for the energy, time and creativity invested in the most successful Union World Conference ever, with over 4.000 participants and

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A mother with her child is seeking help at a TB clinic in Nigeria.

an all-time record number of KNCV scientific contributions. It made us all feel proud, and we cherish that memory! I also want to take this opportunity to thank Her Royal Highness Princess Margriet of the Netherlands for opening the conference with an impressive and very personal speech which illustrated that TB does not respect societal status, including royalty. As many participants told me: being open about the history of TB in the Dutch royal family is a powerful way to address stigma in TB.

The year 2018 also showed that KNCV's technical innovations at country level save many lives. Obvious examples are the introduction and scale-up of laboratory connectivity and new drugs and regimens for patients with multi-drug resistant TB. As such we support both patient care and systems strengthening, while building the platforms to absorb future innovations. With our work at country level, KNCV significantly contributed to evidence generation and related policy discussions which led to the new 2018 WHO guidelines on the treatment of drug-resistant TB. However, technical guidelines do not suffice to end TB, unless we also overcome health systems and societal barriers such as out of pocket expenditures for patients, weak human resource capacity and (self) stigma. Hence, KNCV's focus on stigma measurement and reduction, with a complete package of stigma intervention tools finalized in 2018 and an impressive TB PhotoVoices exhibition as part of the 'Story of Hope' exhibition in The Hague City Hall at the Union World Conference and the International AIDS Conference. In 2018, we continued to diversify our funding base with new grants for different technical areas in a variety of geographical settings. Despite these successes we recognize the impact of the anticipated end of the USAID-funded Challenge TB project by September 2019.[1] Hence, in 2018, KNCV management, in close collaboration, with the Works Council, continued preparations for the post-CTB era, including the development of a social plan. Looking back, I can only be extremely proud of KNCV achievements in 2018, both at country level and in the global arena. Looking ahead, I recognize that 2019 will be a challenging year, with changing funding streams and new donor strategies, but I feel confident that the organization is fit for the future and will continue to play an important role in ending the TB epidemic and related human suffering.

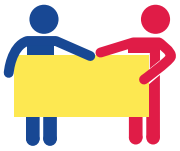
Dr. Kitty van Weezenbeek
Executive director of
KNCV Tuberculosis Foundation

RISK MANAGEMENT

We also acknowledge the importance of risk management systems and internal controls. Our work in countries that often have a higher risk profile then the Netherlands requires robust mechanisms to prevent, monitor and mitigate potential risks as much as possible.
A description of KNCV's risk assessment and mitigating actions can be found in the Governance and organizational report. With the planned close out of our biggest project Challenge TB in September 2019, managing fluctuations in funding streams will be the main objective related to risk mitigation for 2019.

1 With anticipated extension for a limited number of activities and countries for a maximum of six months for which approval is pending.

KNCV IN KEY FIGURES IN 2018



Income from lotteries
€ 1.435.757

97.7%
Of total expenses spent on mission related goals

Income from private fundraising
€ 1.135.517

539 members
of staff worldwide

18.247
private donors

1.0% of expenses
spent on fundraising

1.2% of expenses
spent on administration and control

Income from government grants
€ 88.178.130

40
Scientific publications

KNCV IN KEY EVENTS IN 2018

KNCV looks back on a successful Union World Conference

In the same year that KNCV celebrated its 115 years of experience in fighting TB worldwide, KNCV was also proud to be the local host, together with the city of The Hague, of the 49th Union World Conference on Lung Health. The conference took place from 24 to 27 October 2018 at the World Forum in The Hague. Over 4000 delegates from more than 125 countries visited the conference to take part in the 150 sessions offered by the four-day scientific program whilst over a 1000 abstracts were presented. With, in total 21 symposia held, three satellite sessions, 22 (short) oral abstracts, 25 (e-)poster presentations, nine side meetings, workshops and postgraduate courses and ten community space activities, KNCV was very well presented during the conference.

Royal presence casts the spotlight on TB

Her Imperial Highness Princess Akishino of Japan and Her Royal Highness Princess Margriet of the Netherlands both attended the inaugural session at the Union World Conference. Princess Margriet delivered an inspirational opening speech in which she explained her own family's connection with TB and praised the work that KNCV has done in eliminating TB in the Netherlands and abroad. Following the opening ceremony, the princesses visited the Holland Pavilion where they met with TB survivors. Dr. Kitty van Weezenbeek, Executive Director of KNCV relayed her own personal story during the opening ceremony, addressing the stigma that surrounds TB and emphasized the urgency to step up the momentum in the fight against TB. "I'm probably the only executive director who wants to close its doors."

Breaking news for Childhood TB: Simple KNCV stool test

During a conference in which Childhood TB already was a recurring theme, the breaking news also came from KNCV with the announcement of our simple stool-based test, developed by researchers at KNCV, that can easily diagnose TB among children. This test could become a global life-saver by enabling millions more children at risk of TB and MDR-TB to be tested.

Kitty van Weezenbeek, Executive Director
of KNCV Tuberculosis Foundation,
during the opening ceremony
of the Union World Conference.

TBScience 2018: A successful model for future Union conferences

TBScience2018, attracting some 400 delegates, was the first-ever science focused gathering running in parallel to the larger annual Union conference. This came about as a direct result of the first meeting of the WHO TB R&D taskforce in 2017, where the need for a dedicated TB basic and translational science conference was concluded. The Union, in partnership with WHO, KNCV, TSRU and AIGHD organized this one and half day TBScience2018 event which was entirely devoted to basic and translational TB research. Scientists from various disciplines (microbiology, immunology, molecular biology, pharmacology, clinical science, epidemiology and mathematical modelling) assembled to present and discuss recent findings relevant to the understanding of TB transmission, infection and disease, and to the development of new vaccines and drugs in a cross-disciplinary manner.

Dutch TB impact shown by partners in Holland Pavilion

In the Holland Pavilion, located in the central area of the venue, KNCV brought together a diverse group of Dutch stakeholders working on TB prevention, treatment and care, as well as lung health in general. The Pavilion proved to be extremely popular, with many delegates visiting the booths and listening to the presentations. The 'Dutch afternoon', which took place on the final Friday also proved to be a success. Former patients and professionals explored the past, present and future of TB in the Netherlands, as well as the deployment of Dutch expertise and experience worldwide.

KNCV award presented

During the closing ceremony of the conference, Dr Lixia Wang and Dr Yogan Pillay were awarded with the prestigious KNCV Tuberculosis Foundation Award for Eminence in Tuberculosis Control. KNCV executive director Kitty van Weezenbeek presented the Dr Karel Styblo medallion and a certificate of appreciation to Dr Wang and Dr Pillay. KNCV grants this prestigious award once every five years to honor those who have provided a long-term significant contribution in the fight against tuberculosis.

Important commitments made during historic UN HLM on TB

On 26 September 2018 the United Nations General Assembly held its first-ever high-level meeting (UN HLM) on tuberculosis (TB) to accelerate efforts in ending TB and reach all affected people with prevention and care. The theme of the meeting was 'United to End Tuberculosis: an Urgent Global Response to a Global Epidemic'. At this meeting world leaders made commitments to urgently overcome the TB epidemic by 2030. This involved both stepping up the response in their own country and a renewed international commitment to the development and introduction of innovations, including new lab tests, medicines and delivery. The aim to End the TB epidemic by 2030 is part of the Sustainable Development Goals (SDG 3.3) committed to by UN Member States in 2015. During the UN HLM world leaders explicitly committed to reach and treat 40 million people with TB by end 2022. They also committed to a global target of reaching 30 million people with preventive treatment to protect those vulnerable (particularly people living with HIV and children/ household contacts) from progressing from infection to active TB.

Executive director of KNCV Tuberculosis Foundation, Kitty van Weezenbeek, was present at the UN meeting. Van Weezenbeek: "A great step has been taken in New York. Now it is important to turn these political promises into concrete actions. It is a formidable global task, TB-experts from KNCV and academic centers are ready to shape the innovations."

KNCV organizes side event to UN HLM on TB/HIV cooperation

Prior to the UN HLM, KNCV organized a side event with as theme 'Leave No One Behind: Scaling up integrated people-centered TB/ HIV care towards universal health coverage', attended by TB and HIV experts, politicians and donors at the UN headquarters in New York.

The UN HLM on TB clearly demonstrates how concerned world leaders are about the humanitarian and economic consequences of the world's deadliest infectious disease. Improved cooperation between HIV and TB prevention programs is one of the areas where there is a lot to be gained. KNCV has been working hard to achieve this for more than 15 years.

"Our projects have shown that effective cooperation enables us to identify more people with TB and HIV, treat them more effectively and also help take the pressure off healthcare systems. We need to make this the norm across the world. In order to achieve this, we are uniting all the main players. It's time for donors, the world of politics and experts to embrace this TB/HIV cooperation and take concrete steps", said Kitty van Weezenbeek in the lead-up to ` the event.

During the panel discussion, Van Weezenbeek issued a challenge to all stakeholders in TB- and HIV-programs and called for a joint "CUT and PASTE" approach to fight TB/HIV. "KNCV Tuberculosis Foundation has shown that integrated people-centered TB/HIV care benefits patients, their families, healthcare workers and health systems. An effective TB/HIV framework ensures joint Planning; joint Advocacy; integrated Service Delivery and Training; and joint Evidence generation, while involving public, private and community stakeholders in these efforts. CUT the silos and competition for funds and PASTE these framework components into a coordinated (inter)national response to the dual TB/HIV epidemic. KNCV knows it works!" ◂

PIONEERING, SIMPLE KNCV STOOL TEST ENTERS THE NEXT RESEARCH PHASE

Getting sputum in small children is difficult, painful and traumatizing, but still necessary to diagnose TB. Thanks to the simple method developed by KNCV Tuberculosis Foundation (KNCV) to test poo with the GeneXpert, sputum can hopefully be replaced. The aim is for all children in the world to have access to this simple and painless stool test from 2020 onwards. The pioneering method was presented for the first time during the 49th Union World Conference on Lung Health.

The numbers do not lie. Among the 1.6 million people who die of tuberculosis every year worldwide are 233,000 children. The diagnosis of TB is often missed or TB is diagnosed too late in children. Especially in small children, the detection of TB is difficult; they can't easily cough up sputum on and swallow it. Doctors and parents are often reluctant to use invasive methods.

Sputum is now obtained by removing material from the stomach or through the nose via a tube. Or drops of fluid are sprayed into the lungs to induce strong coughing. Apart from being traumatic for the children, parents and doctors, the costly equipment required for this is rarely available at smaller medical posts. In many countries where KNCV works, this research can only be done in one or two large hospitals.

Keep it simple

The idea behind the stool test is to keep it simple. We aimed to replace the painful sputum examination by using stool that can be obtained naturally and painless from children in large volumes. It has long been known that TB patients do secrete TB bacteria in their stool, but because stool contains so many other bacteria, it is not considered as a useful sample for the diagnosis of TB. Recently, in parallel with the fast enrollment, throughout the world, of the GeneXpert equipment for the sensitive sputum DNA test (Xpert MTB/Rif) to even small healthcare centers, the idea of using stool as a sample attracted new interest. However, methods for processing stool are complicated and can therefore mainly be done in high-quality laboratories. These laboratories are scarce in many places in the world and are not easily accessible to parents with sick children. We wanted to develop a way to diagnose to TB that would be possible to use in small, simple labs, as is currently done with sputum. Our aim ▶

We aimed to replace the painful sputum examination by using stool

A KNCV stool test training in Addis Ababa, Ethiopia.

was to see if stool could be processed and tested in the same way as sputum now is, using the same means and GeneXpert equipment. And it worked!

The method is very easy: you put some stool in the bottle that is part of the TB Xpert test. In this bottle there is a liquid that causes the stool to fall apart and the bacteria are released. By first shaking hard and then allowing the bottle to stand, the remains of the stool sink while the TB bacteria having a fatty cell wall starts floating to the surface in the aqueous solution. The 'floating' part can then be examined with the TB Xpert test. The processing steps are similar to the sputum Xpert test and don't require any additions of supplies or equipment.

Groundbreaking test

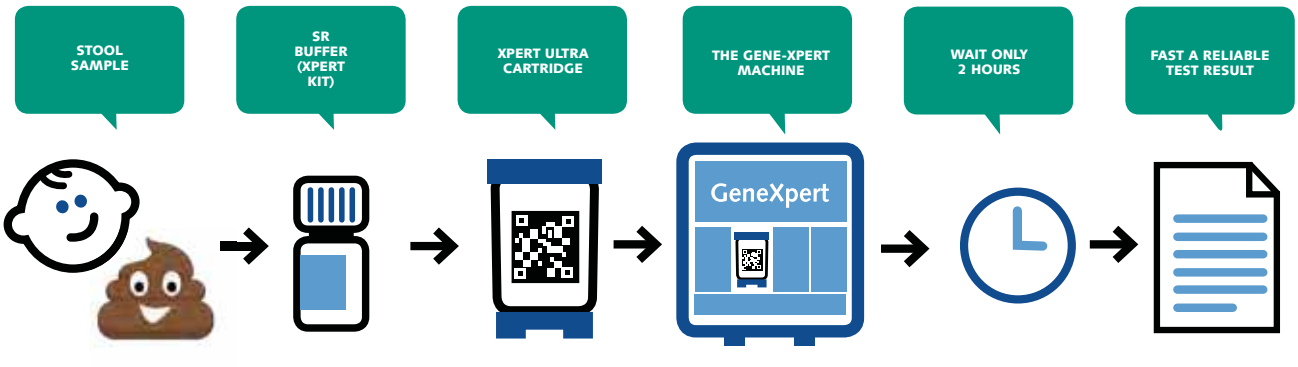
The first tests of our stool method took place in the national reference laboratory in Ethiopia. In order to be able to finance this, KNCV Tuberculosis Foundation staff ran the City-Pier-City Run in 2017, raising 10,000 euros. The results showed that the stool test works well with the Xpert test. At the same time, a similar method in Indonesia was tested in a large pediatric hospital in Bandung. The results have now been published and show again that TB can be diagnosed on the basis of these simple stool tests. It also becomes clear that with this groundbreaking test we can detect TB with stool as well as with sputum!

The method and results from Ethiopia and Indonesia were presented during the 49th Union World Conference on Lung Health and the news about the stool test received international media attention. More than 200 (inter) national websites paid attention to this, including the Dutch NOS news and News & Co made a report. Several countries then approached KNCV with the question of they could also start implementing the simple stool test.

In order to expand the stool test worldwide, we first need to gain more experience with this test and draw up a practical manual for its use and prepare starting kits for countries that would like to start implementing. Therefore the stool test is now being rolled out further in Ethiopia and Indonesia. In total, sputum and stool samples are taken from around 750 children, so that the results of the tests can be compared well. The first results are expected this spring.

We wanted to develop a way to diagnose to TB that would be possible to use in small, simple labs

Fig 1: The simple stool test



KNCV'S TB STIGMA MEASUREMENT AND REDUCTION TOOLS

The year 2018 was an exciting year for KNCV's stigma reduction team. In August we published our long-awaited Stigma Measurement Guidance and finalized our Suite of TB stigma intervention tools to complement it.

Stigma and discrimination are recognized as some of the most commonly identified barriers to fight the TB epidemic.[1] Reducing TB stigma is therefore essential because it hinders care seeking, contact tracing, outbreak investigations, treatment initiation, adherence and quality of care. Moreover, it degrades social capital; it deprives people with TB of their rights and the respect of others.[2] Ultimately it can also contribute to catastrophic costs when people with TB are pushed out of their homes, communities and jobs – losing their security, support system and means of income. Stigma not only harms patients, but also erodes health care workers' commitment to high quality care. An effective approach must therefore protect everyone's rights as a cornerstone of patient-centered care.

Over the summer and autumn, we had the opportunity to pilot all three intervention toolkits with great success in Kazakhstan. We were able to share our tools and experiences not only during the international AIDS conference in Amsterdam in July/August (as part of the Story of Hope exhibition in the Hague) but also during the 49th Union World Conference on Lung Health in The Hague in October. It is needless to say that we invited the patients and health care worker participants to participate in these events. They are after all the most appropriate people to tell their stories and share their experiences – so good in fact that they are part of the training teams for planned interventions at home and abroad - in the future, like in the Philippines in February 2019. Here are some examples:

1 World Health Organization, Ethics guidance for the implementation of the End TB Strategy. 2017, Geneva: WHO.
2 Jaramillo, E., S. Sahu, and C. Van Weezenbeek, Ending TB-related stigma and discrimination. Int J Tuberc Lung Dis, 2017. 21(11): p. 2-3.

KNCV's philosophy and tools

KNCV's philosophy on reducing TB stigma is to build empathy and mutual respect among communities, health care workers and TB patients. It aims to reduce the tendency to label, blame, shame and control by strengthening the awareness of our own judgements. To do so, KNCV has developed several innovative tools to understand, measure, assess and effectively address TB Stigma at its root.

1. TB STIGMA MEASUREMENT GUIDANCE:

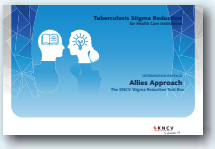
An overview of best practices, covering the full scope of established methodologies. The guidance can be used for a whole range of stigma measurements: from baseline assessments to end line evaluations.

2. TB PHOTOVOICES:

Empowers people, affected by TB, HIV or both diseases to express and communicate their experiences. It re-builds their self-esteem through group coaching and teaching them how to use photodocumentary to express their emotions and feelings. The final product - a series of images and quotes - can be used to sensitize key audiences such as decision makers, civil society and health staff as well as for peer support to other TB patients in their physical and spiritual healing process.

3. FROM THE INSIDE OUT:

Dealing with TB-related self-stigma and shame; " is designed to help individuals identify, understand, and address self-stigma and anticipated stigma. We provide a framework and tools to address and reduce self-stigma in people with tuberculosis (TB).



4. THE ALLIES APPROACH:

Tuberculosis stigma reduction for health care institutions: a health care facilities toolbox, which focuses on stigma at the emotional, cognitive, and practical levels. This approach addresses self-stigma in health care workers, stigmatizing behavior of health care workers and the stigma facilitating policy in facilities. The Allies Approach fosters a dynamic mutually-supportive alliance between patients and care providers.

The TB PhotoVoices project in Kazakhstan helped TB patients tell the story of their illness through their 'photovoice', producing a photodocumentary that makes them feel empowered. The accompanying quote of the photo of the lock is: "When I was treated for TB, all roads were closed. It was forbidden to go out." The quote belonging to the photo below is: "During the illness everyone turned away from me; relatives and friends."

The story of Symbat[1]

"What does success mean? Everyone understands this in his or her own way. For someone, success can mean a good career, for others – a happy family. Previously, I thought that success was something instant, like if today I am successful, then maybe tomorrow I am not. Now I believe that it's all about luck, which is a short-term thing, which comes in those moments when you do not expect it to come at all. Well, in critical situations, when you are in a state of hysteria and you may think that nothing will help, like if there is no possibility to get out of a situation, something suddenly happens and everything gets well, even excellent. Something similar happened to me. And I am sure it was luck."

"In 2015, I was diagnosed with tuberculosis. I didn't know how to perceive my diagnosis and I could not believe it until I was brought to hospital. I was very depressed. I did not want to talk and became estranged from my friends and everything in my life. I thought that it was the end. Everything that I did before lost its significance in one moment. However, I was wrong. A month later, I met patients who had the same problems as I did. They told me about Sanat Alemi Support Fund for TB patients, which is supported through KNCV and AFEW under the Building Models for the Future Project. I got interested in the Fund. I also started to visit meetings of peer support groups, and my treatment was quick and inconspicuous. The Fund provided us with social, moral and psychological help. Today, I have finished the treatment and feel like a winner."

"When I attended meetings of the peer support group, I got the idea that there must have been some reason for the situation that had happened to me. Maybe it was a sign for me to find time for myself to do my favorite things and develop myself? So, I and my friend from the hospital decided that we should make something interesting. We were thinking for some time and decided to make accessories, wooden bow-ties. It took us a month to prepare, to find suitable types of wood, fabrics, paints of various colors and varnishes for bow-ties. And you know what? We have done it. Today, we receive orders from all regions of Kazakhstan. We were invited to TV programs, and we took part in exhibitions together with various designers of our country. The way to success was challenging and very enjoyable at the same time."

Symbat took part in the project TB PhotoVoices in Kazachstan.

This project helped me to open up, to understand myself

"In May 2018, I took part in the project "PhotoVoices", an initiative from KNCV Tuberculosis Foundation. For six weeks, I was in search of impressive shots, which would help to show my feelings about the TB disease: from depression to accepting and rethinking the situation. This project helped me to open up, to understand myself. I was able to see my ability to photograph, to catch the moment, to see the significance in small things. PhotoVoices gave me the opportunity to look at everything that has happened in my life during these two years from a different angle.

In conclusion, I would say we may often hear that life is difficult, that we should overcome obstacles and experience failures in order to achieve something in our lives, and only after all these difficulties have been experienced, we can realize how complex the path is from our wishes to reality." ◄

1 https://www.youtube.com/watch?v=VANwVyCkKvI&t=6s

The story of Alexander

"When I'm cured, I will start my life from scratch"

"I am Alexander Izotov, 45 years old and I have three kids. Sometime ago I had a bright life, full of amazing events and impressions. I worked as a waiter in a very presentable place. I had a family with a beloved woman and believed that I could achieve everything I dreamed for in my life. But unfortunately, suddenly my life turned against me. My marriage broke up within two months. Shortly after that I got married again, but could not save that marriage either. The crises in those relationships led me to severe consequences - I started to drink alcohol, lost my job, and lived as a tramp."

"And then, one day I decided to start a new life. I decided to return to my family, to get a new job and live a full life again. To get the job I wanted, it was necessary to undergo a medical check-up and lung X-ray. That day I heard that I had a shadow on my X-ray. After complete examinations, I was diagnosed with tuberculosis which was resistant to multiple TB drugs."

"This was another test to show my strength. My family relations that were already at an impasse, turned into a final crisis. I was experiencing a huge amount of stress. It seemed all was over. I stopped talking with family and friends, became reserved and even asked the doctors to provide me with a separate room, because I did not want to see anyone! I gave up and did not believe that I could still recover. I started to feel so very depressed that I wanted to end my life. My family did not support me, and I realized that it was my own fault."

"For five months I was in this conditions until I heard about NGO 'Sanat Alemi', which is supported through KNCV and AFEW under the 'Building Models for the Future Project'. Their staff came to our hospital and met with those of us, who were discharged for outpatient treatment, and invited to their self-help group. I came to this group and gradually started to communicate with others like me. From that time, I felt support that I did not receive even from my family."

"One day, I was invited to take part in the 'PhotoVoices' project. I agreed with reluctance, but later, I did not regret it at all. Participation in this project was a perfect

Alexander: "During my TB treatment I felt so terrible I wanted it all to end."

I felt support that I did not receive even from my family

event in my life. In the beginning of the project, I went through all emotions that I experienced at the beginning of my disease, and strong desire came up to express them through photos. Later, I felt that I want to make exciting photos and share with others. I realized that I am empowered in this project and perceive the world differently. I was eagerly waiting for another meeting to share and surprise the coaches and participants of the project with the new photos. Finally, I noticed that I do not feel depressed anymore. I realized that life goes on, I just need to complete TB treatment."

"I would like to thank the 'PhotoVoices'-project for giving me back the hope and desire to live!"

(P.S. Alexander has now decided to train as a counselor to help others in return). ◄

NEW DRUGS AND SHORTER REGIMENS PUT TO THE TEST

The USAID-funded, KNCV-led Challenge TB project and the National TB Program of Kyrgyzstan jointly initiated the introduction of new drugs and regimens for better patients' care.

Kyrgyzstan became one of the flagship countries in the world to provide free and full access to these new treatments for all in need two years ago. "The first patients were initially reluctant to be the first on such a novel approach," says Bakyt Myrzaliev, country director of KNCV Kyrgyzstan. "They were afraid. But the treatment is more patient-friendly and nearly 80 percent of all patients have been successfully cured after using a new shorter treatment for multidrug-resistant tuberculosis. This indicates a major improvement in comparison to the stark outcomes of the previous treatments, which cured only 53 percent of patients. Now, patients are aware about the results and they want to be enrolled and participate into pioneering initiatives like this one."

Patients and their needs have always been priority for KNCV's innovations. When new drugs and regimens were initially being promoted – in 2015 - for country uptake, KNCV introduced the patient triage concept in support of 'Right diagnosis, Right treatment'. This approach aims to have no patient left undiagnosed, untreated or treated inappropriately. This is done through close tracking of individuals with presumptive TB up to treatment initiation of patients diagnosed.

New recommendations

The time from diagnosis to treatment initiation has been reduced significantly from several months to only a few days due to the introduction of rapid molecular tests for TB and DR-TB diagnosis which start with GeneXpert tests as close to point of care as possible. WHO issued new recommendations in May 2016 on the use of a rapid diagnostic test – a line probe assay to detect resistance to second-line anti-TB drugs (SL-LPA). The term 'second line anti-TB drugs' refers to the new drugs being prescribed when a patient is resistant to the TB drugs that are prescribed normally 'in the first line'. The introduction of new drugs have also facilitated the health care providers' choice to select the most appropriate regimen for each individual patient.

In Kyrgyzstan, until recently, many patients with drug-resistant forms of tuberculosis were left helpless in their fight against the disease, even after going through two years of treatment that included daily injections and over 14,000 pills over the treatment period, complimented by significant side effects. The successful outcomes of that treatment, however difficult, were only one in two patients with multidrug-resistant tuberculosis (MDR-TB); and only one in ten ▶

Nearly 80 percent of all patients have been successfully cured after using a new shorter treatment

Zarina (37), mother of five children of which two fell ill with extensively drug-resistant tuberculosis, is happy that her two boys, Danyar and Nursultan received the new drugs and shorter regimen treatment in time to save them.

Medicines are being prepared to be taken to a TB-patient in Kyrgyzstan.

Father and son thankfully recovered after taken new drugs and regimens in Kyrgyzstan.

with extensively drug-resistant tuberculosis (XDR-TB).

The new treatment approaches are not only more effective in curing the disease, but also easier for patients to follow. The new drugs have fewer side effects. For patients with drug-resistant forms of tuberculosis, the treatment is shorter: between nine and 12 months, instead of 24.
The collaborative work of the NTP in Kyrgyzstan with extensive support of CTB and other partners did not only lead to a countrywide access to rapid molecular tests to detect resistance to first- and second-line anti-TB drugs. An interim transportation solution was arranged ensuring access of samples of patients from far-flung areas, such as the southern region to the National TB Reference Laboratory where the diagnostic services are.

Most appropriate, least toxic regimen

The National TB Program of Vietnam has also been an early adopter of the use of the new drug for multidrug- and rifampicin-resistant TB (MDR-/RR-TB) and the shorter treatment regimen. They have been applying the patient triage approach since 2015, when the new drug Bedaquiline (BDQ) was first used, followed by the shorter treatment regimen in 2016. The KNCV triage concept ensures that Xpert-confirmed RR-TB patients are routinely tested for resistance to second-line drug (SLD) using the rapid molecular tests such as SL-LPA, and ensures that the most appropriate, least toxic regimen is being selected. As of December 2018, over a thousand patients have been put on the shorter treatment regimens and over a hundred extensively drug-resistant (XDR)-TB patients on BDQ. Vietnam has developed patient triage recording and reporting forms that are about to be used in the provinces and districts to systematically track patients progress. The program collaborates with GeneXpert-sites and the National Reference Laboratory in ensuring an efficient and timely transference of laboratory results that are crucial in guiding health care providers in the choice of the patients' most appropriate regimen.

In Tajikistan, an improved specimen transportation and TB case detection system coupled with the introduction of rapid diagnostics have dramatically reduced the waiting period of patients from consultation to initiation of DR-TB treatment from 2-3 months to less than 11 days. Since 2015, with CTB support an updated TB diagnostic algorithm was implemented that led to as high as 98% Xpert testing among people with presumptive TB (199 out of 202) in certain provinces and, with almost 100% Xpert test results received in the dedicated DR-TB facilities. 8,000-12,000 more specimens were delivered for TB diagnostics annually, with increase of 20% of RR-TB notification with SL-LPA results in CTB pilot sites compared to non-CTB areas. All patients diagnosed with RR-/MDR-TB were enrolled on treatment with zero gap.

Back in Kyrgyzstan, Zarina (37), mother of five children of which two fell ill with extensively drug-resistant tuberculosis, is just exceptionally happy that her two boys, Danyar and Nursultan received the new drugs and shorter regimen treatment in time to save them. Her husband passed away a year ago after stopping treatment several times and developing XDR-TB. Zarina: "We are very grateful for the help we have received. The pills have helped and me and my sons got better." Zarina's family now has hope again. Danyar wants to become a doctor. Nursultan wants to become a policeman "to catch bad guys who steal money". Zarina is happy that everyone is well again. "I just pray it won't come back.

Vietnam has also been an early adopter of the use of the new drug

WHY USE DAT INSTEAD OF DOT: CUSTOMIZING TB DIGITAL ADHERENCE TECHNOLOGIES FOR DIFFERENT COUNTRY SETTINGS

In the last few years, digital adherence technologies have emerged that can support the patient-centered observation that is needed.

When a patient has been diagnosed with TB and prescribed the right treatment comes the next (hard) phase of actually persisting in taking the medicines till the end of the treatment. Historically, the most widely known means of supporting patients and ensure adherence for TB treatment is in-person DOT. This takes place either at the health facility or the patient's home where a health worker directly observes the ingestion of daily medication. Despite the successes of (health facility based) DOT, this approach still leads to challenges for patients.

Issues such as transportation (costs and logistics), loss of autonomy, poor implementation of witnessed dosing and lost income due to missing work for daily clinic visits can cumulatively lead to non-adherence, treatment interruption, loss to follow-up and households experiencing catastrophic costs as a result of the TB disease. Having each dose observed in a clinic by a staff person can also be stigmatizing and perceived as paternalistic.
There are also challenges on the side of the health providers. The traditional DOT approach assumes overall that all TB patients require the same level of monitoring and support. Rather than differentiating care based on patients that are at highest risk for non-adherence and poor outcomes and therefore in need of intensified support. With using DAT instead of DOT, many such issues can be overcome.

Providing patients with differentiated care

In the last few years, several technologies have emerged that can support the patient-centered observation that is needed, and at the same time provide healthcare workers (HCWs) with accurate, real-time, and detailed dosing histories for people on TB treatment. Accurate patient dosing histories gives HCWs an opportunity to make data-driven decisions about when and how to provide patients with differentiated care, including adherence informed interventions.
TB treatment outcomes are of course significantly dependent upon proper medication adherence. There is a fast-growing interest in the available, affordable and scalable adherence technologies. At the same time there is a global shift towards self-administration of TB treatment. However, countries do not always know how to adapt ▶

There is a fast growing interest in the available, affordable and scalable adherence technologies

The digital adherence technology 99DOTS is being implemented on The Philippines where texting is more common than making phone calls.

these technologies for successful implementation and scale-up. KNCV is closing this gap by implementing projects that demonstrate to countries how to customize the DATs that can meet country specific settings and how to integrate the technologies into the TB care system.

TB REACH: demonstration projects in three countries

In 2018, KNCV's Digital Health Solution team started demonstration projects in three countries – the Philippines, Tanzania and Ukraine -, funded by the Stop TB partnership, TB REACH. The goal of this demonstration project is to firstly assess the feasibility and the acceptability by both patients and health care providers. And secondly to assess the accuracy of digital adherence technologies. In addition, the project will look at the overall impact of DATs on treatment outcomes and general adherence behavior. As part of the project, KNCV will also determine the necessary adaptations needed to make DATs suitable for a variety of contexts. So, what are some examples of DAT adaptations that have occurred during the project include?

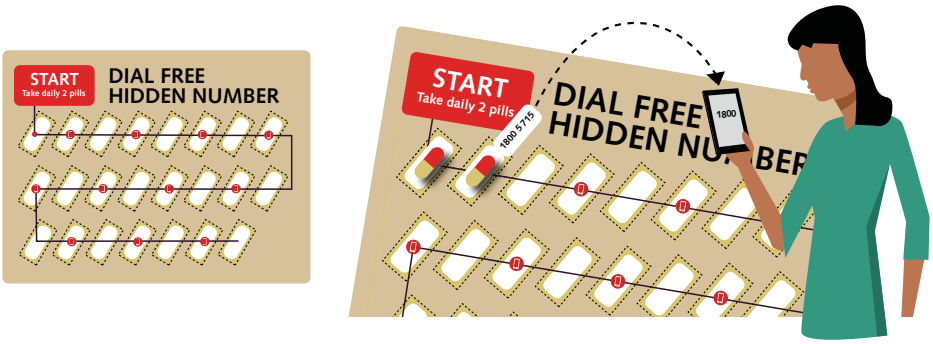
Example 1: Adaptations to the core technology and intervention approach in Philippines

The culture of texting is a lot more common than making phone calls in the Philippines. The DAT implemented in the Philippines, 99DOTS, is set up as such that the patient calls a specified number when they take their daily medication. To adapt the DAT to better fit the culture of texting, the 99DOTS platform was customized in such a way that the patient can send an SMS to a USSD code when they take their daily medication. It turned out to be an adjustment that showed great success. Around 100 new patients enrolled on the 99DOTS platform since patient enrolment started in January 2019. Over the course of 2019, the project is expected to enroll 1.000 patients.

Example 2: Differentiated care for patients informed by DATs in Tanzania

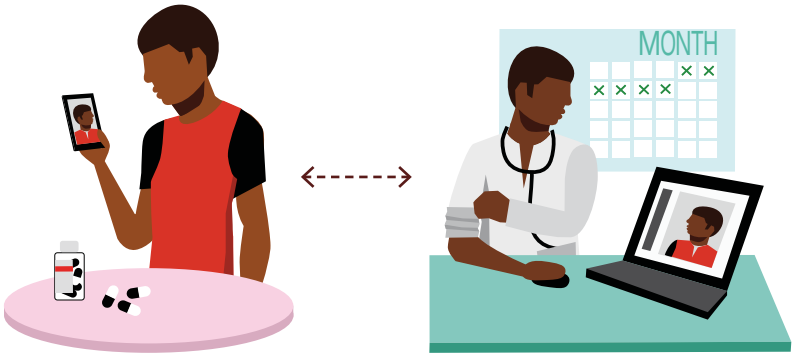
One of the benefits of DATs is the availability of electronically compiled dosing histories which can be used to efficiently guide differentiated patient-centered care. To support the current DOT standard of care in Tanzania, - which is (90%) self-administrated home-based treatment -, the adherence platform is customized to send SMS reminders to patients who have not taken their daily medication by 6pm. When patients have missed two or three consecutive daily medication, the DAT prioritizes these patients and sends an SMS reminder to the health care provider to call or visit them at home. The DAT can be further customized to send motivational and educational messages to the patients. These messages are informed by their electronically compiled dosing histories.

One of the benefits of DATs is the availability of electronically compiled dosing histories



99DOTS pairs customized medication packaging with basic phone call/SMS technology to provide accurate, real-time data on patient treatment adherence. For this approach, existing Fixed-Dose Combination antibiotic medication blister packs are repackaged in a custom cardstock sleeve. The sleeve consists of a series of unpredictable hidden toll-free phone numbers or SMS codes that are revealed each time a patient takes out their pills for the day. Patients place a free call or send a free SMS daily to the revealed number. The system will then automatically log their medication intake on the adherence platform. 99DOTS can be customized to each country context.

evriMED is a digital medication monitor that is as functional as a low-cost medication box, but has also a small-scale, battery-powered sensor and mobile data connection. Patients store and organize their TB medications in the box. When they open the box for daily medication intake, the sensor is activated and sends dosing event information in real-time to the adherence platform using the mobile data connection. When the box is outside of mobile signal connection, it stores the 'opening events' in the device memory for up to 30 days for later upload. The box can be fully customized to include treatment-specific instructions and its small LED display and speaker enable configurable audio-visual reminders.



An Android app that utilizes video recording and mobile communication to remotely monitor and support TB medication intake. Using an asynchronous video approach (in contrast to synchronous, "live" video) patients are guided to record videos of themselves ingesting their daily medication. These videos are automatically synced via secure mobile connection with the adherence platform. There, they are then reviewed by the patient's health care provider and marked as complete. While the other DATs rely more on the technology as a proxy for daily dosing, VOT is the closest approach to "remote" DOT. This DAT can be used for all treatment regimens but requirements for smartphone devices, mobile connectivity infrastructure, and technology literacy mean it is not suited for all patients and contexts.

TB NURSE: A SPIDER IN THE WEB

Nurses have had an important role in TB control in the Netherlands since the beginning of the last century. At the beginning of the 20th century they were called 'huisbezoeksters' (which literally translates into 'home visitors'). Nowadays the TB nurses at the Public Health Centers are involved in the care of almost all patients who are diagnosed with TB. Also, worldwide the TB nurse is seen by many as an indispensable link in the successful treatment of people diagnosed with TB.

However, we hardly see these nurses at large conferences and meetings. At the 48th Union World Conference in Guadalajara, Mexico, only 3 percent of the more than 3,000 visitors from all over the world were nurses. Fortunately, this was different at the 49th Union World Conference on Lung Health in The Hague. With donations from the 's Gravenhaagse Foundation for TB Control and the TB Department of the Dutch Nursing Association we managed to organize a side event for nurses during the conference for the first time in the history of the Union World Conference. We also specifically supported nine nurses to come to the conference. These nurses came from the following nine countries: Kyrgyzstan, Botswana, Romania, Indonesia, Malawi, Canada, India, Zambia and the Marshall Islands.

TB nurses around the world

On 25 October 2018, the second day of the conference, nearly 130 nurses from 36 different countries came together for the symposium 'TB nurses around the world'. From the Netherlands itself 66 nurses were present. The aim of the symposium was to share best practices by nurses from various parts of the world. Prakash Sonawane from India told us about 99DOTS, a treatment reminder system which uses mobile phones. Carmen Lopez from Canada told us all about her research project. She explained how the addition of just one sentence - "What do I need to know about you as a person to provide you with the best care possible?" - in the intake interview of a patient can make a substantial difference in how patient-centered the interview can become. We also invited Deepti Chavan from India to tell her personal story. Deepti is an MDR-survivor and she told us her story. Her impressive story very clear how the stigma around (MDR) TB is still present. The audience appreciated hearing from a patient's perspective. Also, the nurses from the Marshall Island, Zambia and the Netherlands gave us a good impression of how nursing care is imbedded in TB care in their respective countries.

The future

The chair of the Nurses and Allied Professionals Subsection (NAPS) of the Union, Linette Mc Elroy, closed the plenary session, with the wish that a continuous exchange of experiences can keep taking place. For many nurses, a visit to a conference such as the Union World Conference is a 'once in a life time' event and it is therefore important to explore other ways in which nurses from all kinds of international backgrounds can exchange experiences.

Our goal with organizing this side event was to increase the attendance of nurses during the Union World Conference. In this we certainly succeeded. Not only did we have a succesful meeting, but also the number of nurses who visited the entire conference doubled compared to the previous Union World Conference. The meeting was very well evaluated, with the wish of many participants that such a focus on nurses would be made possible also at future conferences. We are already making plans for the next conference in Hyderabad, India. Meanwhile, both on Facebook and on LinkedIn a group started, called 'TB nurses around the world'. They want to explore the possibility to share experiences also with each other through social media channels.

130 nurses came together for the symposium 'TB nurses around the world'.

TB nurses
around
the world.

TREATING LATENT TB INFECTION: KEY TO ELIMINATE TB

KNCV advocates for a rapid scale up of treating latent tuberculosis infection (LTBI). With 23% of the global population infected with TB in 2018 there remains a huge pool of people at risk of developing active TB. Only when treating both active TB and LTBI the goal of TB elimination by 2050 can be achieved. Treatment of LTBI is important as it prevents someone from being infected to becoming sick of TB (active TB) and therefore stopping the cycle of ongoing transmission.

Preventive treatment should be offered to people with LTBI who have a relatively high risk of developing active TB: recently infected contacts of patients with active TB (with priority given to children under five in high-incidence countries), people living with HIV (PLHIV), patients who have immunosuppressive medication, patients who will undergo an organ transplant, and patients with silicosis [1]. In practice however, only a very small percentage of those individuals eligible for preventive treatment do receive it. This calls for immediate action!

Political commitment

In September 2018 at the UN High Level Meeting on TB, member states committed to provide preventive treatment to at least 30 million people by 2022. This includes 4 million children under five years of age, 20 million other household contacts of TB patients and 6 million PLHIV with the vision to reach millions more. In light of this, the World Health Organization (WHO) published new guidelines for the treatment of LTBI in 2018, based in part on a series of new systematic reviews [2]. KNCV embraces these new recommendations as these are opening doors for providing preventive treatment to many more people – from only child TB contacts under five years old and PLHIV to all TB household contacts and other risk groups. Besides, new and shorter treatment regimens (three months instead of six) are being recommended. Shorter treatment is attractive to both patients and practitioners as it has shown to increase the completion of treatment and therefore greatly reduce the risk of progression to disease.

Action

KNCV is building on its experience with contact investigation and the management of LTBI in the Netherlands, which has been applying wider inclusion criteria for preventive treatment and some of the new shorter preventive treatment regimens for many years, and in high burden countries like Vietnam and Ethiopia, where LTBI treatment was implemented with USAID support through the consecutive TB CARE and Challenge TB projects.
In the Netherlands, KNCV is currently studying the implementation and ▶

Shorter treatment is attractive to both patients and practitioners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The treatment of LTBI has been shortened in the last ten years from six to nine months to mostly three months

cost-effectiveness of LTBI screening and treatment in three groups of immigrants (TB ENDpoint): (1) immigrants upon entry from countries with a TB incidence of more than 50 per 100,000; (2) follow-up screening of asylum seekers from countries with a TB incidence of more than 200 per 100,000; and (3) screening within ten years of arrival with refugees from Eritrea living in the municipality.

In Kazakhstan and Nigeria, with DGIS support, KNCV is "Building Models for the Future"; engaging private sector providers for TB, TB/HIV and LTBI management in accordance with the international standards of TB care. To support contact investigation for private sector clinic clients in Almaty, NGO's are being prepared to take up this task: KNCV is developing Standard Operation Procedures and contact investigation algorithms for local NGOs based on the Dutch experience. The NGO network will receive training on contact investigation and the already piloted stigma reduction interventions (read more about KNCV's work towards stigma reduction on page 12). This should result in identifying many more contacts who can benefit so much of taking preventive treatment. Population wise this will curb the ongoing spread of (drug-resistant) TB. As partner in the Unitaid funded IMPAACT4TB project, with The Aurum Institute in the lead, KNCV works at the frontline of the introduction of a newly WHO approved treatment for LTBI, weekly rifapentine and isoniazid for three months, a total of only 12 doses compared to 180 currently. This treatment (in short: 3HP) has a similar effectiveness to the old treatment (6-9 months of isoniazid monotherapy), but is much more likely to be finished. During 2018 KNCV supported Ethiopia, Tanzania, Malawi and Indonesia to prepare for the implementation of 3HP in 2019, including preparing studies to determine new optimal ways of accelerating the initiation of preventive treatment.

Future

The treatment of LTBI has been shortened in the last ten years from six to nine months to mostly three months, with treatments recommended by the WHO based on systematic reviews and meta-analyzes. Already preventive treatment of only one month has been shown to be effective in HIV-infected people and seems to offer a good opportunity to further shorten the treatment in the near future. KNCV will continue putting all its efforts in promoting and guiding the increased uptake of the latest preventive treatment recommendations as this is a must for eliminating TB. ◄

References:

1. Getahun H, Mateelli A, Chaisson RE, Raviglione M. Latent Mycobacterium tuberculosis infection. N Engl J Med 2015;372:2127-35
2. World Health Organization. Latent tuberculosis infection: updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018.
3. Commissie voor Praktische Tuberculosebestrijding. Richtlijn diagnostiek (latente) tbc-infectie (LTBI). Den Haag: KNCV Tuberculosefonds, 2018.
4. Rieder HL. Epidemiologic basis of tuberculosis

WHAT IS LATENT TB INFECTION?

LTBI can be considered as the presence of viable Mycobacteria tuberculosis in the body, which does not (yet) lead to disease as the immune system limits replication [1]. Because these live mycobacteria are not immediately detectable, LTBI is established in practice based on an immune response to mycobacterial antigens using the tuberculin skin test (Mantoux) or a whole-blood test: an Interferon-Gamma Release Assay (IGRA) [2, 3]. It is important to exclude active TB in people with a positive test, as active TB always requires treatment and the treatment is different from that of LTBI.

LTBI is the result of exposure to a patient with pulmonary tuberculosis. The risk of infection increases with the intensity and duration of exposure [4]. Most infected people never develop TB. The risk of progression from infection to disease is increased in young children, in people with reduced immune system due to, for example, HIV infection, or the use of immune suppressants, and in the presence of silicosis or fibrotic residual lesions [1, 4]. The risk of progression decreases sharply with time since infection [4].

“The underpinning strategy for KNCV success has been ‘work with and through the government’”

INTRODUCTION TO THE COUNTRY OVERVIEWS

Throughout 2018 KNCV has been involved in the fight against TB in more than 25 countries.

As the lead partner of the USAID funded Challenge TB Program (CTB), we continued to provide quality technical assistance in 23 CTB countries through effective coordination of the consortium partners and direct involvement in innovative strategies like digital health, the introduction of MDR-TB medicines, and scaling up advance laboratory services.

In 12 of those CTB countries, KNCV has country offices and teams on the ground varying from less than five (Botswana) to more than 100 staff members (Indonesia). As a result of our efforts to diversify funding in most countries where we have established country offices KNCV is now implementing multiple projects. Besides that, KNCV continues to provide needs-based technical assistance to all relevant countries worldwide.

In 2018 the KNCV/CTB program continued to focus on strategies and interventions to improve case-finding, access to treatment, and quality care for all TB patients. This also included GeneXpert scale-up; the programmatic management of drug-resistant TB and new drugs and regimens; as well as strengthening TB/HIV activities. KNCV provided technical assistance for Global Fund applications and the conduct of prevalence surveys for both TB drug susceptible and drug resistance TB.

KNCV, in addition to scaling up proven interventions, commenced strategic mainstreaming and transitioning of those activities to national and local government to ensure sustainability, local ownership, and commitment. KNCV participated in all events leading to and including the UN HLM on TB in New York and planned to follow up at country level to sustain the momentum.

KNCV is proud to report that over 20 countries are currently using the new diagnostics technology (GeneXpert) as the first line of test for TB diagnosis, have introduced the new MDR-TB medicines with excellent results even in high burden settings, all countries are transitioning to TB electronic reporting system including laboratory connectivity.

The underpinning strategy for KNCV success has been "work with and through the government" to ensure acceptability, sustainability, and scalable implementation.

Mustapha Gidado
Director Challenge TB

Diana Numan
Director Operations

KNCV OFFICES AROUND THE WORLD

KNCV is headquartered in The Hague, The Netherlands. As lead agency of the USAID-funded Challenge TB project we have country offices in eleven CTB countries and the East African Regional Program. Additionally, we provide technical oversight and quality assurance of interventions in ten countries led by other coalition members. We also support programs funded by the Dutch Ministry of Foreign Affairs (DGIS), Global Fund (GF), TB REACH, Unitaid and industry (Cepheid) in several overlapping countries. Since 2018, we are also based in Washington, USA.

01 KNCV Tuberculosis Foundation Central Office in The Netherlands

02 KNCV Tuberculosis Foundation in Nigeria

03 KNCV Tuberculosis Foundation in Ethiopia

04 KNCV Tuberculosis Foundation in Kenya

05 KNCV Tuberculosis Foundation in Tanzania

06 KNCV Tuberculosis Foundation in Malawi

07 KNCV Tuberculosis Foundation in Botswana

08 KNCV Tuberculosis Foundation in Namibia

09 KNCV Tuberculosis Foundation in the Republic of Tajikistan

10 KNCV Tuberculosis Foundation in Kyrgyzstan

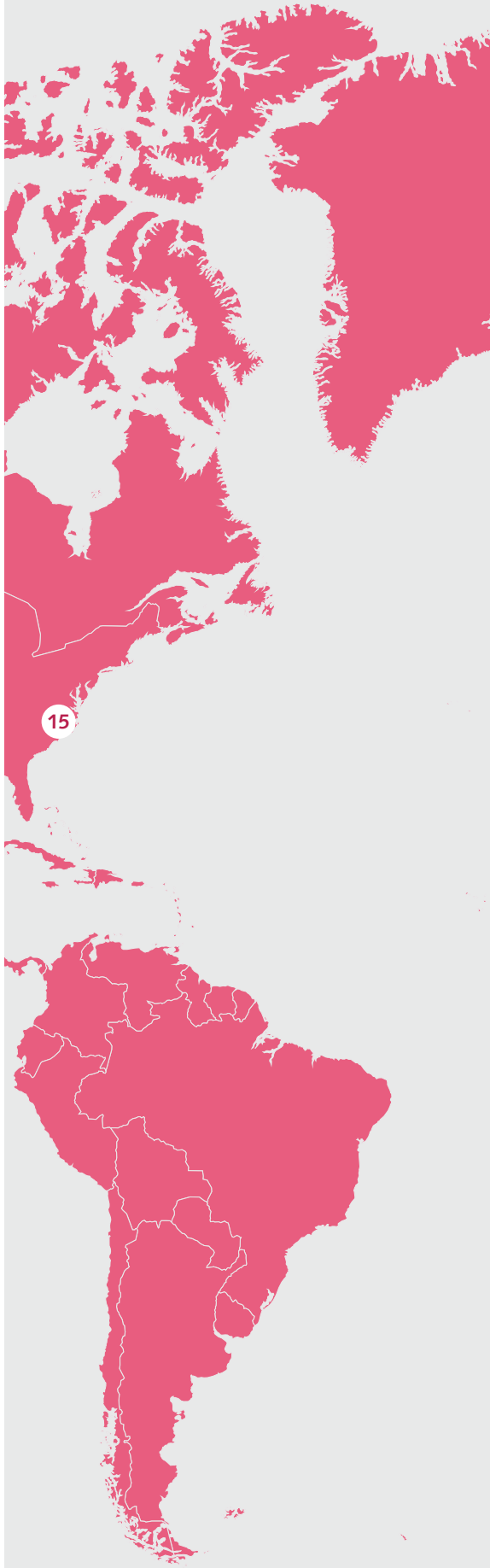
11 KNCV Tuberculosis Foundation Representative Office in Central Asia

12 KNCV Tuberculosis Foundation in Indonesia

13 KNCV Tuberculosis Foundation in Vietnam

14 KNCV Tuberculosis Foundation on the Philippines

15 KNCV Tuberculosis Foundation in USA



KNCV TUBERCULOSIS FOUNDATION

PROJECTS WORLDWIDE

KNCV experts work in projects in more than 25 countries worldwide to strengthen national TB programs and to drive innovations. We work through national and local health systems ensuring that interventions are aligned with a country's TB National Strategic Plan and fully integrated into a country's broader healthcare delivery system.

Project / Funder	Short Description	Countries
Challenge TB / USAID	Challenge TB is USAID's 5-year flagship TB program with a funding ceiling of USD $525 million. It is KNCV's fourth successive five-year USAID TB award. The three previous global flagship TB control projects were TB CARE I (2010-2015), TB CAP (2005-2010), and TBCTA (2000-2005). Challenge TB has three objectives, each with several focus areas for interventions: **Objective 1:** Improved access to high-quality patient-centered TB, drug-resistant TB (DR-TB) & TB/HIV services - By improving the enabling environment - By ensuring a comprehensive, high quality diagnostic network - By strengthening patient-centered care and treatment. **Objective 2:** Prevent transmission and disease progression - By targeted screening for active TB - By implementing infection control measures - By managing latent TB infection. **Objective 3:** Strengthen TB service delivery platforms - By enhancing political commitment & leadership - By strengthening drug & commodity management systems - By ensuring quality data, surveillance and monitoring & evaluation - By supporting human resource development - By building comprehensive partnerships & informed community engagement.	Ukraine, Afghanistan, Kyrgyzstan, Tajikistan, Uzbekistan, Bangladesh, Cambodia, India, Indonesia, Burma, Vietnam, Botswana, DR Congo, East Africa Region, Ethiopia, Malawi, Mozambique, Namibia, Nigeria, South Sudan, Tanzania, Zambia and Zimbabwe

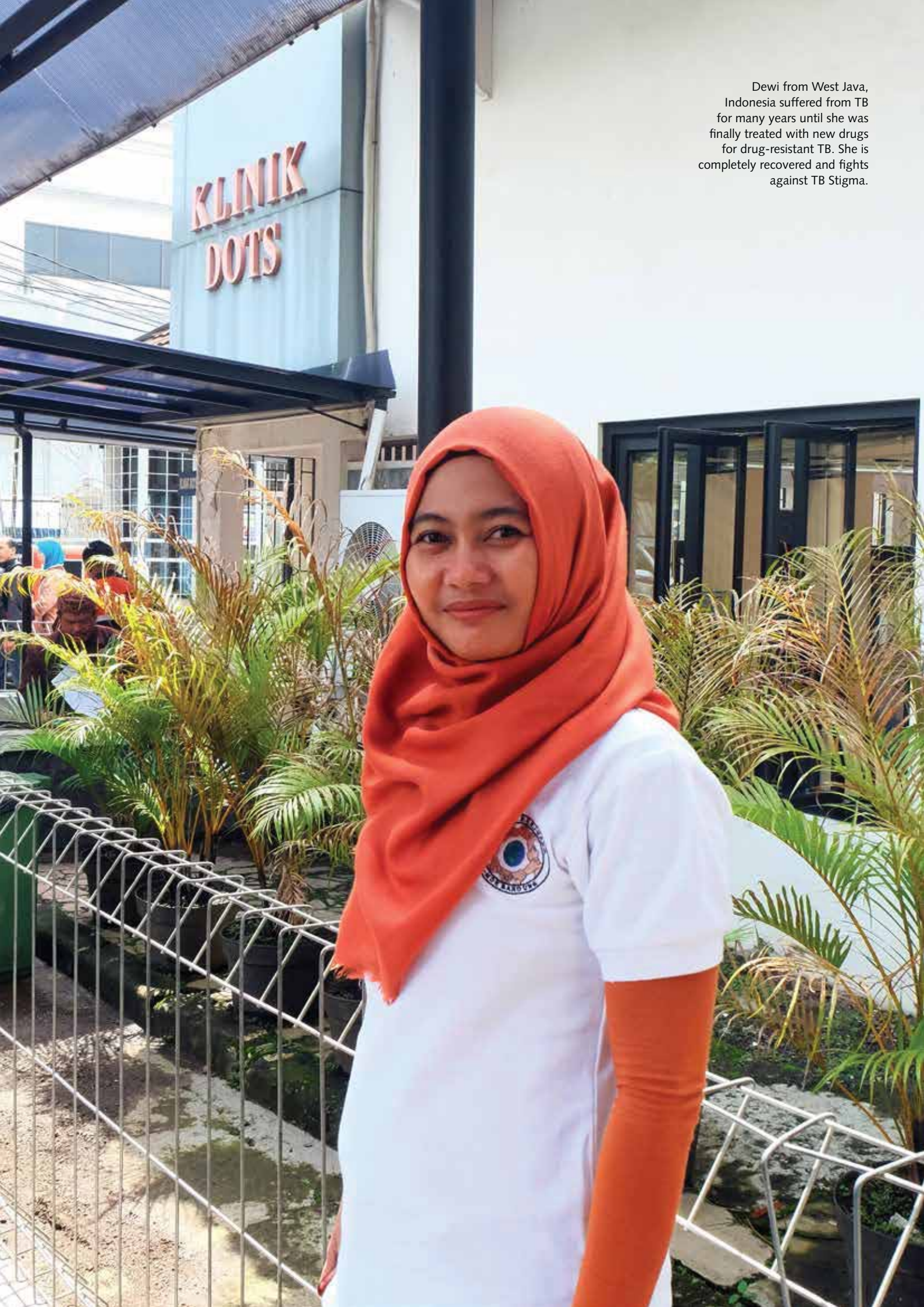
Project / Funder	Short Description	Countries
Strengthen and sustain Dutch engagement in ODA for health (including R&D, HIV and TB) / Bill and Melinda Gates Foundation	This project is a partnership between Aidsfonds and KNCV to strengthen and sustain Dutch Government support for ODA (Official Development Assistance) for health (including R&D, HIV and TB). The project is geared to (1) reinforcing the multi-stakeholder coalitions on SRHR, PDPs and the Global Fund in the Netherlands (2) engaging this solidifying group of stakeholders as an unified advocacy voice on ODA for HIV and TB, including R&D; (3) stepping up policy education and underpinning coalition-based advocacy in policy briefs and jointly developed advocacy asks; (4) widening the political basis for support by reaching out to the public, involving youth and students, connecting to emerging themes such as resurging epidemics in middle income countries (e.g. the Eastern Europe and Central Asia region), health security and building linkages with academia and private sector actors. With this project, Aidsfonds and KNCV are working together to capture fully the political opportunities provided by AIDS 2018, hosted in Amsterdam, and the Union World Conference 2018, hosted in The Hague, as well as to build on international developments such as the WHO Ministerial Conference to End TB in the SDG Era in Moscow (November 2017)and the UN high level meeting on TB in 2018 in New York.	N/A
Treatment Adherence / Bill and Melinda Gates Foundation	This Global Fund project seeks to address the key programmatic gaps, particularly that of finding the 'missing persons with TB' and addressing other related health system challenges towards achieving greater impact. The key strategic focus of the project is to: a. Find the missing persons with TB b. Address the huge gap in multidrug-resistant (MDR-)/ rifampicin-resistant (RR) TB detection and treatment in enrolment c. Address the low TB service coverage by rapidly expanding TB services d. Pursue an ambitious scale-up of TB services in the private-for-profit (PFP) facilities e. Address the suboptimal access to and utilization of GeneXpert MTB/RIF services f. Address issues of vulnerability by increasing efforts at case finding among key and vulnerable populations g. Increase access to TB/HIV services h. Address health system weaknesses and finance gaps that have	Nigeria

Project / Funder	Short Description	Countries
SHARP (Strategic HIV and AIDS Response Program) / USAID	The SHARP project will complement efforts of Challenge TB and the Global Fund in addressing existing gaps in both the HIV and TB programs in Nigeria. Objective 1: Improved HIV and TB case identification and linkage to care and treatment through efficient and targeted approaches Objective 2: Enrollment of patients on HIV/AIDS/TB therapy with adequate adherence and minimal loss to follow-up Including TB/HIV, laboratory services, HSS to support clinical service delivery.	Nigeria
BMF (Improved TB/HIV Prevention & Care – Building Models for the Future project	The BMF project aims to improve TB and HIV prevention and care in line with the Global End TB Strategy, the Sustainable Development Goals (SDGs) and the Fast-Track Strategy to End AIDS. The project focuses on system-related barriers to quality of care in the non-governmental and private health care delivery sectors, and to remove human rights and gender related access barriers to TB and HIV care and prevention. The aim is to ensure access to affordable quality care for vulnerable and marginalized key affected populations. The project's goals are achieved through three key approaches/ pillars. The three project pillars correspond to three levels of influence that are being targeted: **Pillar I:** Implementation Level Improve TB and HIV prevention and care by strengthening engagement of the non-public sector (private sector and civil society) through creation of replicable and sustainable partnership models. **Pillar II:** National Strategy, Policy and Program Level Improve Global Fund implementation through quality Long Term Technical Assistance (LTTA) to National TB Control Programs to make sure Global Fund grant and National Strategic Plan strategic objectives are met. **Pillar III:** International Strategy and Policy Level Optimize Global Fund Grant performance through strengthening of Global Fund governance and enhanced TB and HIV policies.	Kazakhstan, Philippines, Nepal, Swaziland, Indonesia, Nigeria

Project / Funder	Short Description	Countries
IMPAACT4TB (Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB) / Unitaid	Latent TB infection (LTBI) occurs when a person is infected with Mycobacterium TB, but does not have active TB. Unlike active TB, LTBI is not contagious. Approximately 10% of people with LTBI will go on to develop active TB. This is particularly true in people with a suppressed immune system or advancing age. The identification and treatment of people with latent TB is therefore an important part of controlling TB. The goal of the IMPAACT4TB project is to reduce TB incidence and deaths among people living with HIV (PLHIV) (15-49 years) and child contacts through sustainable implementation of affordable, quality-assured 3HP. 3HP is a short-course regimen of isoniazid and rifapentine weekly for three months for treatment of LTBI. The outcomes of the project are to: increase the number of PLHIV and child contacts under the age of five years starting treatment with affordable, quality-assured 3HP; and contribute to revising WHO preventive therapy management guidelines based on evidence generated from this project.	Ethiopia, Indonesia, Malawi, Tanzania (KNCV)
TREATS (Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening for active TB) / EDCTP	The project consists of four linked studies that will provide definitive cluster-randomized evidence of the effect of a household-level combined HIV and TB prevention intervention on the burden of TB at population level. Outputs: 1. Provide definitive evidence of the effectiveness of scaled up combination TB/HIV prevention interventions on TB. 2. Improve understanding of the best ways to measure the impact of public health interventions on TB burden.	Zambia, South Africa
PAVIA (PhArmaco Vigilance Africa) / EDCTP	Pharmacovigilance, also known as drug safety, is the practice of monitoring the effects of medical drugs after they have been licensed for use, especially in order to identify and evaluate previously unreported adverse reactions. PAVIA uses four distinct approaches: 1. Address gaps and challenges in essential regulatory functions and legal frameworks; 2. Strengthen technical regulatory and PV expertise and systems through a collaborative model; 3. Evaluate the impact of the approach to learn about scalability and generalizability; 4. Strengthen organizational PV structures and involve stakeholders in each step of the process.	Zambia, South Africa

Project / Funder	Short Description	Countries
TB REACH projects on treatment adherence /Stop TB Partnership	**Philippines** The project aims to: (i) Implement 99DOTS adherence technology through National TB Program (NTP) accredited service delivery and supply chains, and (ii) Assess practicalities, scalability and impact on treatment outcomes of monitored self-administration and dose history informed differentiated care. **Tanzania** The project aims to: (i) Implement 99DOTS adherence technology through National TB and Leprosy Program (NTLP) service delivery and current work processes, systems and supply chains, (ii) Build capacity within the NTLP regarding adherence technologies, and (iii) Assess practicalities, scalability and impact on treatment outcomes of monitored self-administration and dose history informed differentiated care. NB: 99DOTS is a pharmaco-economic approach for monitoring and improving adherence to TB medication. 99DOTS introduces anti-TB blister pack wrapped in a custom envelope, which includes hidden phone numbers that are visible only when doses are dispensed.	Philippines, Tanzania
TB REACH: Scaling up Innovative Delivery of TB Care to Nomadic populations in northeastern Nigeria / Stop TB Partnership	The purpose of this project is to expand TB care in an innovative and collaborative manner through involvement of Nomadic leadership to ensure that patients and communities have ownership over the design, implementation and sustainability of the project, while retaining an evidence-based approach. The objective is also to stimulate policy change on the allocation of scarce resources towards improving the low TB case detection in Nigeria.	Nigeria
Dutch TB Endowment funds	For more than 20 years KNCV has received support from several TB endowment funds in the Netherlands that have been unified in the Dr. C. De Langen Stichting voor Mondiale Tuberculosebestrijding (SMT), the 's-Gravenhaagse Stichting, the Bakhuys Roozeboom Stichting and Stichting Sonnevanck. Jointly, these endowment funds have been supporting KNCVs Young Professionals Program through which KNCV enables young talented medical professionals to gain TB expertise and experience. So far, 2 young professionals have developed into KNCV consultants, working in the various projects listed above. Furthermore, the SMT and the 's-Gravenhaagse contribute to CTB and BMF country projects and specific patient centered care activities.	All KNCV countries

Photo: Tristan Bayley



Dewi from West Java, Indonesia suffered from TB for many years until she was finally treated with new drugs for drug-resistant TB. She is completely recovered and fights against TB Stigma.

East Africa Region: Implementing cross-border TB control activities

In 2018, the USAID-funded, KNCV-led Challenge TB East Africa Regional (CTB EAR) project supported the Intergovernmental Authority on Development (IGAD) to finalize and launch its TB, HIV and Malaria Strategic Plan for the period 2018-2025. This strategic plan provides a framework for engagement and coordination of partners supporting regional activities in IGAD. KNCV provided technical assistance to review the member states' TB guidelines to identify areas of convergence and divergence. The assessment of availability and capacity for TB diagnosis and treatment services and the TB referral system in selected border health facilities in 24 border districts across the IGAD member states was done. This formed the basis of planning for implementation of cross-border TB control activities and a referral system to be implemented in 2019.

The CTB EAR project supported the Supra National TB Reference Laboratory (SNRL) to finalize and test a pilot laboratory curriculum on Rapid diagnostics (First and Second Line Probe Assay) in order to support the uptake of the short treatment regimen (STR) for drug resistant (DR-) TB in the region. During the pilot training held in Kampala, Uganda a total of 20 participants (ten females and ten males). 14 participants were from National TB reference laboratories (NRLs) in Eritrea Burundi, Eritrea, Ethiopia, Kenya, Somalia, Sudan, South Sudan, Tanzania and Uganda. CTB EAR provided technical assistance to further enhance the capacity of new SNRL staff to: (1) Plan and execute technical assistance visit(s); (2) Define, report and present field findings to the stakeholders; and (3) Evaluate technical assistance processes and results. A total of 14 NRL staff members (six females and seven males) who are currently involved in the provision of technical assistance in the region took part in this competency development workshop.

The regional TB medicines supply chain portal developed for the East Central and Southern Africa Health community (ECSA-HC) region with CTB partner MSH was handed over to ECSA-HC for hosting and piloting by three countries (Tanzania, Rwanda, and Uganda). The three countries are using the portal to capture, collate, and create reports to disseminate TB commodities supply chain information including stock status, pipeline monitoring and selected supply chain key performance indicators. This will facilitate timely identification of countries with surplus or short expiry time anti-TB medicines to enable borrowing and redistribution of these in the region.

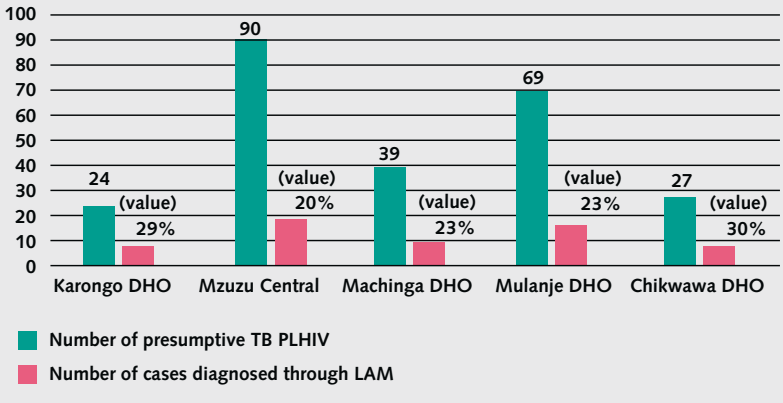
KNCV provided technical assistance to review the member states' TB guidelines

Malawi: two important activities take off, the FAST strategy and TB LAM

KNCV country staff implements the USAID-funded, KNCV-led Challenge TB project (CTB) in Malawi. Through a sub-award to Development Aid for People to People (DAPP) the so-called FAST strategy is being implemented in three high TB and HIV burden district hospitals and one central hospital from May 2018 onwards. FAST stands for Finding TB patients Actively, separating them safely and Treating them effectively. Thereby the FAST strategy aims at preventing and controlling TB spread through systematic screening of people who are at risk of contracting TB, fast-tracking them for diagnosis and linking them to treatment and care as quickly as possible.
CTB and the National TB Program (NTP) orientated and mentored DAPP's FAST Promoters - volunteers - on how to implement the FAST strategy, working hand in hand with health facility staff. All patients presumed to have TB were asked to provide a sputum sample that was then tested using Xpert, a rapid TB test that also detects drug resistance. After implementing the FAST strategy we saw a notable increase in the number of patients with presumed TB, the number of Xpert tests performed and the number of TB patients with a positive Xpert test among who also patients with drug resistant TB. The average time from submitting sputum to receiving results was reduced from three days to one day.
CTB also supported the NTP to pilot a rapid TB urine test (LAM) for HIV positive patients with presumed TB in four district hospitals and one central hospital. The pilot sites were selected based on a high death rate among HIV co-infected TB patients. Out of 249 eligible patients with presumed TB, so far 58 patients were diagnosed with TB with the LAM test in the first four months of the pilot.

The average time from submitting sputum to receiving results was reduced from three days to one day

Figure 1: LAM Pilot Performance in five hospitals; September to December 2018



Nigeria: Implementing Wonders on Wheels for TB

In 2018, KNCV Nigeria, through the USAID-funded Challenge TB project, pioneered the use of two mobile diagnostic units (MDUs), called 'Wellness on Wheels' (WoW) trucks. The MDUs are fitted with digital X-ray and two four-module GeneXpert machines. The units provide rapid, same-day TB diagnosis for people from targeted communities.

The MDUs were officially commissioned by the Nigerian Minister of Health and were fondly called 'Wonders on Wheels' by government dignitaries. The digital X-ray facility is complemented by a revolutionary technology called the Computer Aided Detection for TB (CAD4TB) software, which has high sensitivity and predictive value for detecting TB on X-rays.

The MDUs are strategically deployed to Nigerian communities that are at a very high risk of TB, including slum dwellings, prisons, HIV treatment clinics, etc. They undertake systematic screening of high-risk populations for TB in collaboration with community volunteers and state and local government TB control programs.

Between October 2017 to September 2018, a total of 5,356 presumptive TB patients were evaluated using digital X-ray, of which 4,861 were tested for TB with GeneXpert. 610 persons diagnosed positive for TB, including 29 multidrug-resistant (MDR-TB) patients.

To date, the two trucks have been deployed to four states in Nigeria. They have visited 16 prisons, where 777 persons with presumptive have been evaluated for TB. This led to the diagnosis of 112 patients with drug sensitive tuberculosis (DS-TB) and eight patients with MDR-TB. All diagnosed TB patients were promptly enrolled into TB care and treatment.

In recent times, the MDUs have also been deployed to hospital settings, where sick patients seeking care stand higher chances of having TB. Results from these settings have been outstanding and truly WoW! Notably, at the Infectious Disease Hospital Kano, within a week, 709 patients (343 females and 366 males) were screened for TB and 65 tested positive for TB.

The MDUs have proven very useful in expanding access in various settings, including bringing TB services to people's doorsteps and reducing catastrophic costs to patients. An unexpected result is the thousands of smiles of relief that we have seen with these units in motion thus far. Nigeria stands to provide technical assistance to countries seeking to operationalize similar interventions.

The two trucks have been deployed to four states in Nigeria. They have visited 16 prisons

Ethiopia: Ensuring basic TB services for the care of TB

The USAID-funded, KNCV-led Challenge TB project (CTB) is a major partner of the National Tuberculosis Program (NTP) in Ethiopia. In 2018, the CTB program supported the NTP in nine of Ethiopia's 11 regions, covering 92% of the total population. CTB played a key role together with other stakeholders in ensuring basic TB services for the care of TB, TB/HIV and multidrug-resistant (MDR)-TB patients were available. 111,133 drug susceptible TB (DS-TB) and 741 drug-resistant TB (DR-TB) patients were diagnosed and treated in 2018.

However, access to services remains crucial as almost one-third of TB cases are thought to be missed each year. To address this issue, CTB has provided both technical and financial assistance to help improve access to quality laboratory services. With the support of CTB and the Global Fund - another key stakeholder in Ethiopia - a total of 314 GeneXpert machines (a rapid molecular system for diagnosing TB) became available in Ethiopia. Utilization of the machines improved in 2018, and the number of GeneXpert tests tripled (90,011 in 2017 to 271,815 tests in 2018).

KNCV Ethiopia supported the strengthening of TB care at the community health care level, including ensuring that community care providers have the capacity to conduct TB case finding and provide treatment support. In 2018, 21% of all the TB cases detected were contributed to community level activities, and 19% of patients received their treatment via the support of community-based health staff. CTB intensively supported the implementation of the screening of close contacts of TB cases in Ethiopia. Contact screening has now been included in the national health management information system. In 2018, 104,600 close contacts of 28,111 TB patients were screened for TB. 1,948 had symptoms related with TB and 438 people amongst them were diagnosed with TB disease.

During 2018, Ethiopia started 83 DR-TB patients on the newly WHO recommended shorter treatment regimen and 39 patients on new drugs containing regimens. The safety of the use of these new drugs and regimens is important. Therefore, the team provided technical assistance to the NTP to introduce active TB drug safety monitoring systems, and developed tools that were introduced in all treatment centers to ensure continuous drug safety for patients.

Contact screening has now been included in the national health management information system

Tanzania: Finding and treating more missing persons with TB

The KNCV project in Tanzania successfully improved TB case detection and treatment. They expanded efforts to identify who was at greatest risk for TB and made it more convenient for them to be diagnosed. This was done using a network of clinicians who were trained to better identify TB and community volunteers who reached out to communities and supported them to be tested for TB. Once community members at greater risk for TB were identified, a network of motorcyclists was engaged to transport specimens coughed up from their lungs to test at the nearest TB diagnostic facility. These facilities, also built up by KNCV, contain a state-of-the-art technology called GeneXpert which rapidly and accurately diagnoses TB and is able to identify forms of TB that are resistant to standard anti-TB medicines. These efforts resulted in significantly more Tanzanians with TB identified and put on treatment, including drug resistant forms.

Further, KNCV has successfully advocated for TB screening among Tanzanian health care workers as they are often at high risk for contracting TB. KNCV supported the revision of the national TB workplace policy to include TB screening of health care workers. The policy resulted in action at the district and regional levels: over 12,000 health care workers were screened for TB and many were found to have TB disease and provided appropriate treatment.

KNCV was also instrumental in establishing a national integrated specimen referral mechanism in which TB and HIV combined forces to transport diagnostic specimens. This will create efficiencies and lead to cost-sharing and cost savings. This will make the health system more robust and sustainable.

Over the last four years, KNCV has supported the highest level TB laboratory in the country, the Tanzanian Central TB Reference Laboratory, to improve quality of diagnostic testing and to receive international certification for a high quality standard. In 2018, the laboratory was awarded international accreditation for its high standards in TB diagnostics and laboratory quality management.

In 2018, KNCV's efforts lead to Tanzania having an advanced case-based, TB electronic recording and reporting system at all levels of the health system. This has not been achieved elsewhere in sub-Saharan Africa. Moreover, KNCV spearheaded a TB self-screening and treatment adherence mHealth application. Communities can now self-screen for TB and get referrals to nearby health facilities. Patients already on TB treatment use the application to get more information and reminders.

KNCV has supported a low-cost distance learning videoconference network for the complex management of drug-resistant TB. This platform provides a weekly avenue for health care workers to share challenges and solutions, such as side-effect management of anti-TB drugs.

Finally, the KNCV Tanzania finance department is now utilizing technology to transfer stipends to patients through mobile phones.

A network of motorcyclists was engaged to transport specimens

Botswana: More GeneXpert tests, better monitoring and new drugs

KNCV through Challenge TB (CTB) has been an important partner to the Botswana National Tuberculosis Program (NTP). KNCV provided technical expertise to the development of a five year (2018-2023) National TB strategic plan. This strategic plan was the main guiding document used for the application to the TB/HIV Global Fund (GF) request (2019-2021). KNCV supported the development of GF application and the whole cycle of grant making process. Global Fund granted Botswana a total amount of US$ 15 million.

KNCV has furthermore been supporting the implementation of GeneXpert for TB diagnosis through regular mentoring and supportive supervision to all 34 GeneXpert facilities. This led to an increase in the number of GeneXpert tests to 17,833 tests in 2018 compared to 11,273 tests in 2017 and 4,892 tests in 2016. Hence, more patients are now receiving a more sensitive rapid test that is also able to detect (rifampicin) drug resistance ensuring patients are put on an effective treatment regimen.

The remote monitoring of the GeneXpert devices is being facilitated through GxAlert - a software program that is installed on each GeneXpert of the diagnostic network. Through internet, GxAlert reports real-time results from all connected GeneXpert machines. Over 82% (28/34) of the GeneXpert devices have been connected to GxAlert, as compared to about 15 devices (45%) in the year before. GxAlert has been also integrated with the electronic TB data management system (OpenMRS) with GxAlert transmitting/sharing lab results (every 30 minutes) with OpenMRS. This integration and SMS alert from GxAlert has reduced delays in the diagnosis and treatment initiation of patients.

KNCV also supported the introduction of new drugs (Bedaquiline and Delamanid) for treatment of Drug Resistant TB (DR-TB). KNCV helped to import Bedaquiline - donated by USAID - to treat 40 eligible DR-TB patients. About 13 DR-TB patients were treated with the new drug in 2018. Related to this KNCV also supported the development of active drug safety monitoring (aDSM) to ensure the safe use of the new medicines. This was complemented by regular supportive supervision and mentoring of the six centers assigned to treat DR-TB patients using these new drugs.

KNCV also supported the development of active drug safety monitoring

Namibia: Celebrating successes due to the introduction of new drugs

Namibia completed the first-ever national Tuberculosis (TB) Disease Prevalence Survey in 2018. KNCV staff, through the USAID-funded, KNCV-led Challenge TB (CTB) project, provided technical leadership, both locally and remotely. Findings will provide information on the true burden of TB and inform program interventions towards ending TB in Namibia.

Through CTB, KNCV also supported the country in the introduction of short treatment regimens (STR) and new drugs for treating drug resistant TB. KNCV country staff and consultants helped to update treatment guidelines, provided trainings, mentorship and clinical management. As a result of these efforts, 72 patients benefitted from STR while 87 patients started patient-tailored treatments containing new drugs (Bedaquiline and Delamanid). These new drugs offer improved health outcomes for patients who had given up hope for cure.

The first patients started taking these drugs in 2016 and were cured in 2018, a milestone that was celebrated by a visit of the US Ambassador, Lisa Johnson, together with representatives of the Ministry of Health and Social Services, to the Katutura Intermediate Hospital's TB Clinic in the capital, Windhoek. They met with three young patients who have been successful treated from extremely drug-resistant TB. Lisa Johnson pointed out that tuberculosis is responsible for more deaths than any other infectious disease in the world, particularly among people living with HIV, and highlighted the significance of the KNCV Challenge TB Project in supporting the country's fight against the disease.
KNCV through CTB further supported integration of HIV care into TB treatment settings, by training, mentoring of health care workers and monitoring integrated TB/HIV services. Thereby, HIV-positive TB patients who received anti-retroviral treatment to control their HIV infection increased from 91% in 2017 to 97% and all the 2,441 (100%) newly enrolled people living with HIV (PLHIV) were screened for TB and 157 (6.4%) of them were diagnosed with TB.

KNCV country staff provided leadership in the TB/HIV component of a new quality improvement initiative termed "NamLiVE (Namibia Linkage, Viral load and End TB)" led by the health ministry and supported by PEPFAR implementing partners. Within two months of implementation, initiation of TB preventive treatment among PLHIV increased by 11% (from 25% to 36%).

These new drugs offer improved health outcomes for patients who had given up hope for cure

Kyrgyz Republic: Saves uncurable patients

As part of the USAID-funded, KNCV-led Challenge TB project (CTB), KNCV is helping the Kyrgyz Republic decrease its burden of drug-resistant tuberculosis (DR-TB) through the introduction of the newest drugs and treatment regimens recommended by the World Health Organization. After less than two years these were made available for patients in all regions of the country, bringing the Kyrgyz Republic to a leading position in the world's fight against DR-TB.

Now patients with non-complicated forms of multidrug-resistant (MDR) TB are being treated with a shorter regimen in half the time and with less pills and injections it used to take. Patients with more severe forms of MDR-TB or extensively drug-resistant (XDR) TB are prescribed an individualized regimen, specifically designed for them and reinforced with either of two new drugs, Bedaquiline and Delamanid.

By the end of 2018, almost 1,000 Kyrgyzstani were benefiting from these life-saving treatments; already 110 patients have been cured, including some who were severely ill for years and left helpless in their fight against TB. The success rate of the shorter treatment regimen for the 2017 cohort is nearly 80%, whereas previously only one in two were cured.

KNCV has also significantly increased the adherence to treatment thanks to a patient-centered approach. Every patient benefited from the constant support of a case manager who provided them with information, helped them deal with side-effects and find solutions to any problems. When necessary, patients were consulted by a psychologist and others were able to take their pills at home thanks to daily visits of a treatment support. KNCV also enrolled patients on video observed treatment, an innovative adherence technology that allows them to take their pills in the comfort of their home and at the time that is most convenient to them while working, studying, or looking after their children.

Thanks to the support provided by KNCV, the Kyrgyz Republic is now better armed to beat TB.

By the end of 2018, almost 1,000 Kyrgyzstani were benefiting from these life-saving treatments

Tajikistan: Expansion of new regimens with improved DR-TB diagnosis and treatment

The KNCV-led, USAID-funded Challenge TB project (CTB) supports the National TB Control Program (NTP) in Tajikistan to implement new regimens for treatment of drug resistant (DR-) TB patients. New regimens, shorter treatment regimen (STR) and individualized regimens (ITR) with new drugs gave a chance and new hope for DR-TB patients to cure from TB.
CTB started implementation of new regimens in 2016 in two pilots and gradually expanded to 40 districts covering about 70% of the population of the country. The project builds capacity of the NTP in detection, diagnosis, patients' triage and treatment.
In 2018 with CTB support more than 1500 TB and primary health care health providers were trained in DR-TB case management using new WHO recommended approaches.
Throughout the treatment CTB provides a comprehensive technical support for clinical case management of patients on new regimens including the active Drug Safety Monitoring system to ensure safe use of the new drugs, and psychosocial support. From December 2016 to the end of 2018, 378 DR-TB patients were enrolled: 164 on STR and 214 on ITR with new drugs. 61 patients from the first cohorts were successfully cured and more than 300 patients continue treatment on the new regimens.
NTP Tajikistan recognized CTB established model of new regimens implementation as the best practice and encouraged using the same model in other regions of the country.
CTB also contributed to improved case detection through ensuring improved access to TB diagnosis with a well-established and operational sample transportation system, the introduction of new rapid diagnostic technologies and the increase of TB and primary health care staff. As a result of interventions and increased investments, CTB reached a considerable reduction of the time gap from the moment the patient comes to the PHC to the time of enrollment, in most cases even from two to three months to 12 days. The CTB interventions contributed to an increase in detection of TB cases from 1,677 in 2017 to 2,735 in 2018 and DR-TB cases from 260 patients in 2017 to 450 in 2018.

New regimens, shorter treatment regimen (STR) and individualized regimens (ITR) with new drugs gave a chance and new hope

Indonesia: Important steps forward in 'following the patient'

Indonesia is the third highest TB burden country in the world. In 2018 the country was recommended by the WHO for important advances in finding the missing persons with TB, notifying 442,172 (53%) out of 842,000 estimated TB patients, 78,000 more than the year before. This was achieved by better engagement of both public and private hospitals and by implementing a nationwide electronic recording & reporting system, both with support from KNCV under the Challenge TB project (CTB). Efforts continued in 2018 engaging private providers and improving the reporting system, because despite the achievements 29% of diagnosed patients remained un-notified, mostly in the private sector and in large public hospitals. An estimated 18% was missed altogether.

CTB provides evidence based technical support to the National TB Program (NTP) in Indonesia in many fields, much of which has been adopted in national policies, guidelines and capacity building approaches. The project helps the NTP in making strategic choices for a sustainable improvement, ensuring the highest impact with the (limited) resources available.

For drug-resistant TB, in 2017 the project introduced in Indonesia a short-term (9-11 months) treatment regimen, to facilitate scale-up of management of uncomplicated forms of multidrug-resistant (MDR-) TB and CTB also assists with the implementation regimens using new drugs for patients with complicated and serious forms of MDR-TB. To ensure quality treatment, the Ministry of Health partnered with CTB to introduce a 'follow-the-patient' approach, succeeding in reducing the proportion of patients 'lost' form 23% in 2016 to 7% in 2018 in the implementing areas. CTB also introduced a quality self-assessment method for health facilities, clinical audits, and collaboration with community organizations to support the treatment of drug-resistant TB patients and improve treatment outcomes. These are important approaches to achieve improvement of MDR-TB treatment results during rapid scale-up of MDR-TB diagnosis and treatment.

Community health workers conduct home visits to screen for TB symptoms in household contacts of TB patients. In one district, over the course of three months, 272 contacts of 421 TB patients were referred for TB testing, resulting in 21 TB patients being found and accessing treatment. Preventive treatment was given to 52 children.

The Ministry of Health and CTB started the roll-out of the WiFi TB app for the mandatory notification of TB patients by private doctors and clinics, a breakthrough to increase their involvement.

"District Action Planning" (DAP)" is a policy guiding the concrete commitment of local governments and ensuring availability of local funding in tackling TB, developed by the project in collaboration with the NTP and the Ministries of Health and Home Affairs in 2016. Since 2017 16 CTB-supported districts/cities have finished preparing DAP documents and 15 have been ratified by the Head of the Region. The total local government budget allocations for TB control continued to increase in 2018 in 13 out of the 16 districts.

Community health workers conduct home visits to screen for TB symptoms in household contacts of TB patients

Kazakhstan: Two projects with many successes

KNCV implements the DGIS funded project "Improved TB/HIV prevention & care– Building models for the future" in Almaty, the capital of Kazakhstan, together with AFEW. The project team organizes several activities aimed to bring the public and private sector closer together and improve TB/HIV prevention and care.

This means that KNCV and AFEW support Almaty government, private health facilities and civil society groups to build a strong and effective partnership. In 2018, we specifically focused on addressing stigma and discrimination together with government stakeholders, patient groups, health facilities and local NGOs. This has resulted in some positive changes over the last year. Patients have information on how to ask for good quality care, know where to go for treatment and support, and have a choice in seeking care in the public sector, private sector and civil society. In 2018, we have also doubled the number of private facilities we are supporting and through our collaboration with local NGOs, patients were provided with TB screening, legal advice and counseling. This led to the local NGO "Sanat Alemi", which is supported through KNCV and AFEW under the Building Models for the Future Project, to receive an award for 'Best psychological care for TB patients'. In 2018, KNCV and AFEW – proud of the work done – shared lessons learned and best practices in many different fora ranging from national conventions, to the International Aids Conference and Union World Conference.

Under the USAID-funded, KNCV-led Challenge TB project in Kazakhstan, KNCV also provided technical support in the implementation of the new drugs and shorter treatment regimen in five regions of Kazakhstan (Pavlodar, Kyzylorda, Mangystau, Northern Kazakhstan, Western Kazakhstan). From the total notified 2.922 TB cases in 2018, 938 (32%) had multi-drug resistant tuberculosis. By December 2018 there were 216 patients enrolled on individual treatment regimens containing new drugs and 115 patients on shorter treatment regimen. In order to ensure quality of treatment, KNCV focused on improving of the clinical management through trainings, workshops, on-the-job trainings, supportive supervision and on-distance counselling. Also, KNCV supported the development of tools for easy clinical monitoring of patients on treatment. These tools allow to closely monitor treatment and adverse events, so clinicians can timely take necessary measures to prevent development of serious adverse events. The use of the tools was very instrumental in improving the quality of care and as a result, patients better tolerated drugs and didn't interrupt treatment. Now, more and more patients with drug resistant tuberculosis would like to be treated with the new drugs.

In 2018, we have also doubled the number of private facilities we are supporting

Vietnam: scaling-up the GeneXpert platforms

In Vietnam, the KNCV-led, USAID-funded Challenge TB project (CTB) is making a positive difference. CTB has continued to provide technical expertise in the scale up of GeneXpert testing for key affected populations. It also supported Vietnam in its readiness to smoothly transition to the new GeneXpert Ultra testing devices that have a higher sensitivity to TB; thereby ensuring uninterrupted services.

CTB also supported the development of an approach to increase TB case finding in high risk groups, in particular people living with HIV (PLHIV) in the provinces of Nghe An, Dien Bien, An Giang, Dong Nai and Tay Ninh. This approach was implemented in 16 HIV outpatient clinics (OPCs) in these provinces and preliminary results showed a high prevalence / case detection of 541/100,000 (bacteriological confirmed) among the PLHIVs attending these OPCs.

Further, the scale-up of programs for the programmatic management of drug resistant TB is well underway in Vietnam. KNCV continued playing an important role in providing technical assistance to the national TB program (NTP) in terms of policy development, program development, and implementation and quality assurance of Programmatic Management of Drug-Resistant TB (PMDT) programs. Vietnam pioneered the patient triage approach for drug (rifampicin) resistant TB patients. This is a process of rapidly determining the best treatment for patients based on their specific needs and anticipated outcome of care. Through this approach, in 2018 alone, 3,254 multi-drug resistant-TB patients were diagnosed. Among them 2,120 (67.4%) patients started treatment with long conventional regimen, 991 (31.6%) started on the shorter 9-months' regimen using Levofloxacin. The treatment success rates were 75% for the long conventional regimen and 80% for the shorter nine-months' regimen.

KNCV has continued to provide technical expertise to the NTP in the implementation of the second National TB Prevalence Survey (TBPS). It is anticipated that this important survey (which will conclude in 2019) will help getting a more precise estimate of the current burden of TB disease in comparison with the data collected in the first TBPS done in 2006, and demonstrate the impact of the combination of public health interventions and demographic and socio-economic change over the past ten years. This survey will also provide essential information for developing the Vietnam TB elimination strategy and estimating funding needs for interventions. As Vietnam is aiming to be one of the first Asian countries to go into the TB elimination phase, documenting the Vietnamese experience will be an important contribution to the global elimination effort.

The scale-up of programs for the programmatic management of drug resistant TB is well underway

The Philippines: Improving TB/HIV prevention, and a new digital tool

2018 proved to be an interesting year for KNCV in the Philippines. We continued our close and successful cooperation with Hivos for our DGIS-funded project Building Models for the Future (BMF). In addition, KNCV started an exciting new project funded by the STOP TB Partnership focused on introducing new digital tools.

The BMF project started in 2017 in Metro Manila. Together with consortium partner Hivos, KNCV aims to improve TB and HIV prevention in the non-public sector. This means that KNCV works closely with private health facilities and civil society groups to improve the quality of care in private facilities and ensure the voices of patients are heard. The type of TB facilities we worked with in 2018 vary, ranging from private hospitals, to clinics in shopping malls to charities to Sexual and Reproductive Health clinics. It allows the project to reach different populations in key settings.
Last year, two participating clinics were so enthusiastic about the work we do, that they 'self-replicated' the project model of TB/HIV service integration and introduced it in new settings. This means that the project increased its support by tripling its number of clinics. In addition to the work in private clinics and civil society, KNCV and Hivos work in close cooperation with the government. In 2018, KNCV and Hivos developed a HIV screening guideline and training curriculum on request of the National HIV Program. When adopted, the guideline will really help facilitate HIV screening amongst TB patients. As TB remains the leading cause of death for people living with HIV (PLHIV); this is an important milestone.
In 2018, KNCV also started the TB REACH project in the Philippines. The project will introduce a digital tool to patients in private clinics in Metro Manila that will empower patients to accurately report their daily treatment adherence from the comfort of their own home. Project preparation started in the last quarter of 2018 and patient enrolment will start early 2019.

Together with consortium partner Hivos, KNCV aims to improve TB and HIV prevention in the non-public sector

Photo: Berhan Teklehaimanot

STRATEGIC GOALS 2018

The progress towards KNCV operational key performance indicators is presented below, based on national data for 2014 till 2017 from eleven 'target countries', where KNCV has country offices and comprehensive engagement over the period of the KNCV strategic plan: Botswana, Ethiopia, Indonesia, Kazakhstan, Kyrgyzstan, Malawi, Namibia, Nigeria, Tajikistan, Tanzania and Vietnam. Next year the report will also include information from other countries where KNCV started later and/or where KNCV has had substantial input on selected topics without a country office. National data were obtained from WHO's TB global tuberculosis data base (https://www.who.int/tb/country/data/download/en/). Project specific information is derived from 2018 project reports.

1) Finding more patients and reducing mortality

Over the period 2014 to 2017 in all KNCV supported countries the total number of TB patients diagnosed and registered for treatment increased with 18% from the 2014 baseline, compared to 7% in 2016 and bacteriologically confirmed patients with 12% from the 2014 baseline, compared to 5% in 2016.

Figure 1 shows the overall percentage increase in TB notifications per year, compared to the previous year, showing a real acceleration of case finding in 2017, a trend which continued in 2018 (final annual data are published by countries mostly between April and June, after validation).
However, this figure masks the different epidemiological situations in which KNCV works, with case finding varying from several thousands (2,000 in Botswana) to several hundred thousands TB patients notified per year (442,000 in 2017 in Indonesia and even more in 2018).

Therefore Figure 2 shows the notification as percentage of the estimated number of cases occurring every year (case detection rate, blue bars). While Kazakhstan has a decreasing trend in absolute number of patients notified, this can be interpreted as a reflection of a nearly full treatment coverage (100% in Figure 2) in a declining epidemic; stable numbers of patients detected over the years in Botswana and Vietnam point towards increasing treatment coverage (Figure 2) in a declining epidemic. The increasing trends in notified patients in Indonesia, Malawi, Nigeria and Tanzania are the result of targeted approaches to increase diagnosis, treatment and notification in countries with a low case detection rate.

Figure 1: Trend in accelleration of case finding compared to the previous year in 11 KNCV supported countries, 2014 - 2017

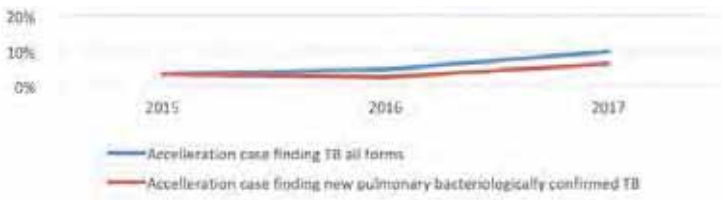
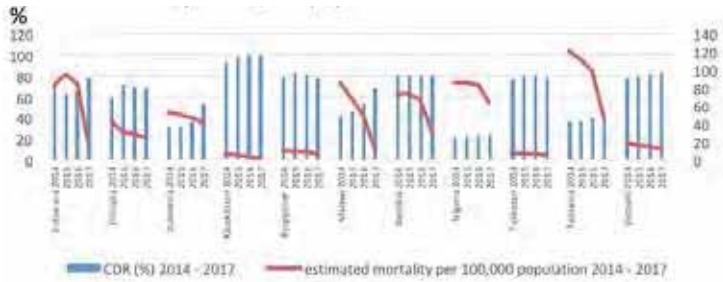


Figure 2: case detection rate (%) and estimated mortality per 100,000 population 2014 - 2017



In Figure 2 the orange lines represent the trends in TB mortality per 100,000 population.

The overall 2% globally (Global TB report 2018) of the TB epidemic contributes to the overall decline in mortality. The impact of improved access to HIV treatment for co-infected TB patients is clearly visible, especially Botswana, Malawi, Namibia and Tanzania, where TB mortality is driven by (untreated) HIV co-infection. In countries where TB mortality is driven by poor treatment outcomes for MDR-TB, rapid expansion of effective treatments for drug resistant TB is also an important factor contributing to the decline in mortality, especially in high MDR-TB burden countries (Ethiopia, Indonesia, Central Asia, Nigeria, Vietnam). In countries like Malawi and Indonesia also activities to find, diagnose and treat missing people with TB impact TB survival.

2. Improving treatment completion among drug sensitive TB patients

Improving and maintaining treatment success among patients with drug susceptible TB, aiming for at least a 90% treatment success rate, continues to be an area of concern. Especially with increasingly diverse and difficult to treat patient populations (based on active case finding and therefore reaching patients living under challenging social circumstances and /or having other diseases as well) and inclusion of patients treated by a range of non-National Tuberculosis Program (NTP) providers puts pressure on the treatment success rates: while many non-NTP public and private providers do a very good job in diagnosing and treating TB, some follow sub-optimal methods with less good results. As illustrated in Tables 3a and 3b the trend differs per country and does not yet show the overall intended decline of mortality and improved treatment success; however, by 2020 improvement is expected from the expansion of diagnosis and treatment of MDR and HIV among TB patients and more patient-centered organization of TB services, like decentralization of patient care, as well as the appropriate use of digital adherence tools and patient support.

3. Treatment for patients diagnosed with drug resistant TB

The scale-up of MDR-TB treatment capacity 2015 – 2018 (preliminary information) is shown ▶

Figure 3a: Proportion of registered TB patients that died, 2014, 2015 & 2016

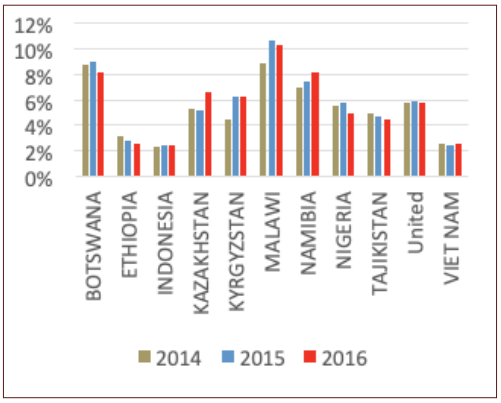
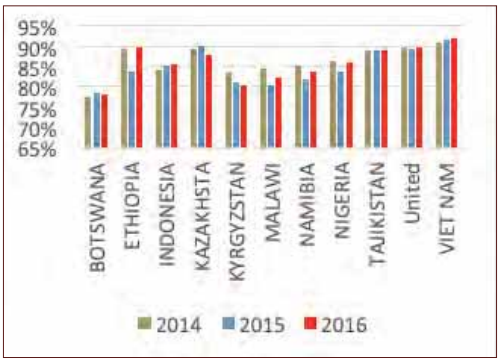


Figure 3b: Proportion of registered TB patients treated successfully 2014 - 2016



in Figure 5. The figure shows several important achievements. Kazakhstan is leading the way, being the first MDR-TB high burden country managing to overcome the MDR-TB epidemic: the country continues to diagnose and treat all MDR patients that occur annually; in line with the declining epidemic the number of patients treated decreases every year.

Indonesia is achieving remarkable scale-up of MDR-TB treatment enrolment, by decentralizing treatment initiation for uncomplicated MDR-TB from provincial hospitals to selected district hospitals and the concurrent roll-out of the shorter MDR-TB treatment regimen. Also Nigeria, Tajikistan, Tanzania and Vietnam are successfully scaling up MDR diagnosis and treatment enrolment, increasingly succeeding to close the diagnosis - treatment gap. The trends were continued in 2018.

While PMDT scale-up is impressive, continued rapid expansion is planned to ensure diagnosis and treatment for all MDR patients among the total estimated number of TB patients every year occurring in the countries: 24,000 in Nigeria (5400 among notified), 23000 in Indonesia (12000 among notified), 6600 in Vietnam (5900 among notified), 5500 in Ethiopia (2700 among notified).

4. Testing of TB patients for HIV access to antiretroviral treatment

Continued attention for HIV testing of TB patients has shown results (Figure 6), with ten out of the 11 countries reaching good coverage (6 already achieving over 90%), while four are testing between 85 and 90% of TB patients for HIV and closing the gap. This includes all KNCV supported countries with a high HIV prevalence.

Globally Asian countries tend to be behind in HIV testing, as with lower prevalence of HIV the yield of testing in most Asian countries is low compared to Africa. Hence less motivation for testing. Also, in most countries in Asia HIV is not a generalized epidemic, but one of key populations surrounded with stigma and social exclusion (drug addicts, msm, prostitution). Therefore, in Asia, the emphasis for HIV testing traditionally has been on key populations. While Vietnam adopted HIV testing for TB patients early on and is now achieving 85%

Figure 5: Scale-up of MDR-TB diagnosis and treatment in KNCV supported countries 2015 - 2017

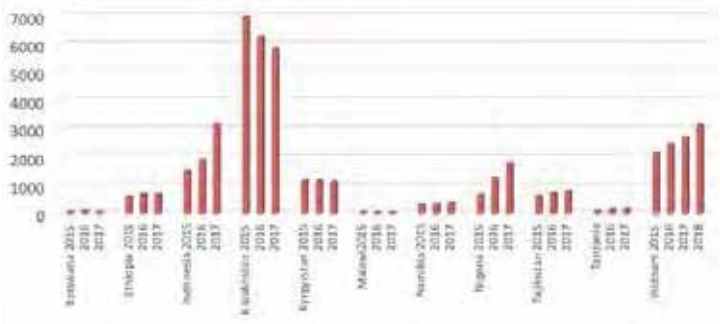
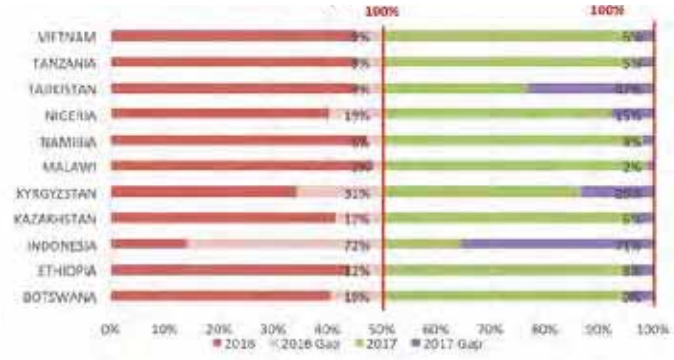


Figure 6: Proportion of TB patients 2016 - 2017 tested for HIV and testing gap

Note: Ethiopia, Malawi, Namibia, Nigeria, Tajikistan and Tanzania are using the total number of notified cases (including previously treated patients) as the denominator

Figure 7: Proportion of TB/HIV patients recieving ARVs and treatment gap 2016-2017



coverage, Indonesia only recently started implementing HIV screening among all TB patients: in 2017 HIV testing coverage increased from 13% in 2016 to 29%, and is still increasing throughout 2018, but still far below the required level. Early success, however, are seen form the Joint Service Delivery (JSD) approach implemented by the CTB project in collaboration with other USAID partners, in Jakarta. In the project sites in 2018 92% of TB patients knew their HIV status, compared to the previous year, when only 47% of TB patients had been tested for HIV. Towards the end of 2018 scale-up of the JSD approach developed in Jakarta was being introduced in more provinces.

KNCV continued promotion and facilitation of ARV treatment access for patients with TB/HIV, especially by supporting the introduction of joint TB/HIV service delivery and furthering patient centered approaches. Access to antiretrovirals (ARVs) for TB / HIV patients (Figure 7) increased in 2017 in nearly all countries, the largest gap still in Indonesia, where in 2017 2244 TB/HIV patients were provided with ARV's compared to 757 in 2015. Under the JSD approach in Jakarta, in 2018 the percentage of TB/HIV patients receiving ART already increased from 30 percent in 2017 to 53% in 2018 (incomplete data). The 47% gap occurring in 2017 in Tajikistan requires further exploration.

6. Measuring catastrophic health care expenditures

In 2017 through 2018 under the CTB project WHO developed a handbook for the implementation of catastrophic cost surveys. Many KNCV supported interventions are focused at increasing access to diagnosis and treatment of TB like decentralization of diagnostic and treatment services, diagnosing patients in the communities and making services more patient friendly. KNCV also supported countries to ensure timely disbursement of funds available for MDR-TB patients to compensate for their treatment related costs. These interventions are expected to reduce the proportion of patients experiencing catastrophic costs; however, over 2018 no new studies were done to measure the effect on catastrophic costs for patients and no progress was made towards the development of routine surveillance of catastrophic health care expenditures by patients.

A TB patient in Kazachstan expresses that she felt 'fear, pain and anguish all at the same time' when she was ill.

A child under contact investigation in Addis Ababa.

ORGANIZATIONAL HIGHLIGHTS

Member of Parliament Anne Kuik becomes TB ambassador

CDA's Member of Parliament Anne Kuik is the first Dutch Member of Parliament to sign the Barcelona Declaration—the international document in which politicians commit to the fight against TB. KNCV greatly appreciates Kuik's decision to become a TB ambassador.

2,300 politicians from 130 countries preceded Anne Kuik (31) in signing the Barcelona Declaration. They are united in the Global TB Caucus. Anne Kuik: "It is high time for the Netherlands to join the Caucus. Many people think that TB is a disease of the past, but it most definitely is not: TB is still rampant in Asia, Africa and Eastern Europe. Indeed, we ourselves may become infected when we visit these regions, either for work or holiday, and bring the disease plus associated consequences back to the Netherlands. Every day, over 4.000 people die from TB, even though it is a treatable disease. Together, we can eliminate TB worldwide. Of course, merely signing the Barcelona Declaration won't get us there. In the coming months, I will be campaigning for the global fight against TB."

Nine Dutch buildings lit up in red to commemorate World TB Day

World TB Day is commemorated every year on March 24th to raise public awareness of the devasting health, social and economic impact of TB. KNCV participated in the global "Light Up the World for TB" initiative which is organized by the Stop TB Partnership. This initiative stimulates countries to illuminate their iconic landmarks in red to demonstrate their commitment to ending TB.

This year no less than nine buildings in The Hague and Hilversum were lit up in red, including: The World Forum, KNCV Tuberculosis Foundation Central Office; Grote Kerk (or The Big Church), Paard van Troje, Madurodam, Amarath Kurhaus Hotel, Zuiderstrand Theatre, the wheel at SkyView Pier and Sanatorium Zonnestraal. Madurodam and Sanatorium Zonnestraal both have historical connections with TB. Madurodam is a miniature theme park which was first created to support students with TB, so they could continue their studies whilst receiving treatment. From the 1920s through to 1950s, Sanatorium Zonnestraal cared for TB patients. It remains a healthcare facility.

CPC Run raises funds for food support in Tajikistan

Employees of KNCV ran on 11 March to fundraise for food support in Tajikistan. Tajikistan through Challenge TB, a USAID-funded and KNCV-led and managed project, has made significant progress in the management of multidrug-resistant tuberculosis (MDR-TB) with the introduction of new and shorter regimens recommended by the World Health Organization (WHO). Despite the progress made to combat MDR-TB, access to healthy, nutritious food is still a major issue. Good nutrition has long been an important part of the treatment for TB. Common symptoms of the disease, including weight and appetite loss, can constitute a vicious cycle further putting the patient's life at risk. Yet due to monetary constraints, patients undergoing treatment for MDR-TB at the Machiton Hospital in Tajikistan are provided with only one cup of soup a day in addition to bread and tea. This is simply not enough to meet the nutritional needs for these patients.

The hospital has done much to improve the situation by obtaining a cow, which the locals help to milk and grow their own vegetables. Unfortunately, this is only a stop-gap measure until a more sustainable solution can be found. The € 3.660 KNCV raised with the CPC Run hopefully will contribute.

01: CDA's Member of Parliament, Anne Kuik, signs the Barcelona Declaration.

02: The Grote Kerk in The Hague lights up red to commemorate World TB Day.

03: Employees of KNCV ran to collect money for food support for MDR-TB patients in Tajikistan.

01

02

03

Good nutrition has long been an important part of the treatment for TB

THE ORGANIZATION IN 2018

In 2018 the focus of our activities has been the successful implementation of projects, the preparation for the UNHLM and the 49th Union World Conference on Lung Health as local host in The Hague and the further streamlining of our processes and procedures. Compliance with the newly introduced EU General Data Protection Regulation (GDPR) was an area of attention as well.
KNCV Tuberculosis Foundation organizational structure is based on three organizational pillars: Technical, Finance and Operations divisions. In addition to these three divisions we have overarching supporting units: The Executive Office, Human Resource Management, Communication and Fundraising, Resource Mobilization, Facilities and IT, and International Policy and Advocacy.
This chapter gives an overview of the activities of the divisions Operations and Finance and the supporting units. The activities of the technical pillar are described in separate chapters.

Operations Division: the key to successful project implementation

Main focus of the Operations division in 2018 has been to ensure all KNCV projects are successfully implemented and have achieved the project results we aimed for, all within relevant internal and external rules and regulations and within agreed time lines and budget. This year we also supported and participated in the 49th Union World Conference on Lung Health as local host in The Hague.
We organized efficient and effective project management in multi-disciplinary country and project teams. In 2018 we continued to optimize the functioning of these multidisciplinary country teams, looking for the required balance between technical and administrative issues in collaboration with the Technical division. We optimized operational country support, and strengthened country offices in operational systems. The team also contributed to project development and organizational operational management.
For the Challenge TB project (CTB) the Year 4 workplans have been implemented in all relevant countries. New plans for Year 5 have been developed based on USAID contracted time lines, working towards closing out the project at the end of September 2019 as the outcome of the requested for a no cost extension for a maximum of six months for a limited number of countries and activities is still pending. We continued to manage the project implementation in the KNCV-led countries which all have a KNCV country office. These are Botswana, CAR-Tajikistan, CAR-Kyrgyzstan, East Africa Region, Ethiopia, Indonesia, Kazakhstan, Malawi, Namibia, Nigeria, Tanzania and Vietnam.
We are happy to see that in 2018 the project portfolio of KNCV further diversified. To oversee the total project portfolio, we used a project tracking system and reporting tracking tools and financial status overviews per project for ongoing monitoring. We have extended our knowledge on donor rules and regulations for new funders such as Unitaid and EDCTP. The organizational capacity assessment implemented by an external party on KNCV as a prime recipient as required by Unitaid was completed successfully. No major issues related to Project management, procurement and M&E were identified.
The procurement processes done in 2018 have been supported by their relevant country teams, as well as by the appointed procurement focal point. All procurements are successfully implemented.

There was no need to involve an external procurement support party this year. Standard operating procedures have been developed further and together they form a KNCV toolkit with all relevant templates for both CTB as well as non-CTB projects to facilitate project management in a multi-donor environment both at central office level as well as at Country office level. Related to CTB timelines a detailed close out check-list, including time line, has been developed and has been shared with all Country offices.
The updated KNCV travel policy has been implemented and the digital travel approval process is fully operational.Throughout the year we maintained the resource planning system in Sumatra in collaboration with all divisions with the focus on managing information flows, accuracy and we further developed standardized reports to meet information needs from different divisions, starting with individual workplan level and project level to unit and organization level.
Related to security management KNCV continued to work with a part time Security Advisor. The strategic security committee (Head of HRM, Security advisor and the Director Operations) followed up on all relevant security related issues on regular base. KNCV's Security framework document has been updated and made available to the entire organization. The KNCV Crisis management protocol has been updated and the Security Crisis management team (Director Operations, Head of HR, Director Finance, Head of Communications, Security advisor and secretary) participated in a table top exercise/training testing the protocol, facilitated by an external security specialist.

Finance Division

In 2018 both the statutory audit and the USAID required Challenge TB project audit were finalized with a good result. Feedback from external auditors included KNCV being 'best in class' and 'most organized client'. We are proud of this result, but will continue to focus on improving our internal controls and systems to keep up our performance and continue to comply with high accountability standards. During 2018 all country offices were visited for an internal audit. Most also had an external audit. Outcomes of these internal and external audits are shared with the audit committee annually. At the end of 2018 an online invoice approval system was introduced allowing for remote approval of invoices for payment, based on KNCV's authorization matrix. The system also allows for a complete online archive of all paid and pending invoices.

Resource Mobilization: Broadening our funding base

The year 2018 marked the intensified coordination between advocacy, communications, resource mobilization and technical areas in order to ensure optimal planning of focus, timelines and messaging and increase visibility and recognition of KNCVs expertise both in the Netherlands and internationally. The 49th Union World Conference on Lung Health in The Hague provided an unprecedented opportunity to show all stakeholders the strong technical capacity and innovation force of KNCV, beyond the already well-established TB research and practitioners network in the Netherlands and internationally. KNCV and partners were able to showcase their work at the Holland Pavilion during the conference. We explored options for increasing the funding base and engagement with major donors, corporate foundations and private foundations through more visibility and engagement. The conference was a major event to showcase the achievements of the USAID Challenge TB project, highlight collaboration with coalition partners, and foster partnerships with existing and potential new partners and donors. These efforts are directly linked with the enhanced attention for TB and its investment case in the course of 2018 as both the 49th Union World Conference on Lung Health in The Hague and the UN General Assembly special session in New York put the spotlight on the importance of combatting MDR-TB in the AMR agenda.

KNCV is in an ongoing process to diversify its funding base. In the course of 2018 KNCV led several consortia that were awarded funding from TB REACH and Unitaid in the area of treatment adherence through digital health solutions. KNCV also started new partnerships around TB/HIV co-infection, personalized medicine and MDR-TB diagnostics, treatment and prevention for current and future funding opportunities.
The strategic decision related to KNCV's ambition to ensure the sustainability of selected country offices in key countries beyond the Challenge TB project, was taken forward in 2018. KNCV prioritized the sustainability of the country offices through investments in enhanced external communications and institutional fundraising capacity and skills building. Where feasible, KNCV has registered local entities in order to foster local ownership and to be able to receive funding in-country. Through a special financial contribution from the 'Dr. de Langen Stichting voor Mondiale Tuberculosebestrijding' ▸

KNCV was given the opportunity to invest in the proposal development skills of selected country offices. Over the course of 2018 the KNCV country office in Nigeria and partner organization Yayasan KNCV Indonesia were awarded grants from the Global Fund in the new funding cycle 2018-2020. The country offices in Ethiopia and Tanzania are part of the implementation of the KNCV projects funded by Unitaid.
At the end of the year, KNCV and partner organization Yayasan KNCV Indonesia also for the first time participated in a trade mission, organized by RVO, to Indonesia. The mission provided KNCV with the opportunity to connect with known and unknown partners in the country and businesses from the Netherlands. The mission has resulted in the development of a potential collaboration with FMO, a public-private investment entity in Indonesia and Delft Imaging Systems.

Campaigning and Private Fundraising in the Netherlands

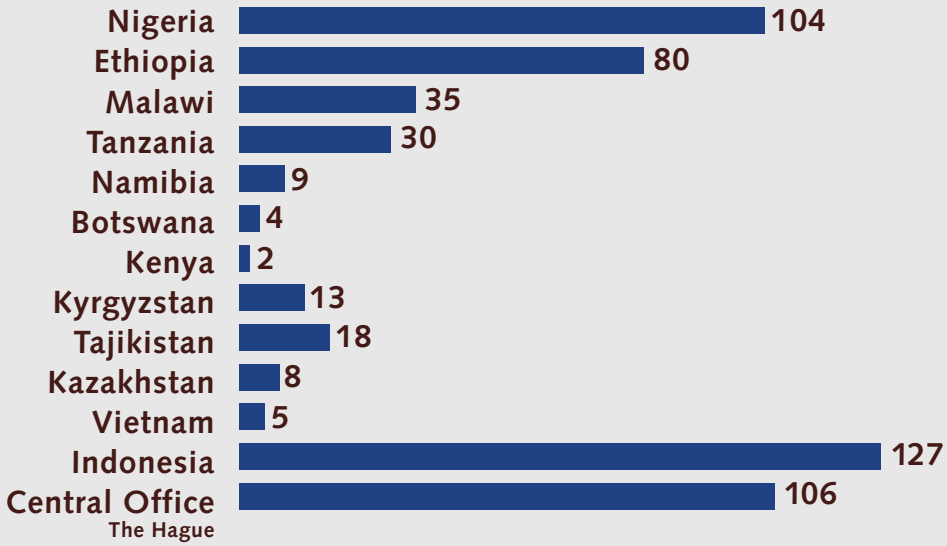
Our campaigning and private fundraising activities in The Netherlands focused on creating opportunities to be well noticed by different kinds of stakeholders and rank KNCV top-of-mind. We started with World TB Day in the first quarter of 2018. We successfully launched an awareness campaign for the Dutch audience with the tagline: 'Iedereen kan de tering krijgen, maar het hoeft niet'. The impact of the campaign was great. More than 4 million people saw (parts of) the campaign, through adds, tv, online and social activities. In the Netherlands, a list of nine impressive buildings were lit up in red on 24 March, as part of an international TB awareness campaign. The Hague was the city worldwide that had most buildings lit up, which was very much appreciated by the worldwide TB community.
We also received a lot of media attention for the first United Nations General Assembly devoted to TB in New York. In September, parliamentarian Anne Kuik, our 'tering-ambassadeur', made headlines on various websites, on social media and in the newspapers. Our press releases, which emphasized the need for global political commitment and the Dutch engagement in TB, led to several publications in various Dutch media.
In July, we launched our exposition 'A Story of Hope'. It showcases the powerful and hopeful message that can be derived from the history of Dutch TB control for countries still dealing with high TB burden. The exposition is designed to travel to various countries where KNCV is working. Its journey started at the Atrium of the Town Hall in The Hague. 'A Story of Hope' also formed the kick-off of KNCV's 115 years anniversary. The exposition was very well received by the public.
The ultimate highlight of this year took place in October with the 49th Union World Conference in The Hague. Our role as local host, our branding and the impact on the international conference was a big success. We invited donors and (ex-)patients to come to the conference during a Dutch afternoon. Our KNCV stool test was breaking news during the conference and received headlines in both the national and international press. Due to the news of the stool test we reached an estimated 277 million people. We supported our presence at the conference with a wide range of branding materials to reflect what we stand for: technical expertise, optimism and a clear mission: A World Free of TB.

This year the overall private fundraising results turned out slightly better than last year, but below budget. This is mainly explained by our aim for extra income from corporates and business partners to support our work, which resulted in less income than planned. The business market is not easily convinced to get involved: it needs a specific approach and requires investment in more market research. We are recalibrating our strategy to involve these important partners. The income from the lotteries is an important part of our core-funding. As a new beneficiary of the Nationale Postcode Loterij, we were able to receive extra project-funding and gain broader communication opportunities.
The number of active donors unfortunately decreased at the end of 2018 to 18,247. In 2018 we stopped with the door-to-door fundraising. It did not show enough longer-term results, given the investment it needed. This resulted in less new donors, but also less budget invested. We are developing and testing new ways of fundraising in 2019 and 2020, in order to attract more involved new donors. The income from legacies is higher than budgeted and more than last year.

The website, online activities and social media now form a more integrated pillar of the fundraising and communication strategy. We improved the usability of our website: both international and national. We published videos on specific subjects such as the Story of Hope exposition. And we launched the 'Dwalen in verhalen' (literally translated: 'Getting lost in Stories') online platform. The launch of the platform was accompanied by a media- and direct media campaign. The results show how involved a large part of the 55+ audience in the Netherlands is with TB and how eager they are to share stories. We are using this particular platform to connect with our target audience and form the foundation of our fanbase. ▶

HRM: SOCIAL REPORT 2018

STAFFING PER COUNTRY:



- In 2018 HRM set up an Employee Self Service (ESS) part in Insite (personnel system). This will give employees access to ESS and will enable them to review their personal file, pay slips/annual statements and manage/ update their own personal details.

- Also, anticipating on the expected closure of the one of our largest projects in 2019, in 2018 HRM developed a Social Plan for the employees in close consultation with the Works Council.

- In the past years the HRM unit has worked on a new salary house. The proposal for the new salary house was submitted to the Works Council at the end of 2018. This will be followed up in 2019.

- Also in 2018 the final steps were taken in the development of the new performance development system in Insite. The roll out of the new performance appraisal system is planned for the 1st quarter of 2019.

- Following up on the feedback session for the senior strategic team, all teams received the feedback training. HRM is currently developing a plan how to keep 'giving and receiving feedback' on the agenda of the organization.

International policy and advocacy

KNCV's international policy and advocacy engagement is a core activity in support of the mission to eliminate TB. It also has an enabling function, by influencing Dutch policy and funding for TB and enhancing the positioning of the organization. Three interrelated and mutually reinforcing activities are distinguished:

a) Netherlands advocacy to position TB in Dutch policy;

b) KNCV staff engagement at leadership level in Global Fund governance which offers opportunities for bi-directional policy influencing and alignment;

c) Global, international and in-country advocacy to strengthen political support for TB control and to open up TB policy space at health platforms.

Early 2018 KNCV signed an advocacy grant (as sub recipient from Aidsfonds) to strengthen Dutch engagement and official development assistance funding for TB, HIV and R&D for Health. Year one (calendar year 2018) of this 3-year grant coincided with TB being in the limelight globally (UN High Level Meeting on TB) and with the Netherlands hosting the two main global conferences on AIDS (in July) and on TB in The Hague (in October). The grant enabled us to leverage the international moments towards building political visibility in the Netherlands and strategic diplomatic engagement of the Ministries of Foreign Affairs and Ministry of Health on TB/HIV. This in turn establishes a base for advancing policy advocacy in the coming years.

Furthermore, in May 2018 KNCV staff was re-appointed for a two-year term in the Leadership of the Audit and Finance Committee of the Global Fund, now serving as chair. The Global Fund is the principal external financier of the TB international response, accounting for over two-third of external finance globally.

At the eve of the UNHLM on TB we convened the main global actors for a focused discussion on how to overcome the persistent barriers to cross agency collaboration towards addressing the co-epidemics TB-HIV. The Dutch Government co-hosted the event with the Japanese Mission. UNAIDS, WHO, PEPFAR, Global Fund and National Aids Commission of Nigeria were represented at highest levels. The UN Special Envoy on TB, Ambassador Goosby provided closing remarks.

Key achievements in 2018:

1. Building political attention for Dutch engagement in TB: a visit to Dutch Parliament with Nick Herbert of the Global TB Caucus resulted in MP Anne Kuik (Christian Democrats Party) adopting a role as TB Ambassador by the signing of the Barcelona Declaration on TB.

2. Subsequent briefings highlighted the global role and further potential of the Netherlands TB field in implementation, research and innovation. This resulted in a broadly endorsed amendment during the budget discussions 2019, which appropriated Euro 5 million additional budget to WHO in a contribution earmarked for TB.

3. Engagement of Dutch government administration for TB:
   a) The Netherlands Permanent Mission to the UN – as supported by the Dutch Ministry of Foreign Affairs and Ministry of Health – co-hosted two events with the Japanese and Antigua/Barbuda Missions (the co-facilitators of the UNHLM on TB).
   b) The Netherlands took an active role in the negotiations towards the UNHLM declaration, with a focus amongst others on a clause that aims to strengthen access to, affordability and availability of quality TB drugs when countries transition to domestic procurement.

4. The Dutch Minister of Health, Bruno Bruins, hosted the Centennial Dinner in the Hall of Knights at the eve of the opening of the Union World Conference. Her Royal Highness Princess Margriet and Her Imperial Highness Princess Akishino graced the evening with their presence, underscoring the royal family longstanding interest for TB control.

5. KNCV contributed to the realization of parallel summits of the Global TB Caucus and Civil Society directly prior to the Union conference. Parliamentary and Civil Society representatives strategized separately as well in joint session on how to use the political declaration from the UNHLM on TB to drive momentum at country level.

6. KNCV took a role in shaping the plenary and special session program at the Union World Conference to take forward and share the outcomes of the UNHLM on TB with the global TB stakeholders and experts gathered at the conference.

7. The TB pre-conference to the IAS conference and behind-the-scenes advocacy resulted in a light being shed on the imperative need to step up the fight against the co-epidemics of HIV and TB.

8. KNCV's role in convening a multi-sectoral field of Dutch players in global health through the Clingendael Global Health Initiative resulted in the Dutch Ministry of Health commissioning a

report to explore how it might step up its global health engagement. The results were discussed in an inspired gathering at the Ministry of Health. AIGHD has stepped into the convening role for the initiative, contributing to a sustainable anchor for the initiative in academia and Topsector Life Sciences and Health global health innovation engagement.

9. In the Audit and Finance Committee at the Global Fund principal areas of oversight included advancing the risk management function, a 'Value for Money' agenda, and evolution of the Country Coordinating Mechanism. In bi-lateral interactions KNCV advanced its collaboration on Finding the Missing Persons and embedding TB Stigma interventions in the focus of the Communities, Rights and Gender team at the Global Fund Secretariat.

IT & Facilities

The main goal for IT & Facilities is to ensure there is an up to date, reliable and flexible IT system in the office in The Hague. For 2018 new EU General Data Protection Regulation played an important role in our activities. In the spring of 2018, several sessions were organized for all employees at central office, including the Country Directors, on the ins and outs of the General Data Protection Regulation. Procedures, tips and tricks were shared. The Data Security Policy and the Privacy Policy were developed and the website was made GDPR proof. The processing of personal data for the teams The Netherlands, Fundraising, HRM and Finance were registered.

The new Intranet based on Sharepoint was further improved by adding an Online Travel Booking form and a place for the Commissie voor Praktische Tuberculosebestrijding (CPT) to share all their files.

A start was made with developing a policy on Choose Your Own Device to enable employees more flexibility in the choice of device or the possibility to use personal devices. A start was made with developing the settings for Mobile Device Management in order to control unmanaged devices accessing KNCV IT resources. This also includes rights management on documents and Sharepoint sites, enabling KNCV to share information or to collaborate with stakeholders or beneficiaries by managing control of this information.
Multi Factor Authentication (MFA) is an extra layer of access security. This was implemented for Afas Profit, the system in use for the salaries used by the HRM department. ◄

For 2018 new EU General Data Protection Regulation played an important role in our activities.

BOARD OF TRUSTEES REPORT

As oversight body, the Board of Trustees looks back on a successful and inspired year in which the organization continued the effective delivery and management of the Challenge TB program in 23 countries. In addition, the organization continued to strengthen its technical assistance and expert advisory services to country TB programs. Importantly, KNCV attracted new donors and was awarded major bids, both as lead and sub-recipient in fiercely contested bidding processes, such as UnitAid. Preparing for an era in which a major flagship donor program will be less likely, KNCV thus made crucial strides towards diversifying its funding and strengthening its role in TB innovation and scale-up of activities. By bringing the Union Conference to the Netherlands in the very year of the UN High Level Meeting on TB, KNCV stepped into the limelight on the global stage like never before. Moreover, WHO re-affirmed its partnership

2018: KNCV on stage

For the first time ever, TB was addressed globally at a Heads of State level, during the United Nations General Assembly in New York on 26 September 2018. KNCV was actively involved through the co-sponsorship of two side-events, on Childhood TB and TB/HIV. The latter event was co-hosted by the governments of the Netherlands and Japan, and included several high-level speakers, including the WHO Director General, the Executive Director of UNAIDS, the UN Special Envoy for TB and the Dutch State secretary for Health, Welfare and Sport Paul Blokhuis. KNCV Executive Director Kitty van Weezenbeek featured prominently in one of the panel discussions.

The Union World Conference on Lung Health took place in The Hague end of October, co-hosted by KNCV and the City of The Hague. The Board of Trustees witnessed a conference which exceeded expectations in technical and scientific content as well as institutional positioning with partners and dignitaries. On the eve of the Conference, the Dutch Minister for Medical Care Bruno Bruins hosted the 7th President's Centennial Dinner in the historic building of the "Ridderzaal", the Hall of Knights. Her Imperial Highness Princess Akishino of Japan and Her Royal Highness Princess Margriet of the Netherlands graciously attended this dinner. The Board of Trustees participated actively at the conference, attending the opening ceremony, scientific sessions and the "Dutch Afternoon on TB control in the Netherlands" and joined the dinner. The KNCV Award for Eminence in Tuberculosis Control was presented to the Program managers of South Africa and China. The Board of Trustees commends KNCV Director and Staff on the success and spirit of the conference.

Preparation for the coming years

Diversification of multi-year/multi-country funding and resource mobilization are main areas of focus for Board of Trustees oversight. In February 2018 KNCV transitioned from the VriendenLoterij to the Nationale Postcode Loterij. This resulted in an increased amount of funding, but importantly provides the opportunity to promote our international activities in a far more pronounced way to the Dutch public.

In August, the Board convened its International Advisory Committee to explore strategic approaches to accessing national and international philanthropic funding. Three members of the Board of Trustees participated. The meeting defined ambition levels for philanthropic funding as part of the overall KNCV's future funding landscape.

The annual retreat of the Board of Trustees with senior KNCV staff centered on strategy development for the post-Challenge TB era, looking beyond the end-date of the Challenge TB program, slated for September 29, 2019. The KNCV request for a no-cost extension for a limited number of countries and activities for up to six months is pending at this date. Thus, the Board of Trustees gave full attention to the organization's preparations for the era after this flagship project ends. As one third of TB funding comes from the United States, the Board of Trustees endorsed setting up a KNCV branch office in the U.S. Aim of this office is to execute KNCV's strategy towards securing U.S. based funding, both from public and private sources. Future steps of KNCV in the U.S. will continue to require concurrence from the Board of Trustees.

Evolving KNCV's role in TB control in the Netherlands

The Board of Trustees discussed and evaluated the gradually diminishing role of KNCV in the Netherlands. Over the past few years key stewardship roles have been moved to government agencies in line with public mandates, with a lower level of KNCV activities as a consequence. Now it is time for KNCV to reposition itself into a new era and to assert its role next to the three other principal players: local GGDs, GGD GHOR and the RIVM. The Board of Trustees concurs with management's analysis: while TB control is locally organized, it is not a local disease. The opportunity for evolving KNCV's role into the future lies in the continued need for central steering and uniform policies, building on KNCV's strong ties into international policies, innovation and evolving epidemiology as well as its evidence building operational and epidemiological research.

Board of Trustees developments

The Board of Trustees is composed of seven members from a variety of backgrounds and experience in academia, medical profession, corporate and public sector. The Board of Trustees is dedicated to providing complementary value for the organization while carrying out its primary task of oversight.

The individual focus and expertise areas of the Board of Trustees result in a collectively strong, diverse, complementary skill set:

	Mirella Visser	Ton van Dijk	Maria van der Sluijs-Plantz	Jan Hendrik Richardus	Wieneke Meijer	Rolph van der Hoeven	Johan van 't Hag
Medical and Public Health (incl TB control)		X			X		
Academic TB research				X			
IT and innovation	X	X			X		
Funding, accountability and control			X				X
International Development Cooperation						X	
Strategy, Organization and Management	X		X				X
Fundaising (public and institutional						X	X
Fundraising (corporate and private)	X					X	X

2018: KNCV on stage

A very challenging year lies ahead of us in 2019. KNCV faces an uncertain funding situation, with wide ranging scenarios in the immediate futureBuilding on 2018's continued operational strength, track-record in delivering impactful results and evidence generation, as well as highlights in international positioning, the Board of Trustees and KNCV management stand prepared to face this challenge. The Board of Trustees will continue its role in oversight and support of management to shape the requisite organizational transitions as demand for KNCV services matures and funding sources shift, evolving our role into an exciting era to End TB, globally and in the Netherlands.

Board of Trustees,

Chair
Mirella Visser

Vice-Chair
Ton van Dijk

GOVERNANCE AND ORGANIZATIONAL REPORT

Statutory name, legal state and place of residency

The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' (KNCV or KNCV Tuberculosis Foundation) is an association of members according to Dutch law. Members are associations and foundations which have TB control as their mission or area of work.

The members are:

- Mr. Willem Bakhuys Roozeboomstichting
- Nederlandse Vereniging van Artsen voor Longziekten en Tuberculose
- Stichting Medisch Comité Nederland-Vietnam
- Verpleegkundigen & Verzorgenden Nederland, Platform Verpleegkundigen Openbare Gezondheidszorg
- Dr. C. de Langen Stichting voor Mondiale Tbc-bestrijding
- GGD Nederland, vereniging voor GGD'en
- Vereniging van Artsen werkzaam in de Tbc-bestrijding
- Stichting Suppletiefonds Sonnevanck
- 's-Gravenhaagse Stichting tot Steun aan de bestrijding van Tuberculose
- Nederlandse Vereniging voor Medische Microbiologie

Honorary Members

Honorary members of KNCV are individuals who made a significant contribution to TB control and/or to KNCV as an organization. On 7 September 2018, our eldest honorary member Dr. M.A. Bleiker passed away at the age of 95. Currently, Dr. H.B. van Wijk is our only honorary member.
The latest version of the Articles of Association passed the notary deed on 23 August 2012 and can be found on our website. The central office is located in The Hague, the Netherlands. Currently, KNCV operates thirteen country offices worldwide. For an overview of all country offices, please see the contact list as part of the financial statements.

General Assembly

The objective of the General Assembly is to ensure that KNCV's activities make the best possible contribution to the statutory mission. The General Assembly has an advisory role in this respect. The General Assembly convenes annually and was held on 16 May 2018. The primary responsibility of the General Assembly is supervisory governance, in accordance with the Good Governance Code.

The General Assembly is authorized to:
- Approve the annual accounts;
- Grant annual discharge from liability to the Executive Director;
- Grant annual discharge from liability to the Board of Trustees for supervisory governance;
- Appoint, suspend and dismiss the Board of Trustees and its members;
- Appoint the auditor;
- Change the Articles of Association;
- Dissolve KNCV.

The General Assembly granted discharge to the Board of Trustees for the supervision performed and to the Executive Director for the management of the organization for the year 2018.

Board of Trustees

The objective of the Board of Trustees is supervisory governance, including approval and oversight on the overall strategy and direction of KNCV in conformance with Dutch legal provisions and the Code of Good Governance for charity organizations ('SBF-code Goed Bestuur van de Samenwerkende Brancheorganisaties Filantropie'). The Board of Trustees is composed of 5 to 7 members, representing a set of competencies, as defined in the rules and regulations of the Board of Trustees.

Board of Trustees members are recruited through co-optation and are appointed by the General Assembly for a term of maximum four years upon nomination by

the Board of Trustees. Members can be reappointed for a second term. The Board of Trustees appoint a Chair and Vice-Chair from its Members. Members of the Board of Trustees donate their time and expertise and do not receive any remuneration. Out of pocket expenses to attend meetings are reimbursed in addition to a generic expense compensation of €100 for each Board of Trustees meeting attended. The Board of Trustees meets four times a year and chairs the General Assembly. Once a year a strategic retreat is organized together with the senior management of KNCV.

Three permanent sub-committees have been established with the following preparatory tasks:
- An Agenda Committee to prepare the board agenda, in consultation with the Executive Director;
- An Audit Committee to assess in detail the annual plan, annual report, and the findings of the independent auditor;
- A Remuneration and Assessment committee to assess the performance of the Executive Director.

Temporary committees can be established on ad hoc basis.

The Board of Trustees consists of the following members:

Member	Appointed	Expiring
Mirella Visser (Chair)	**May 2015 (1st term)**	**2019, eligible for 2nd term**
Ton van Dijk (Vice-Chair)	**May 2017 (2st term)**	**2021**
Maria van der Sluijs-Plantz	**May 2018 (2nd term)**	**2021**
(Chair Audit Committee)	**--**	**--**
Jan Hendrik Richardus	**May 2018 (2nd term)**	**2021**
Wieneke Meijer	**December 2016 (1st term)**	**2020, eligible for 2nd term**
Rolph van der Hoeven	**July 2017 (1st term)**	**2021, eligible for 2nd term**
Johan van 't Hag	**July 2017 (1st term)**	**2021, eligible for 2nd term**
(Member Audit Committee)	--	**--**

Supervisory governance during 2018

For an extensive description on the supervisory governance during 2018, please see the Board of Trustees Report prior to this chapter.

The composition of the Board of Trustees is complete with seven members. At the General Assembly, Maria van der Sluijs-Plantz and Jan Hendrik Richardus were appointed for a second term.

A delegation of the Board of Trustees attended a meeting between Works Council and Executive Director twice this year.

A self-assessment was conducted prior to the Board of Trustees meeting in December. The main results were shared with Executive Director.

In 2018 Board of Trustees four meetings were held on the following dates: 20 February, 17 April, 18 September and 4 December. The Audit Committee meetings were held on 3 April and 20 November. The annual retreat with senior KNCV management took place on 16 May.

The members of the Board of Trustees have the following relevant other positions that are listed below. The members of the Board of Trustees have signed an annual statement from the CBF regarding the avoidance of conflicts of interest.

Mirella Visser	Founder and Director of Center for Inclusive Leadership; Member European Integration Committee (CEI) of the Advisory Council on International Affairs (AIV) of the Netherlands (by Royal Decree); Chair Board of Directors of Population Services International (PSI) Europe; Vice-Chair Supervisory Board Media Pensioen Diensten (MPD); Member of the Brexit Committee (AIV); Member of the EU-China Committee (AIV); Citizens' representative Omgevingsraad Schiphol (ORS)
Ton van Dijk	Director of public health (region The Hague) and director of medical disaster management (region The Hague)
Maria van der Sluijs-Plantz	State council for Saint Maarten for the Council of State of the Netherlands; Non-Executive Board Member Telefonica Europe B.V; Industry Specialist M&A of JZ International
Jan Hendrik Richardus	Professor Infectious Deceases and Public Health at Erasmus MC, University Medical Center Rotterdam and the Municipal Public Health Service Rotterdam-Rijnmond; Member of the following scientific committees and professional societies: Chair Scientific Advisory Board, Leonard Wood Memorial Hospital, Cebu, Philippines; Chair IDEAL consortium (Initiative for Diagnostic and Epidemiological Assays for Leprosy); Member WHO Technical Advisory Group Leprosy; Member Steering Committee National Hepatitis Plan; Member Programme Committee Rotterdam Global Health Initiative (RGHI); Member Board National Academic Workplace 'Medische Milieukunde'; Member TLM International Research Committee; Member Netherlands Leprosy Expertise Center; Member Werkgroep "Lepra in Nederland"; Member Steering Group The PEP++ Project Stop the transmission of leprosy; Member Steering Group LPEP; Member: Board of the Q.M. Gastmann-Wichers Stichting, (NL); Editorial Board member Leprosy Review, London (UK); Member Steering Group PEP4LEP project; lid Academische Raad Stichting Opleidingsinstituut Internationale Gezondheidszorg en Tropische Geneeskunde (SOIGT)
Wieneke Meijer	Medical doctor and head of the Tuberculosis Department of the Public Health Service (GGD) in Amsterdam; Chair of the Committee for Practical TB Control Netherlands (CPT); member of the Steering Committee Tuberculosis from GGD GHOR Netherlands
Rolph van der Hoeven	Professor Emeritus International Institute of Social Studies (ISS), Erasmus University (EUR); Member Committee Development Corporation (COS) of the Advisory Council on International Affairs (AIV) of the Netherlands; Member of the United Nations Economic and Social Council's (ECOSOC's) Committee for Development Policy.
Johan van 't Hag	Chief Financial Officer (CFO)

Executive Director

KNCV Tuberculosis Foundation is led by an Executive Director who holds statuary powers.

Executive Director	Appointed
C.S.B. van Weezenbeek, MD, PhD, MPH	**1 September 2013**

The Executive Director is supported in decision-making by the Management Team. The Management Team consists of the three division directors of KNCV (Technical Division, Finance Division, and the Operations Division). The organizational structure of KNCV includes a non-statutory Deputy Director who is part of the Management Team.

The Director Finance Lucian Roeters holds the position of non-statutory Deputy Director as of 1 April 2017.
The performance of the Executive Director is assessed by the Remuneration and Assessment committee of the Board of Trustees. The committee reports their findings to the Board of Trustees.

The Executive Director held during 2018 the following relevant positions and responsibilities:

Organization	Position	Qualitate Qua/ Personal	Period
Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding (SMT)	Advisor	QQ	Indefinite
's-Gravenhaagse Stichting tot Steun aan de Bestrijding van Tuberculose	Advisor	QQ	Indefinite
Coordinating Board of the Stop TB Partnership	Member	QQ	Indefinite
The Lancet	Commissioner	QQ	2017 – 2018
BE Health	Advisory Board Member	Personal	Indefinite
Journal of Clinical Tuberculosis and other Mycobacterial Diseases (JCTUBE)	Editorial Board Member	Personal	Indefinite
International Aids Society (IAS)	Member	Personal	2018 – 2020

Works Council

The report of the Works Council for the year 2018 is as follows: "As Works Council we want to be the ears and eyes of the organization and represent the interests of all employees. We strive to maintain a good balance between looking at employees' wellbeing, interests and working conditions on the one hand, and the organizational interests on the other. The composition of the Works Council did not change in 2018. The terms of two members expired at the end of the year. Both members are available for another term and there is another candidate. Elections are planned for January 2019.

It was a busy year for the Works Council and we discussed and advised on important topics that concern the whole organization. The chair and vice-chair of the Works Council participated in the management team (MT) retreats.
Topics discussed are the GDPR (General Data Protection Regulation), HRM new digital performance and evaluation system, office space, working environment and the organizational changes in the Technical Division. Monitoring workload and work pressure remained an important topic on the agenda.
During 2018 we had a training and updated our policy paper and discussed our focus for the coming year(s). We gave consent to a new Social Plan to be prepared for the future and also gave consent on the Travel Policy. Negotiations on a new proposed salary house are still ongoing.
The Works Council said goodbye to Peter Clark who has loyally served the Works Council for a period of seven years. A new secretary was recruited: Danella Zuidema started on the 15th of November." ▶

The Executive Director held during 2018 the following relevant positions and responsibilities:

Member	Appointed	Expiring
I. Huitema (Chair)	2014 (2nd term)	2018, eligible for 3rd term
J. van Rest (Vice-Chair)	2016 (2nd term)	2020, eligible for 3rd term
E. Tiemersma	2014 (2nd term)	2018, eligible for 3rd term
S. Borsboom	2017 (1st term)	2021, eligible for 2nd term
H. Bijster	2017 (1st term)	2021, eligible for 2nd term

Quality Control

KNCV considers quality an essential hallmark of all the work we do. In 2018, to ensure quality in our activities, deliverables, and results the organization implemented processes that support standardized, high-quality performance. This includes standards of excellence and review processes for key KNCV technical functions, such as providing short-term technical assistance through consultancies at country level and developing high-quality work plans and reports. KNCV tracks and reports on the outcomes of all short-term technical assistance and provides systematic technical quality review for deliverables generated by its USAID-funded Challenge TB project.

To ensure that KNCV staff are up-to-date on the latest technical developments in TB control and elimination, the Technical Division has instituted "home weeks" when key technical staff from headquarters and the field gather in The Hague for week-long technical discussions on innovations. KNCV has also drafted an "innovation paper" to help the organization focus its contributions to the global evidence-base on promising new approaches and technologies for TB control.

To sustain the quality of internal management and processes within the organization, KNCV uses a cycle of strategic and annual planning, implementation, monitoring and evaluation, adaptation of plans, and accounting for results. This process has been described in the document "Management and supervision of KNCV, the Good Governance Code applied." The overall functioning of the organization and progress of the implementation of plans is continuously monitored by the Management Team and Executive Director, and is regularly reviewed in Board of Trustees meetings. For the projects and programs funded by institutional donors, interim reports are sent to the funders and evaluated for effectiveness and efficiency. External oversight and auditing of the administrative and financial operations is carried out by PriceWaterhouseCoopers Accountants N.V. The independent auditor was appointed by the General Assembly in 2011. The directors have regular progress meetings with the independent auditor. Every year, the independent auditor reports their findings to the Audit Committee. All audit reports and management letters are shared with the Board of Trustees.

Compliance with ethical fundraising standards is tested using guidelines from the Central Bureau for Fundraising in The Netherlands (CBF) and sector organization, Goede Doelen Nederland (GDN).

Risk Management

We are aware of the fact that as an organization we are exposed to risks. The Executive Director reports about these subjects to the Board of Trustees on a regular basis. Once a year a risk analysis is done, assessing risks, controls, and mitigating actions. This assessment involves senior management and is discussed in the Management Team meeting. In addition, once a year, the Executive Director discusses the internal risk analysis, as well as significant changes and major improvements in internal controls, with the Audit Committee and the full Board of Trustees. In 2018 the risk analysis was complimented with a Monte Carlo analysis that aimed at quantifying financial risks in relation to the available continuity reserve. This was done in cooperation with by PriceWaterhouse Coopers. The outcome of this analysis with the Management Team was that with a risk appetite of 1% a total reserve of € 9.2 million would be required.

Information security

KNCV adheres to the new policy on the obligation to report data leaks "meldplicht datalekken in de Wet bescherming persoonsgegevens (Wbp)" introduced on

1 January 2016 and the "Europese Algemene verordening gegevensbescherming (AVG)".

KNCV had already developed a data security policy and a procedure on how to report data leaks earlier. This includes an inventory of types of sensitive information within KNCV, drafting of 'bewerkersovereenkomsten' with suppliers and preparing a checklist with action points. KNCV has appointed a data security officer. In 2018 all staff were trained on the security. A privacy policy and privacy statement were drafted, and the website was made compliant to AVG requirements. All data processing processes have been inventorised and checked against AVG requirements.
In 2018 one incident has been evaluated. After evaluation no report was made to the Autoriteit Persoonsbeveiliging, because the incident was not considered data leaks. The incident has helped us in developing our policy and will be included in training materials for all staff.

Codes of Conduct

KNCV has a number of codes of conduct which guide the ethical behavior of staff and protect their employment with the organization. These are:

- General code of conduct;
- Code of Conduct for the use of e-mail, social media, internet and telephone facilities;
- Policy and protocol for undesirable behavior at work;
- Policy on fraud, money laundering and trafficking in persons (2018);
- Whistle-blower policy.

In 2018 two incidents have been reported to the external confidential counsellor related to undesirable behavior of others. No reports have been made in 2018 to the confidential advisor whistleblower procedure. In 2018 a complaint was received about undesirable behavior in one of our country offices. This complaint was investigated and after external investigation could not be substantiated sufficiently. However, in order to maintain a safe working environment a workshop was organized with the entire team in country to discuss desired and undesired behavior and different measures in place to safeguard against undesired behavior. Next to this, an integrity workshop has been conducted in four country offices. The Head of HRM and the Director Operations followed three workshops on Integrity, organized by Goede Doelen Nederland. Based on experiences and recently developed guidelines of Goede Doelen Nederland, KNCV's Code of Conduct will be reviewed and adjusted.
During 2018 two reports were made of (attempted) fraudulent activity in our office in Malawi. One of these incidents was detected by our vehicle tracking system. Both incidents, involved different staff members for amounts of US$ 353 and US$ 5,700, were investigated and staff members involved have been dismissed or their contracts were not continued at the end date. Both incidents have been reported to the donor and the auditors and lessons learned have been shared with all other offices during the annual international Finance Meeting. Next to this, an integrity workshop has been conducted in four country offices. Head HRM and Director Operations followed three workshops on Integrity, organized by Goede Doelen Nederland. Based on the experiences and recent developed guidelines of Goede Doelen Nederland, KNCV's Code of Conduct will be reviewed and adjusted.

Media Policy

KNCV uses national and international (social) media to raise the profile of its work in fighting to control TB. Through the media (online and offline) we aim to reach the general public, professionals, politicians and policy-makers. We strive for transparency. We keep a close eye on anything relevant appearing in the media and actively engage in discussion with the public, our stakeholders and critics. We respond immediately to messages that are not based on facts or correct representations of our work. We actively monitor information and the (social) media concerning TB control and our organization and react to current developments and possible (negative) publicity, if and when these arise.

Social Responsibility and sustainable development goals

KNCV wants to be a responsible organization when it comes to our organizational footprint. We try to balance our strategic goal of a world free of TB with social, economic and environmental responsibilities. An important part of our work is related to stigma reduction, which also includes gender bias and sexual orientation. As an employer, we promote equal employment opportunities. We avoid paper wastage by enforcing double-sided black and white printing as much as possible, we use environment friendly printing toner. Obviously, an important side effect of our work in southern countries is the emission of CO2 because of the number of flights we take. We have decided not to financially compensate for this emission, since this would ▶

For an explanation of the Monte carlo method we refer to https://en.wikipedia.org/wiki/Monte_Carlo_method

take funding away from our core objective. We try to combine missions as much as possible, aim to reduce the number of trips we make, and try to work through remote support.

External Quality Hallmarks

Since the transition to the 'Erkenningsregeling' in 2016 KNCV has been acknowledged as a CBF recognized charity, based on a self-assessment that was performed in 2016. A new evaluation has taken place in 2018 and based on that KNCv continues to be a CBF recognized charity.
The document "Management and governance at KNCV – the code for Good Governance Code application" describes our governance structure, management procedures and regulations in detail. A summary of the accountability report, outlined below, is sent to the CBF annually.

Summary of the CBF accountability requirements

Any fundraising organization who has been acknowledged as a CBF recognized charity has to demonstrate that it adheres to a list of predefined norms and standards in seven categories:[1]

1. Mission/social value
2. Means
3. Activities/organization
4. Realization of goals
5. Governance
6. Accountability
7. Stakeholders

The norms define how the principles for good governance are being applied. These are:

1) Division of tasks in governance, management and operations;
2) The continuous improvement of efficiency and effectiveness in mission related activities;
3) Optimizing the communication and relationships with stakeholders.

This Annual Report contains a summary of the accountability report.

Ad 1. Division of tasks in governance, management and operations

KNCV has described its governance and management structure in the document: 'Management and governance at KNCV - the code for Good Governance Code application'. Through the development, management, and maintenance of this document, we seek to achieve the following:

- Implement the requirements for governance and ensure there are sufficient visible 'checks and balances'.
- Frequently audit the management and governance structure in order to assess and comply with new developments according to relevant regulations and laws.
- Create a frame and guideline for the different management layers in the organization and connect the various policy documents and by-laws. The The document serves as a manual for all governing bodies and their appointed members.

1 The full set of mandatory and non-mandatory norms can be retrieved from the CBF website

Figure 8: KNCV model for governance and management

In addition to the articles of association, the operational modalities of all governance structures are described in the following regulations and documents, available upon request:
- Rules and Regulations for the General Assembly;
- Rules and Regulations for the Board of Trustees;
- Rules and Regulations for the Audit Committee;
- Rules and Regulations for the Remuneration and Assessment Committee;
- Rules and Regulations for the Executive Director;
- Rules and Regulations for the Management Team;
- Rules and regulations with regard to the relation between the Works Council and the Executive Director.

Ad 2. The continuous improvement of efficiency and effectiveness in mission related activities

KNCV has developed and implemented a set of mechanisms to continuously and coherently strive for improvement in its operations, especially in terms of efficiency and effectiveness. These include:
- A planning, monitoring and evaluating process composed of a strategic long-term plan and an annual planning and control cycle, for mission related goals, for resource allocation and enabling environment. Performance indicators are used to assess the progress in reaching strategic and organizational goals.
- A procedure for assessing new projects and/or acquisition proposal development.
- Monitoring and evaluation systems at project and institutional level.

Ad 3. Optimizing the communication and relationships with stakeholders

KNCV is part of a large partner network of public and private organizations and individuals, all contributing to the realization of our mission. The structure and composition of our network is outlined in Figure 9 below.

Creating and maintaining support (both material and immaterial), transparency, and accountability in all our processes, is the focus of our communication with all stakeholders. The overall goal of our corporate communication is to support our mission by creating, maintaining, and protecting KNCV's reputation, prestige, and image. Our communication with stakeholders is based on the following principles:
- We are transparent and report on our successes and lessons learned;
- We communicate pro-actively, where possible;
- We communicate in unambiguous and consistent key messages;
- We tailor our communication messages and media to reach our key audiences and target groups.

We use a diversity of methods to communicate with our growing network of stakeholders, striving for greater transparency and dynamic interactions.

We encourage all stakeholders, including private donors, to share their opinions, ideas and complaints with us by telephone, e-mail or post. The responsible unit head or officer will address the issue and communicate directly with the sender. Complaints are formally registered and monitored.

In addition to our continuous operational engagement with key stakeholders, including TB-affected populations at country, regional and global level, KNCV also ensures that a diversity of perspectives is reflected in our governance structures and processes. In addition to International Advisory Council meetings, the organization also seeks stakeholder participation at other important moments, for example:
- During the strategy development process every five years;
- By participating in knowledge exchange forums;
- By monitoring and evaluating (e.g., donor satisfaction survey);
- By inviting ideas and complaints through the website.

Accountability to stakeholders is ensured both prior to and after implementation. The results are presented at the General Assembly meetings, on the website, in newsletters, and in project reports.

Figure 8: KNCV model for governance and management

FINANCIAL INDICATORS AND MONITORING DATA

The financial results for 2018 show a positive development. The income grew slightly compared to 2017, mainly because of increased income from lotteries and legacies. Income from government grants was at the same level as 2017. The total expenses in 2018 were similar to 2017 and less than planned, due to leveling of the activities for the Challenge TB project after an acceleration in 2017.

KNCV Tuberculosis Foundation is pleased with the increase in income from lotteries. In 2018 we became beneficiary of the Nationale Postcode Loterij with an annual contribution of € 900,000 for five years. We also receive a contribution from the Vriendenloterij from earmarked lottery tickets. The lottery contribution is invaluable as unearmarked funding in achieving our mission and goals.

Income from legacies is highly unpredictable and showed an increase in 2018 compared to 2017, due to receipt of some larger legacies. Income from endowment funds increased in 2018 due to an additional grant in support of the KNCV activities for the 49th Union World Conference on Lung Health in The Hague in October. Income from other non-profit organizations increased again due to project grants from Unitaid, TB Alliance, Bill and Melinda Gates Foundation and others. From the perspective of diversification of funding, we are pleased to see this part of our income growing. KNCV also received a grant from the Dr. Wessel Foundation in support of Stigma awareness and reduction activities among healthcare workers in Kazakhstan.

Income from companies includes an in-kind contribution from Sanofi for a Prevention study under the USAID funded Challenge TB project.

Income from government grants, the largest income component contributing to 95% of the annual income, remained at the same level as 2017. This is mainly related to the fact that activities for the 5-year USAID-funded Challenge TB project have leveled after an acceleration in 2017. 2018 was also the fourth year of activities for the five-year DGIS grant, that counts as cost share towards the Challenge TB project.

Income from investments decreased due to negative stock market developments in 2018 (mainly in the last two months of the year), which resulted in an unrealized exchange loss.

Total expenses in 2018 remained at the level of 2017 with € 93,3 million.

Expenses for TB control in low prevalence countries (mainly The Netherlands) have increased compared to the level of 2017 and include, besides an annual project grant from the Ministry of health, a grant from ZonMW, a contribution to 'De gezonde generatie', a project funded by Lotto income and implemented though the Samenwerkende Gezondheidsfonden (SGF) as well as activities funded from earmarked reserves.

Expenses for TB control in high prevalence countries stayed at the same level as 2017, with the KNCV share slightly decreasing and the coalition partners share slightly increasing. Combined expenses are reported in the annual accounts as KNCV is the lead partner for the entire project.

Expenses for research also remained at the same level as 2017. Through the Challenge TB project KNCV is working on a large research project focused on Prevention, which is currently in its 4th year of implementation.

Expenses for education and awareness increased in 2018 as was planned. This category also includes expenses for the KNCV activities for the 49th Union World Conference on Lung Health in The Hague in October.

Expenses for private fundraising increased in 2018 because of higher staffing costs.

Expenses for administration and control are lower than last year and also lower than planned due to the fact that no use was made of temporary staff due to long term sick leave, which was the case in 2017.

A proposal for allocation of the result 2018 is presented on page 108.

Financial data 2014-2018

According to the 650 Guideline for annual reporting of charities and the requirements from the CBF a number of financial monitoring data is shown for a longer period in Table 1:

In total KNCV Tuberculosis Foundation generated less income in 2018 (€ 92,9 million) than was planned (€ 98,3 million), due to levelling of activities for Challenge TB, but more than 2017 (€ 92,8 million), due to higher lottery and legacy income.

Total expenditures in 2018 were € 93,3 million, which is € 5,7 million lower than budgeted. The decrease is caused by lower expenditures in the category "TB in high prevalence countries". The expenses for the Prevention project were budgeted under "TB in high prevalence countries", but reported under 'Research". Expenditures in the categories "fundraising" showed an decrease compared to budget (mainly expenses for share in fundraising with third parties, for which the actuals have been reported under TB control in low prevalence countries for the "Gezonde generatie" project) and expenses for "administration and control" showed a decrease compared to budget, due to the fact that in 2018 no use was made of temporary replacement of long term sick leave.

Expenditures on the mission (R9)

Compared to total expenses, since 2010, over 95% of KNCV's budget is being spent on mission related activities. This indicator is closely monitored. Influences on the indicator can be due to (temporary) increases and decreases of expenditures for fundraising and for administration and control. Compared to last year the percentage increased from 97,2% to 97,7%. Compared to the total income, expenditures on the mission (as a percentage) can differ from the previous indicator because in some years earmarked reserves and funds are used to cover the expenditures or there is a surplus occurring.

Table 1: Financial monitoring data compared to standards

Monitoring data	Standard	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Budget 2019	Average 2016-2018
Spent on the mission compared to total expenses	Not applicable	95,7%	95,9%	97,4%	97,2%	97,7%	96,9%	97,4%
Spent on the mission compared to total income		95,2%	94,6%	96,9%	97,9%	98,1%	97,6%	97,7%
Spent on private fund-raising compared to private fundraising income[1] (income from individuals and companies)	Max. 25%	24,6%	28,5%	15,4%	20,3%	24,3%	45,6%	20,2%
Spent on administration and control compared to total expenses	2.5-5%	2,5%	2,5%	1,6%	1,6%	1,2%	1,4%	1,5%
Spent on administration and control compared to total expenses excluding TBCTA coalition share in activities[2]	2.5-5%	5,0%	5,0%	3,2%	3,1%	2,4%	2,6%	2,9%

1 Private fundraising income only includes income from individuals and companies, whereas in the past also income from other non-profit organizations was included.
2 Challenge TB is partly implemented by partners in the Tuberculosis Coalition for Technical Assistance (TBCTA)

KNCV's policy for costs for fundraising

With regards to expenditures for fundraising, KNCV Tuberculosis Foundation complies with the guidelines issued by the CBF. Calculated as an average over a 3-year period, the costs cannot be higher than 25% of the income from own fundraising activities (individuals and companies). Because of our ambitions and modest position in the private fundraising market, we have chosen to stay close to the possible maximum. Uncertain and unpredictable factors in this strategy are the level of success of using new fundraising methods and the income from legacies. KNCV's internal policy on level of costs for fundraising is that if, during a budget year, the results are not satisfactory, we adjust our budgets downwards to prevent a percentage above the 25% standard. Because of the unpredictability of legacy income the percentage fluctuates over the years. Because income in the RJ650 guideline is broken down in various income sources (individuals, companies, and other non-profit organizations) this percentage is now calculated based on income from individuals and companies only. Expenses in 2018 are 24,3% of the income from own fundraising activities from individuals and companies, below the 25% maximum. The 3-year average is 20,2%. The three-year average based on 2017, 2018 and the budget for 2019 is 30,1%. This is higher than 25% because the budgeted fundraising income for 2019 does not include income from sponsoring and company grants. This is a conservative estimate and we expect the percentage to decrease in actuals. In the past, this percentage was calculated as a percentage of all fundraising income.

KNCV's policy for administration and control costs

The allocation of costs to the category 'administration and control' is done using the guideline and recommendations of Goede Doelen Nederland, published in January 2008. The CBF requires an organization to have an internal standard for this cost category. KNCV uses 2.5% of the total costs as a minimum and 5% as a maximum. The reasons for this range of percentages are:

- Our activities are funded by private, corporate and public donors, all of whom demand the highest level of transparency and accountability on what has been spent to the mission and the allocation to projects.
- We want to spend as much of our resources as possible in an efficient and effective manner to realize our mission. Smooth running of operations and adequate decision-making-, management- and control processes contribute to that.
- On the one hand, the costs for these processes cannot be so high without taking resources away from the mission, and on the other hand, they should not be too low because then the quality of our management cannot be guaranteed. We therefore use a minimum and a maximum standard.
- Regarding determining a range between the minimum and maximum, we must also consider the widely fluctuating levels of activities within projects and contracts, funded by institutional donors. In the realization of plans, the organization depends on the available resources and implementation pace of third parties. The level of managerial and administrative efforts required, do not immediately respond in an equal way and at an equal pace. For this reason, also, the average rate over a period of several years is presented.

The range has been adjusted downwards in 2015 from 5-10%, because the volume of activities has increased due to the five-year Challenge TB award, allowing for an overall percentage reduction.
In 2018, the percentage of 1.2% is lower than 2017 and also lower than what was budgeted for (1.4%) due to lack of temporary staff in management support functions.

Internal monitoring data

In addition to the guidelines issued by the CBF, we also monitor the progress of our activities using other indicators; both for our own internal management and for reporting to institutional donors These include:

- The number of project days realized compared to planned days; In 2018, a total number of 18.160 project days were planned and 15.996 were realized, which is 88% of the planned days. This is caused by the fact that some vacancies were not filled or filled later than planned. In 2017, this was 107%. Income related to direct project days decreased due to less direct days.
- Indirect costs compared to direct personnel costs made in The Hague, as an internal method; All project days in total represent an amount in direct personnel costs. All other personnel costs and costs for facilities are accounted for as indirect costs. In 2018, the planned percentage of indirect costs on direct costs was 72.0%, and realized is 77.68%. The increase in 2018 compared to the budget is due to a lower number of direct days.
- Indirect costs compared to direct personnel costs made in The Hague, in compliance with the USAID rules for accounting; Although the methodology does not differ drastically from our internal methodology, some cost categories and personnel categories included in our internal

excluded as indirect costs in the USAID method. According to the USAID calculation the percentage for 2018 is 60.17%, while 55.56% was planned. In 2017, the percentage was 66.31%. Our long-term aim is to be more cost-effective and show a decrease in the indirect cost rate percentages.The results of our internal key performance data show an increase in indirect cost rate, which was partly planned, but negatively affected by less direct project days realized due to some vacancies.

Budget 2019 and possible risks

The full budget for 2019 is shown in the Statements of Income and Expenditure. The total income is budgeted on a consolidated level of € 87.6 million. Of that amount, € 42,5 million is compensation for implemented activities by the coalition partners of Challenge TB. Therefore, excluding coalition partner activities, the total income is budgeted at € 45,1 million, which is € 2,2 million lower than the actual for 2018.
Income from government grants is budgeted to decrease, related to the plans for activities in the fifth year of Challenge TB. Income has been included at a conservative level assuming a slow down in activities in year 5.

Income from our share in third parties' activities (e.g., lottery income) is budgeted to decrease slightly as well. This is related to the fact that income in 2018 includes a contribution for 2017 that was higher than estimated. Again in 2019, 90% of the total amount of Lotto income will be contributed to an overall health campaign in the Netherlands through Samenwerkende Gezondheidsfondsen aimed at creating the healthiest generation ever. Investment income is budgeted conservatively at a slightly increased level from the budget for 2018. No unrealized gains and losses on investments are budgeted.
The total level of consolidated expenditures amounts to € 88,2 million. Excluding the partners' activities in Challenge TB, this leads to a total budgeted cost level of € 45,7 million, which is € 1,8 million lower than the actual for 2018. TB control in high prevalence countries is decreasing compared to 2018, related to the activities in the fifth year of the Challenge TB project, as mentioned above.

Several budgetary and control risks can be identified:
- Controlling the balance between direct and indirect days is crucial for the financial results.
- KNCV's functional currency is euro, but a large part of KNCV's income for personnel fees is in US dollars. We have included an exchange rate in the budget of USD 1.17 against EUR 1. Careful liquidity planning and making use of simple hedging techniques will be needed to further control the risk. A strong dollar improves our competitive position and cost effectiveness in USD. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US ollar. Foreign currency needed in our project countries is as much as possible purchased centrally while balances are kept to a minimum.
- Not all obligations for approved workplans for the period October 2018 – September 2018 for Challenge TB were received in modifications to the cooperative agreement as at 31 December 2018. The amount outstanding is substantially higher than earlier years due to delays in approval of Country Operational Plans by the United States Government. This is being closely monitored and discussed with USAID. On average a buffer amount of obligation of one quarter of expenditures is required.
- A large part of the budget is for material costs in countries for the Challenge TB project. There is a risk that costs are identified as unallowable for USAID by independent auditors in countries or by the independent auditor who executes the overall audit.
- The income from legacies is budgeted at € 400,000. This is an average amount reached in the past years, but this income is very difficult to estimate and the amount can be significantly higher or lower.

A contingency budget of € 200,000 has been included to deal with unexpected fall backs or to react to valuable opportunities.

Long-term financial plan

An indication of a longer-term financial plan is depicted in Table 2.

Table 2: Long-term Financial Plan 2019-2022

Profit & Loss account	Budget 2019 In € 1 mln	Long-term forecast 2020 In € 1 mln	Long-term forecast 2021 In € 1 mln	Long-term forecast 2022 In € 1 mln
Organizational costs				
Personnel related costs	12,90	6,45	6,77	7,11
Other indirect costs	1,81	1,00	0,90	0,90
Subtotal organizational costs	14,71	7,45	7,67	8,01
Charged to projects	-14,25	-5,03	-5,23	-5,62
Total organizational costs not charged to projects	0,45	2,42	2,44	2,39
Investment and general income	**0,08**	**0,11**	**0,11**	**0,11**
Net result organizational costs	**-0,36**	**-2,31**	**-2,33**	**-2,28**
Activity costs				
Costs for fundraising	0,43	0,45	0,45	0,45
Other activity costs	0,10	0,10	0,10	0,10
Total Activity costs	**0,55**	**0,55**	**0,55**	**0,55**
Activity income				
Own fundraising	1,18	1,00	1,10	1,10
Lotteries	1,30	1,30	1,30	1,30
Total Activity income	**2,48**	**2,30**	**2,40**	**2,40**
Net result Activities	**1,93**	**1,75**	**1,85**	**1,85**
Project costs				
Charges organizational costs	14,25	5,03	5,23	5,62
Travel and accommodation	9,65	1,50	2,00	2,20
Material costs	20,80	3,50	4,50	5,50
Expenses coalition partners Challenge TB	42,50	-	-	-
Total Project costs	**87,21**	**10,03**	**11,73**	**13,32**
Project income				
Funding donors - fee	12,42	4,53	4,71	5,06
Funding donors - travel and accommodation	9,56	1,40	1,90	2,10
Funding donors - other direct project costs	20,30	3,50	4,30	5,30
Endowment funds contribution	0,31	0,50	0,50	0,50
Other income for projects	0,01	0,01	0,01	0,01
Income coalition partners Challenge TB	42,50	-	-	-
Total Project income	**85,08**	**9,94**	**11,42**	**12,97**
Net result Projects	**-2,13**	**-0,09**	**-0,31**	**-0,35**
General Result (minus is a deficit)	**-0,57**	**-0,65**	**-0,79**	**-0,78**
Covered by earmarked reserves / donated to earmarked reserves	**-0,56**	**-0,55**	**-0,55**	**-0,55**
Influence on/movements other reserves	**-0,01**	**-0,10**	**-0,24**	**-0,23**

Wonde worked as bus driver when he got infected with TB. His wife then got infected, their children received preventive treatment. All are cured now and living happily near Addis Ababa in Ethiopia.

FINANCIAL STATEMENTS 2018

BALANCE SHEET KNCV TUBERCULOSIS FOUNDATION PER 31 DECEMBER 2018

in euro, after result appropriation

ASSETS

		31-12-2018		31-12-2017	
Immaterial fixed assets			-		-
Tangible fixed assets	B1		328.167		461.617
Accounts Receivable	B2	32.495.695		29.853.190	
Investments					
-Shares	B3	1.581.358		1.740.803	
-Bonds	B3	4.022.834		3.665.091	
-Alternatives	B3	942.151		720.186	
Cash and Banks	B4	14.757.348		12.470.575	
Current Assets			53.799.386		48.449.845
Total			**54.127.553**		**48.911.462**

LIABILITIES

		31-12-2018		31-12-2017	
Reserves and funds					
- Reserves	B5				
Continuity reserve		8.648.513		8.381.096	
Decentralization reserve		872.472		997.394	
Earmarked project reserves		1.214.343		1.430.709	
Unrealized exchange differences on investments		235.008		526.039	
Fixed Assets reserve		328.167		461.617	
			11.298.503		11.796.855
- Funds					
Earmarked by third parties	B6	394.580		423.975	
			394.580		423.975
Reserves and funds			11.693.083		12.220.830
Various short-term liabilities	B7				
-Taxes and social premiums		599.762		691.348	
-Accounts payable		972.290		751.054	
-Other liabilities and accrued expenses		40.862.418		35.248.229	
			42.434.470		36.690.631
Total			**54.127.553**		**48.911.462**

STATEMENT OF INCOME AND EXPENDITURE KNCV TUBERCULOSIS FOUNDATION 2018

in euro

		Budget for the year ended 31 December 2019	Budget for the year ended 31 December 2018	Actual for the year ended 31 December 2018	Actual for the year ended 31 December 2017
INCOME					
- Income from individuals	R1	1.175.000	1.269.600	1.135.517	966.765
- Income from companies	R2	0	437.000	562.199	794.124
- Income from lotteries	R3	1.300.000	1.300.000	1.435.757	1.273.916
- Income from government grants	R4	77.953.300	94.518.500	88.178.130	88.389.252
- Income from allied non-profit organizations	R5	305.400	502.400	526.463	488.625
- Income from other non-profit organizations	R6	6.774.000	230.000	935.958	837.842
Total fundraising income		**87.507.700**	**98.257.500**	**92.774.024**	**92.750.524**
- Income for supply of services	R7	47.000	11.000	135.567	18.803
- Other income	R8	12.400	12.400	8.387	9.901
Total income		**87.567.100**	**98.280.900**	**92.917.978**	**92.779.228**
EXPENSES					
Expenses to mission related goals	R9				
- TB control in low prevalence countries		931.400	830.000	1.232.053	1.065.021
- TB control in high prevalence countries		81.791.700	92.047.500	82.780.745	82.933.547
- Research		1.433.900	1.451.400	5.595.680	5.644.999
- Education and awareness		1.274.100	1.709.200	1.523.122	1.154.097
		85.431.100	96.038.100	91.131.600	90.797.664
Expenses to fundraising					
- Expenses private fundraising		535.300	592.600	415.067	359.067
- Expenses share in fundraising with third parties		313.400	321.700	44.515	51.111
- Expenses government grants		706.800	697.700	501.509	667.228
		1.555.500	1.612.000	961.092	1.077.406
Administration and control					
- Expenses administration and control		1.195.200	1.352.500	1.164.083	1.533.118
Total Expenses		**88.181.800**	**99.002.600**	**93.256.774**	**93.408.188**
- Net investment income	R10	63.200	86.000	-215.843	219.111
Surplus / Deficit		**-551.500**	**-635.700**	**-554.639**	**-409.849**
Spent on mission compared to total expenses		96,9%	97,0%	97,7%	97,2%
Spent on mission compared to total income		97,6%	97,7%	98,1%	97,9%
Spent on private fundraising compared to income		1,8%	1,6%	1,0%	1,2%
Spent on administration and control compared to total expenses		1,4%	1,4%	1,2%	1,6%
RESULT APPROPRIATION					
Surplus / Deficit appropriated as follow					
Continuity reserve		8.400	1.300	267.417	113.183
Decentralization reserve		-150.000	-150.000	-124.922	-54.765
Earmarked project reserves		-302.100	-334.400	-216.366	-404.868
Unrealized differences on investments		-	-	-291.031	-20.563
Fixed Assets reserve		-107.800	-152.600	-133.450	-41.207
Earmarked by third parties		-	-	-56.287	-1.629
Total		**-551.500**	**-635.700**	**-554.639**	**-409.849**

EXPENSE ALLOCATION
KNCV TUBERCULOSIS FOUNDATION 2018
in euro

EXPENSES 2019

	Budget for the year ended 31 December 2019	Budget for the year ended 31 December 2018	Actual for the year ended 31 December 2018	Actual for the year ended 31 December 2017
Grants and contributions	23.000	23.000	26.721	14.849
Contributions to allied organisations	42.500.000	46.700.000	45.994.557	44.622.476
Purchases and acquisitions	12.911.900	11.268.800	11.152.277	11.087.332
Outsourced activities	5.528.500	7.111.800	7.543.573	7.604.580
Publicity and communication	831.400	864.600	687.857	882.198
Personnel	19.483.400	21.841.800	21.917.580	21.575.917
Housing	311.500	302.600	281.909	284.350
Office and general expenses1)	6.359.000	10.594.200	5.443.406	7.129.506
Depreciation and interest	233.100	295.800	208.895	206.981
Total	**88.181.800**	**99.002.600**	**93.256.774**	**93.408.188**

1) Because of donor requirements costs for housing and communication at local level are included under Office and general expenses.

Allocation to destination

Actual for the year endend 31 December 2018	Related to the mission goals: Low prevalence countries	High prevalence countries	Research	Education and Awareness
Grants and contributions	17.721	9.000	-	-
Contributions to allied organizations	-	45.994.557	-	-
Purchases and acquisitions	461.085	5.821.035	4.561.587	269.660
Outsourced activities	-	7.543.573	-	-
Publicity and communication	-	118	-	560.672
Personnel	613.655	18.051.262	975.654	660.048
Housing	16.363	193.936	21.121	11.851
Office and general expenses	111.247	5.022.797	21.849	12.213
Depreciation and interest	11.983	144.467	15.468	8.679
Total allocated	**1.232.053**	**82.780.745**	**5.595.680**	**1.523.122**

Allocation to destination

Actual for the year endend 31 December 2018	Income fundraising: Private fundraising	Share in third parties activities	Grants	Administration & Control
Grants and contributions	-	-	-	-
Contributions to allied organisations	-	-	-	-
Purchases and acquisitions	-	34.000	4.910	-
Outsourced activities	-	-	-	-
Publicity and communication	117.949	-	-	9.118
Personnel	264.059	9.881	454.806	888.216
Housing	5.466	230	12.724	20.219
Office and general expenses	23.591	237	19.750	231.723
Depreciation and interest	4.003	168	9.319	14.808
Total allocated	**415.067**	**44.515**	**501.509**	**1.164.083**

Main fluctuations compared to the budget for 2018 are caused by the fact that activities for the Challenge TB project have leveled in 2018 after an acceleration in 2017, which was budgeted to continue into 2018. This is reflected in the lower office and general expenses, which includes expenses for in country activities like trainings and workshops. The contribution for Gezonde Generatie for 2018 was budgeted under Expenses share in fundraising with third parties under publicity and communication, but reported under TB Control in low prevalence countries and outsourced activities to better reflect the activity.

Depreciation expenses were lower than budgeted due to lower and later investments than planned.

CASH FLOW STATEMENT
KNCV TUBERCULOSIS FOUNDATION 2018
in euro

		Actual 2018		Actual 2017	
Surplus excl interest		-562.863		-430.275	
Interest paid/ received	R10	8.224		20.426	
Total surplus		-554.639		-409.849	
Depreciation - Fixed Assets	B1	207.114		205.117	
Cash Flow from income and expenditure			**-347.525**		**-204.732**
Accounts receivable	B2	-2.642.505		45.549.357	
Funds earmarked by third parties	B6	26.892			
Non-current liabilities		-		-	
Current liabilities	B7	5.743.839		-46.324.241	
Increase/ (Decrease) net working capital			**3.128.226**		**-774.884**
Cash flow from operational activities			**2.780.701**		**-979.615**
Investments	B3	-420.263		-374.092	
Disinvestments fixed assets	B1	675		1.812	
Investments fixed assets	B1	-74.339		-165.722	
Cash flow from investing activities			**-493.928**		**-538.002**
Net cash flow			**2.286.773**		**-1.517.617**
Cash and banks as at 1 January	B4		12.470.575		13.988.192
Cash and banks as at 31 December	B4		14.757.348		12.470.575
Increase/ (Decrease) Cash on hand			**2.286.773**		**-1.517.617**

ACCOUNTING POLICIES

ORGANIZATIONS' GENERAL DATA

The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' with Chamber of commerce number 40408837 (KNCV, using the name KNCV Tuberculosis Foundation) resides at Benoordenhoutseweg 46 in The Hague, The Netherlands. Under its Articles of Association, KNCV Tuberculosis Foundation has as its statutory objective: The promotion of the national and international control of Tuberculosis by, amongst other things:

a. Creating and maintaining links between the various institutions and people in the Netherlands and elsewhere in the world who are working to control tuberculosis;
b. Generating and sustaining a lively interest in controlling tuberculosis through the provision of written and verbal information, holding courses and by promoting scientific research relating to tuberculosis and the control of it;
c. Performing research in relation to controlling tuberculosis;
d. Providing advice on controlling tuberculosis, and
e. All other means which could be beneficial to the objective.

As a subsidiary activity, it may develop and support similar work in other fields of public health.

GENERAL ACCOUNTING POLICIES

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of the changes in accounting policies as set out below and in the relevant sections.

Guideline 650

The financial statements are drawn up in accordance with the provisions of Title 9, Book 2 of the Dutch Civil Code and the firm pronouncements in the Dutch Accounting Standards, as published by the Dutch Accounting Standards Board ('Raad voor de Jaarverslaggeving').

The annual accounts are drafted in accordance with the Reporting Guideline for Fundraising Institutions, Guideline 650.

Valuation

The general principle for the valuation of assets and liabilities, as well as the determination of results, is the historical purchase price. Unless otherwise stated, assets and liabilities are stated at the values at which they were acquired or incurred.

Estimates

In applying the principles and policies for drawing up the financial statements, the management of KNCV Tuberculosis Foundation makes different estimates and judgments that may be essential to the amounts disclosed in the financial statements. If it is necessary in order to provide the true and fair view required under Book 2, article 362, paragraph 1, the nature of these estimates and judgments, including related assumptions, is disclosed in the notes to the relevant financial statement item.

The close out of the USAID funded Challenge TB project will influence the level of income and expenditures significantly. A reduction of income and expenditures has now been taken into account from 2020 onwards.

Translation of foreign currencies

Items included in the financial statements are measured using the currency of the primary economic environment in which KNCV Tuberculosis Foundation operates (the functional currency). The financial statements are presented in Euros as KNCV has its base of operations in The Hague, The Netherlands. The annual accounts are in Euros. Assets and liabilities in foreign currencies are translated at the official rates of exchange ruling at the balance sheet date. Non-monetary assets valued at fair value in a foreign currency are converted at the exchange rate on the date on which the fair value was determined.

Transactions in foreign currencies are translated at the applicable exchange rate on the date of the transaction. The resulting exchange differences are accounted for in the profit and loss account.

Currency exchange effects

KNCV works with multiple currencies on a daily basis. Income is realized in euro and US dollar, while our expenditures are largely in euro and several project country currencies. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US dollar. Foreign currency needed in our project

countries is as much as possible purchased centrally while balances are kept to a minimum. In 2018 KNCV did not use financial instruments to control currency risk on various foreign currencies.

Balance sheets of local KNCV representative offices
The balance sheets of KNCV representative offices are included in KNCV Tuberculosis Foundations' balance sheet per asset/liability group against the exchange rates as at 31 December 2018.
All legal entities that can be controlled, jointly controlled or significantly influenced are considered to be a related party. Also, entities which can control KNCV Tuberculosis Foundation are considered to be a related party. In addition, statutory directors, other key management of KNCV Tuberculosis Foundation and close relatives are regarded as related parties. Transactions with related parties are disclosed in the notes insofar as they are not transacted under normal market conditions. The nature, extent and other information is disclosed if this is necessary in order to provide the required insight.

ACCOUNTING POLICIES - ASSETS AND LIABILITIES

Tangible fixed assets
The tangible fixed assets have been valued at historic acquisition prices less cumulative depreciation using the following deprecation rates:
- Office (re)construction 5 years
- Office inventory 5 years
- Computers 3,33 years

Allowance is made for any impairment losses expected at the balance sheet date. An assessment is made annually to see if additional depreciation of fixed assets is deemed necessary based on the actual value of the assets. Gains and losses from the occasional sale of property, plant or equipment are included in depreciation.

Receivables concerning projects
Receivables concerning projects consist of received advances in behalf of various international projects. Receivables are recognized initially at fair value and subsequently measured at amortized cost. If payment of the receivable is postponed under an extended payment deadline, fair value is measured on the basis of the discounted value of the expected revenues. Interest gains are recognized using the effective interest method. When a trade receivable is uncollectible, it is written off against the allowance account for trade receivables. The actual expenses are deducted from the advances.

Investments
With respect to investments, KNCV has setup an investment policy. The essence of the policy is to invest only when it concerns such an excess of liquidities that they cannot be used in the short-term for the main activities. As far as that is the case the derived objectives will be: risk avoiding investments and realizing as optimum as possible returns which will be durable for the duration. For that reason, KNCV is investing predominantly in bonds (2018 56%). The policy of the board will also be directed at hedging price risks by reserving unrealized exchange differences in the reserve 'unrealized gains/losses on investments'. Shares which are held for trading are carried at fair value Investments in bonds and bond funds are recognized at fair value. Unrealized capital gains will be accounted for in the reserve for 'unrealized gains/losses on investments'.

Cash and banks
Cash and bank balances are freely disposable, unless stated otherwise, and are accounted for at nominal value.
KNCV does not have any significant concentrations of credit risk. For banks and financial institutions our goal is to only accept banks with a rating of 'A' or higher, however this is not always possible, due to local availability. Cash and bank amounts in countries are kept purposely low to limit the credit risk. There is no concentration risk as this is divided over multiple different banks in multiple countries.

Liabilities concerning projects
Liabilities concerning projects consist of paid advances in behalf of various international projects. On initial recognition current liabilities are recognized at fair value. After initial recognition current liabilities are recognized at the amortized cost price, being the amount received, taking into account premiums or discounts, less transaction costs. This usually is the nominal value.

Coalition activities
In the annual accounts 2018, all receivables and liabilities concerning the USAID program have been fully included, including those sub-agreed to coalition partners. The receivables represent the amount obligated to the coalition on both contracts minus the amounts already received. The liabilities represent the part of the obligation that still needs to be executed. This liability is shown separately for KNCV and other coalition partners.

ACCOUNTING POLICIES – STATEMENT OF INCOME AND EXPENDITURE

Allocation to accounting year
The result is the difference between the realizable value of the services provided and the costs and other charges during the year. The results on transactions are recognized in the year in which they are realized. ▶

Income from individuals and companies
Income from individuals and companies is recognized as income in the financial year the income or in-kind contribution is received.

Income from services
Income from services is recognized under the percentage-of-completion method based on the services performed to the balance sheet date as a percentage of the total services to be performed and based on actual costs incurred and time spent.

Legacies and endowments
Benefits from legacies and endowments are included in the financial year the legacy is announced, at 75% of the value calculated by the external clearing agency. This 75% is applied to all categories of legacies and does not distinguish between cash, investments and real estate. The remaining balance, which can be influenced by fluctuations in value of houses and investments, is included in the financial year of receipt.

Grants
Subsidies are recorded as income in the income statement in the year in which the subsidized costs were incurred or income was lost or when there was a subsidized operating deficit.

Coalition activities
In the annual accounts 2018, all income and expenses concerning Challenge TB have been included, including the part sub-agreed to coalition partners, as KNCV is end responsible for the implementation of these activities.

Share in fundraising third parties
The contributions from lotteries will be included in the financial year in which they are received or committed.

Income and expenses concerning projects
Income and expenses concerning projects are allocated to the periods to which they relate and in which they can be accounted for as declarable to a donor, if the amount can be determined reliably. This also counts for purchased materials and equipment which are accounted for as expenses in the period in which they are acquired.

Interest income
Interest income and expenses are recognized on a pro rata basis, taking account of the effective interest rate of the assets and liabilities to which they relate.

Salaries & Wages
Salaries, wages and social security contributions are charged to the income statement based on the terms of employment, where they are due to employees and the tax authorities respectively.

Pension contribution
KNCV Tuberculosis Foundation's pension scheme qualifies as a defined benefit plan. The defined benefits are based on an average pay system. The pension scheme has been effectuated with the sector pension fund for health care (PFZW).

Under RJ 271.3 the liability or asset recognized in the balance sheet in respect of defined benefit pension plans represents the actual pension liability or receivable towards the pension fund or third-party pension insurance company. The pension expense in the profit and loss account represents the premiums paid during the year. In addition to the premium payments, there are no other obligations.

The pension funds coverage grade ultimo 2018 was 97.5%, which is a deterioration compared to 2017. In their action plan "Actuariële en Bedrijfstechnische Nota 2017" the pension fund describes mitigating measures to avoid deficits.

Pension premiums compared to the previous year remained unchanged at 24.4% for retirement. The percentage for disability remained at a level of 0.4%.

Prepaid contributions are recognized as deferred assets if these lead to a refund or reduction of future payments. Contributions that are due but have not yet been paid are presented as liabilities.
For foreign pension schemes which are not similar to the way the Dutch pension system is designed and operates, a best estimate is made of the obligation as at the balance sheet date. Monthly contributions are paid out to the employees for them to contribute to their pension scheme.

Operational lease
The company may have lease contracts whereby a large part of the risks and rewards associated with ownership are not for the benefit of nor incurred by the company. The lease contracts are recognized as operational leasing. Lease payments are recorded on a straight-line basis, taking into account reimbursements received from the lessor, in the income statement for the duration of the contract.

The obligations from operational leases at the end of the reporting period can be specified as follows (x1,000)

Obligations to pay:	
No later than 1 year	246.445
Later than 1 year and no later than 5	102.685
Later than 5 year	-

During the reporting period the following amounts are included in the income statement with respect to leases: (x1.000)

Minimum lease payments	230.272
Conditional lease payments	-

Depreciation fixed assets
Depreciation on fixed assets is calculated at fixed percentages of cost or actual value, based on the estimated useful life of the assets.

Allocation expenditure
All expenditure is allocated to three main categories 'objectives (main activities)', 'raising income' and 'administration and control'. Furthermore, expenditure is allocated to organizational units, which activities can be matched to the three main categories. When units are active or supportive for other units the expenses will be internally charged based on internal keys. The table below shows which category fits with the specific organizational unit and the key for the internal charge. The percentages of staff expenses are estimations based on experience or based on actual time writing.

Organizational unit	Charge argument
Netherlands, low prevalence	All expenses charged on 'TB control in low prevalence countries'
Other countries, high prevalence	3% of staff expenses charged on 'Expenses government grants' All other expenses charged on 'TB control in high prevalence countries'
Project management	3% of staff expenses charged on 'Expenses government grants' All other expenses charged on 'TB control in high prevalence countries'
Research	3% of staff expenses charged on 'Expenses government grants' All other expenses charged on 'Research'
Communication	All expenses charged on 'Information, education and awareness'
Fundraising	Actual expenses charged on 'Expenses actions from third parties' Staff expenses charged on 'Information, education and awareness' and 'Expenses private fundraising' based on timewriting. 40% of all other expenses charged on 'Information, education and awareness' 60% of all other expenses charged on 'Expenses private fundraising'
Directors office	Grants to third parties for scientific research charged on 'Research' Expenses for public affairs charged on 'Information, education and awareness' 2% of staff expenses charged on 'Expenses fundraising third parties' 3% of staff expenses charged on 'Expenses government grants' 3% of staff expenses charged on 'Expenses financial assets' All other expenses charged on 'Expenses administration and control'
Human resource management	Based on amount of FTE of units charged on four objective-categories, expenses private fundraising and expenses administration and control
Facility management	Based on amount of FTE of units charged on four objective-categories, expenses private fundraising and expenses administration and control
Finance Planning & Control	Staff exclusively working for project finance is charged to the objective-categories All other expenses charged on 'Expenses administration and control'

Materials used for supporting the fundraising message (for examples letters to donators, newsletters) contain also information about the disease tuberculosis and tuberculosis control. The percentage of expenses from fundraising that is charged on 'Information, education and awareness' is determined by a prudent estimate of the amount of information supplied in all materials.

Accounting policies – cash flow statement
The cash flow statement is determined using the indirect method, presenting the cash flow separately as the sum of the shortage or surplus and the costs for depreciation.
Cash flows in foreign currencies are included using an average exchange rate. Currency fluctuations and income and expenses from interest are added to the cash flow from operational activities. Interest paid and received, dividends received and income taxes are included in cash from operating activities. Under investments (in property, plant and equipment) only those investments are included which were paid for in 2018.

ADDRESSES OF KNCV COUNTRY OFFICES

KNCV Tuberculosis Foundation Headquarters in The Netherlands
Benoordenhoutseweg 46
2596 BC The Hague,
The Netherlands

KNCV Tuberculosis Foundation in Nigeria
Block B, 4th Floor
Plot 564-565,
Independence Avenue
Central Business
District Abuja, Nigeria

KNCV Tuberculosis Foundation in Ethiopia
Bole subcity, Woreda 03,
House Number 4-048
Addis Ababa, Ethiopia

KNCV Tuberculosis Foundation in Kenya
5th floor, Silkwood
Office Suites,
Ngong Road
Nairobi, Kenya

KNCV Tuberculosis Foundation in Tanzania
Plot 8 & 10, Off-Haille
Selassie Road, Oysterbay
Dar es Salaam, Tanzania

KNCV Tuberculosis Foundation in Malawi
Area 99, Plot 379
Lilongwe, Malawi

KNCV Tuberculosis Foundation in Botswana
Ministry of Health
Head Quarters
Private Bag 00269
Gaborone, Botswana

KNCV Tuberculosis Foundation in Namibia
Florence Nightingale Street
(Bell Harris Building)
Windhoek, Namibia

KNCV Tuberculosis Foundation in the Republic of Tajikistan
37/1, Bokhtar Street, Office 604
734025, Dushanbe, Tajikistan

KNCV Tuberculosis Foundation in Kyrgyzstan
19 Razzakov Street, Office 403
720040, Bishkek, Kyrgyzstan

KNCV Tuberculosis Foundation Representative Office in Central Asia
62/2 Bogenbay Batyr Street
050010, Almaty, Kazakhstan

KNCV Tuberculosis Foundation in Indonesia
Gedung Menara
Bidakara 2, Lt.7, Jl. Jend.
Gatot Subroto Kav. 71-73
Pancoran – Jakarta
Selatan 12870, Indonesia

KNCV Tuberculosis Foundation in Vietnam
30 Mai Anh Tuan Str.,
Dong Da District
Hanoi, Vietnam

KNCV Tuberculosis Foundation on the Philippines
Unit 211 Cityland 10, Tower 2
154 HV dela Costa Street,
Salcedo Village, Makati City 1227,
Philippines

NOTES TO THE FINANCIAL STATEMENT

Guideline 650 for accounting and reporting

KNCV Tuberculosis Foundation is subject to the 650 Guideline for Annual Reporting by Fundraising organizations. In the following notes the composition of the Balance Sheet is analyzed and commented. Furthermore, significant deviations between the 2018 results and budget and between 2018 and 2017 as shown in the Statement of Income and Expenses are clarified.

KNCV Tuberculosis Foundation is the prime contractor of the United States Agency for International Development (USAID) funded Challenge TB project, which runs from 30 September 2014 up to 29 September 2019, with a no cost extension request for a one six-month period for limited activities and countries pending. The project is partly implemented by partners in the Tuberculosis Coalition for Technical Assistance (TBCTA). These implementation parts, the consequential current account positions and the contractual commitments towards the donor are considered in both the balance sheet and the statement of income and expenses of KNCV Tuberculosis Foundation. At the de-central level, where KNCV has a regional office and country offices, subaccounts are maintained for all local financial transactions. The subaccounts are fully included in both the balance sheet and the profit & loss statement.

Balance sheet per 31 December 2018 - Assets

Fixed Assets (B1)

Movements in the tangible fixed assets are as follows:

	Office reconstruc-tion work	Office inventory	Computers (including regional office)	Total
as at 1 January, 2018				
Cost / Actual value	361.431	269.921	848.310	1.479.662
Accumulated depreciation	-226.689	-169.223	-622.133	-1.018.045
Book value	134.742	100.698	226.177	461.617
Increase / (Decrease) 2018				
Investments	2.400	5.557	66.382	74.339
Disinvestments		-4.080	-28.267	-32.347
Depreciation	-60.779	-14.315	-132.020	-207.114
Depreciation on disinvestments		3.640	28.032	31.672
Total	-58.379	-9.198	-65.873	-133.450
as at 31 December, 2018				
Cost / Actual value	363.831	271.398	887.042	1.522.271
Accumulated depreciation	-287.468	-179.898	-726.738	-1.194.104
Book value	76.363	91.500	160.304	328.167

The book value of fixed assets ultimo 2018 amounts to € 328,167, which is lower than 2017. All fixed assets are used for operational management of the organization, such as office inventory, office reconstructions and ICT equipment. Investments in new fixed assets for 2018 amounting to € 74,339 were mainly for ICT equipment. Total depreciation is calculated at € 207,114. Assets that are no longer in use have been divested for an amount of € 32,347. The part of their book value that was not depreciated yet is included in the depreciation for 2018.
Tangible fixed assets are those assets needed to operationally manage the business. No assets have been included in the tangible fixed assets figures that have been directly used in the scope of the main activities.

Accounts Receivable (B2)
The balance of accounts to be received is € 32,5 million, which is € 2,6 million higher than in 2017. The bulk of the receivables amount consists of current account balances with projects, accounts receivables from donors, and the financial contractual relation with coalition partners. Overall, the annual level of activities executed influences this balance significantly. Acquiring more or less grants from institutional donors can lead to a structural and significant decrease or increase of the amount.

The relatively low receivable from USAID (compared to 2016 and earlier) is caused by the fact that most obligations for Challenge TB year 5 have not been released yet. This is partly related to a general trend to want to reduce project pipelines, but is also related to delayed approval of country operational plans fiscal year 2018 by USAID in Washington. The current pipeline reflects approximately three months of spending.

B2 Accounts Receivable	31-12-2018	31-12-2017
Interest (on bonds)	25.005	18.018
Lotteries	999.010	516.970
Current Accounts project countries	132	646
Debtors	80.526	217.415
Payments in advance general	936.164	910.104
Payments in advance projects	687.073	461.742
Legacies in process	620.147	439.802
Other receivables	118.716	31.018
Receivable USAID Challenge TB	-	363.716
Accounts receivable USAID based on agreement	29.010.034	26.792.899
Receivables other donors	18.888	100.860
	32.495.695	**29.853.190**

The total account receivable from USAID for the Challenge TB project, based on approved project work plans, increased from € 26,8 million to € 29,0 million. This amount is directly related to the work still to be performed for the Challenge TB project amounts under liabilities (B7). The receivable will be reimbursed based on implemented activities. The fair value approximates the book value. The receivables include an amount of € 0 in receivables that fall due in more than one year.

Investments (B3)
KNCV Tuberculosis Foundation follows a defensive investment risk profile: 70% fixed income securities (country bonds or bonds with at least an A-rating), 20% shares (in participatory funds or in high value equity) and 10% real estate and alternatives. Management of the portfolio is outsourced to ABN AMRO/MeesPierson.

KNCV's objective is to optimize the return on investments, considering that:
- The risk of revaluation must be minimized and a sustainable result must be achieved by spreading tactics (allocation, time planning) and careful selection of new investments;
- Consistency in growth and composition of the portfolio, i.e. no significant fluctuations over time;
- Leading to a predictable cash flow, which supports the annual budget of the organization without being too dependent on its results;
- Maintaining the long-term value the of investments, i.e. the value of invested assets must keep pace with the evolution of inflation;
- The influence on the whole portfolio of yield reduction of individual segments is limited;
- For investments in equities and corporate bonds, ABN AMRO MeesPierson (AAMP) selects investment funds that employ a disciplined and well-de-

fined sustainability screening process. This process must address the major topics that fall under the Environmental, Social and Governance themes. Topics to be addressed must include:
- Business ethics;
- Environment;
- Employees;
- Society & community;
- Clients & competitors;
- Supply chain management and
- Corporate governance

Controversial activities to be addressed are:
- Animal welfare;
- Factory farming;
- Animal testing and
- GMOs.

Controversial products to be addressed are:
- Nuclear energy (production and services);
- Weapons;
- Tobacco;
- Alcohol;
- Adult entertainment;
- Addictive forms of gambling and
- Fur & specialty leather products.

AAMP will not invest in funds that invest in companies that have a strategic involvement in the following products or services:
- Tobacco;
- Nuclear power generation;
- Weapons production (including specifically designed components);
- Addictive forms of gambling or;
- Production or processing of fur and specialty leather.

For investments in government bonds, AAMP will only invest in bonds issued by governments that have an above-average sustainability score.

Sustainability of a country is based on its score on some 30 criteria, such as: CO2 emissions and reduction targets, production of renewable energy, biodiversity, education, income distribution, quality of life, child labor, civil liberties, defense spending, corruption, effectiveness of government, and adherence to major international treaties.

AAMP will not invest in government bonds of countries that seriously curb press freedom, infringe on civil liberties, practice the death penalty, possess and have the discretion to use nuclear weapons, generate an above-average percentage of electricity with nuclear power or have not signed or ratified major international treaties (for instance to ban controversial weapons, to ban nuclear testing or to counter climate change).

The performance of ABN AMRO/MeesPierson as an administrator of the portfolio is assessed by the Audit Committee of the Board of Trustees annually and on a more frequent basis by the Executive Director and the Director Finance. The bank is instructed to take decisions for selling and buying within the limits of KNCV's investment and treasury policy.

The composition and results of the portfolio is described below and depicted in Tables 10 to 13. As far as is relevant a comparison with 2017 is shown.

To determine the maximum level of investments, the level of the existing reserves and funds is used as a guiding target. In principle, 10% of total reserves are kept as liquidity, which leads to a maximum available level for investments of 90%. Calculations based on this principle show that as per 1 January 2018, € 10,6 million was available and as per 1 January 2019, € 10,3 million. The market value (€ 6,1 million) of the investments are below the maximum. Naturally, apart from this mathematical approach, an assessment of the situation on the market is also considered when transactions take place.

In Table 4 the allocation of assets according to the reporting of ABN AMRO/MeesPierson is shown. Part of the bank balance is attached to the investment portfolio and is kept as revolving fund for transactions in investments. This amount is therefore considered in the table. In 2018, this amount increased due to sale of bonds and stocks. Ultimo 2018 bonds are slightly underweighted compared to the target. The total of shares, real estate and alternatives is underweighted. All asset categories stay within the range allowed according to the investment policy.

B3 Investments	Shares	Bonds	Alternatives	Total
Balance as at 1 January, 2018	1.740.803	3.665.091	720.186	6.126.080
Purchases	379.852	978.079	223.732	1.581.663
Sales	-369.291	-532.405	-	-901.696
Redemption of bonds	-	-	-	-
Realized stock exchange result	78.106	33.977	-	112.083
Unrealized stock exchange result	-248.112	-121.908	-1.767	-371.787
Balance as at 31 December, 2018	**1.581.358**	**4.022.834**	**942.151**	**6.546.343**

Table 3: Composition of the investment portfolio and historical value

Fund	Interest %	Nominal value	Historic purchase value	Value in balance sheet	Transactions in reporting year nominal			Transactions in reporting year in actual prices			Nominal value	Historic purchase value	Value in balance sheet
		1/1 2018	1/1 2018	1/1 2018	Purchased	Sold	Redemption of bonds	Purchased	Sold	Redemption of bonds	31/12 2018	31/12 2018	31/12 2018
Shares (00300)													
AA Dana US Sustain	-	-	-	-	-	-	-	153.736	-	-	-	153.736	142.218
AA Eden Tree European	-	-	172.083	181.538	-	-	-	-	-		-	172.083	158.243
AA Parnassus US Sustain	-	-	101.900	103.520	-	-	-	46.592	-	-	-	148.492	152.453
ABN Amro Global Sust Equity E	-	-	96.828	117.278	-	-	-	-	-	-	-	96.828	112.528
ASN Duurzaam aandelenfonds	-	-	88.572	123.075	-	-	-	2.316	-	-	-	90.888	111.282
ASN Milieu en Waterfonds	-	-	75.745	124.070	-	-	-	1.385	-	-	-	77.130	102.082
Liontrust Sust Future Pan	-	-	141.530	172.002	-	-	-	-	166.900	-	-	-	-
AA Liontrust European Sustain	-	-	-	-	-	-	-	172.000	13.656	-	-	158.700	136.165
Calvert Equity I dis	-	-	60.402	74.627	-	-	-	-	76.511	-	-	-	-
Celsius Sust Emerging Markets	-	-	176.726	207.097	-	-	-	-	34.993	-	-	149.362	151.318
BMO Responsible Global equity	-	-	75.596	108.172	-	-	-	578	-	-	-	76.175	103.278
Janus Henderson Global Sust	-	-	88.564	125.727	-	-	-	-	-	-	-	88.564	116.550
Kempen Sust small cap	-	-	99.997	140.866	-	-	-	2.640	49.003	-	-	78.514	74.873
Pictet eur Sustainable	-	-	131.583	150.228	-	-	-	-	28.227	-	-	107.117	110.710
Triodos Sustain Equity	-	-	90.731	112.604	-	-	-	605	-	-	-	91.336	109.659
Subtotal shares		-	.400.257	.740.803	-	-	-	379.852	369.290	-	-	1.488.925	1.581.358
Real estate/Alternatives (00305)													
Previum Sustainable Alternatives	-	-	688.244	720.186	-	-	-	223.732	-	-	-	911.976	942.151
Subtotal real estate/altern.		-	688.244	720.186	-	-	-	223.732	-	-	-	911.976	942.151
Bonds (00320)													
Duitsland 09-20	1,750	251.000	304.489	301.089	-	16.000	-	-	19.105	-	235.000	285.715	275.805
Ierland T bond 13-23	3,900	194.000	242.255	232.567	209.000	-	-	248.631	-	-	403.000	490.886	470.301
Ierland T bond 14-24	3,400	203.000	246.065	242.483	-	15.000	-	-	17.685	-	188.000	227.863	219.715
European Inv bank 15-23	0,500	-	-	-	220.000	-	-	223.568	-	-	220.000	223.568	225.786
European Inv bank 14-26	1,250	153.000	166.007	164.024	-	10.000	-	-	10.587	-	143.000	155.154	152.696
Kredit Wiederaufbau 17-25	0,250	200.000	199.200	199.890	-	-	-	-	-	-	200.000	199.200	200.930
Spanje 14-24	1,800	-	-	-	235.000	-	-	283.450	-	-	235.000	283.450	276.675
SSGA euro sustainable corp bonds	perp	2.358.165	2.372.176	2.525.037	-	-	-	222.430	485.027	-	2.095.568	2.144.009	2.200.926
Subtotal bonds		3.359.165	3.530.192	3.665.090	664.000	41.000	-	978.079	532.404	-	3.719.568	4.009.845	4.022.834
Total		3.359.165	5.618.693	6.126.079	664.000	41.000	-	1.581.663	901.694	-	3.719.568	6.410.746	6.546.342

All investments are at the company's free disposal.

Table 4: Asset allocation ultimo 2018 compared to the policy (source: Quarterly report ABN AMRO/MeesPierson)

Investment	**Investment policy**		**31 December 2017**		**31 December 2018**	
	Range	Target	In € million	%	In € million	%
Bonds	80-50%	70%	3,66	50,2%	4,02	56,8%
Shares/Real Estate/Alternatives	0-50%	30%	2,46	33,7%	2,52	35,6%
Liquidities		0%	1,17	16,0%	0,54	7,6%
Total			**7,29**	**100,0%**	**7,08**	**100,0%**

Bonds are mostly consisting of an investment in a bond portfolio fund (SSGA) and from Northern European national governments and from national financial institutions. Shares and real estate funds are all tested against sustainability criteria with underlying values in European and worldwide operating companies. In principle, bonds are bought with a long-term investment horizon. The remaining running period is categorized in Table 5. Because of the low return on bonds in the current market and expected interest increases that could result in negative returns bonds are underweight and a larger proportion of the portfolio is kept in stocks and as cash.

Table 5: Maturity of bonds

Running period remaining	**2016**	**2017**	**2018**
0 to 2 years	0%	0%	7%
2 to 5 years	9%	8%	17%
5 to 8 years	15%	18%	12%
>8 years	5%	5%	4%
Bond funds	71%	69%	60%

An overall result of -2.83%% (benchmark: -0.92%%; 2017: 3.03%) is realized. Below, a comparison between our 2018 portfolio, the benchmark and the results for 2017 is shown per asset category:

- Bonds; 2018 -0.87%, benchmark 0.42%,[1] 2017 1.51%
- Shares; 2018 -9.04%, benchmark -7.13%,[2] 2017 11.39%.
- Alternative assets; 2018 1.81%, benchmark 1.38,[3] 2017 0.02%.
- Liquidity available for investments; 2018 -4.42% (includes investment expenses), benchmark 0%,[4] 2017 -2.11%.

1 Boa Merrill Lynch emu direct government bonds 1-10y (eur)
2 50% MSCI Europe, 40% MSCI World ex-Europe, 10% MSCI Emerging Markets
3 50% GPR-250 World, 50% Euribor + 2%.
4 Euribor 1 month.

In 2018 ABN AMRO started reporting real estate under shares.

In absolute terms and in comparison with the long-term expected result of 5% the portfolio underperformed. Compared to the benchmark it underperformed, mostly due to the sector allocation of shares. The energy sector, the sector with the better performance in 2018, was underweighted related to the sustainable nature of the portfolio. The overweighing of emerging markets in the portfolio at the beginning of the year also contributed negatively. Bonds showed a slightly lower result compared to the benchmark due to overweighing in corporate bonds.

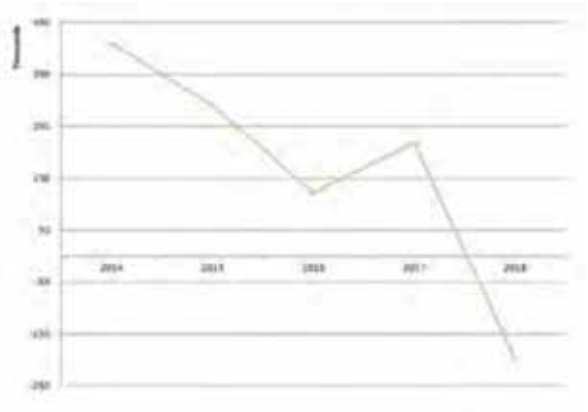
In Table 6 and Figure 10, as required by the sector organization for charities, Goede Doelen Nederland, the investment results over the 5-year period are depicted. The figure also shows the accumulated result over the years.

Table 6: Investment results 2014-2018

Description	2014	2015	2016	2017	2018	Average
Bond income	78.764	64.538	33.687	51.010	54.888	56.577
Depreciation of amortization	-26.842	-17.128	-	-	-	-8.794
Dividend	44.986	48.736	46.248	26.461	31.989	39.684
Realized exchange results	226.913	246.851	152.180	230.524	112.084	193.710
Unrealized exchange results	145.253	7.735	-84.166	-56.908	-371.790	-71.975
Interest on cash on hand and deposits	11.485	18.985	23.070	20.426	8.224	16.438
Gross investment income	480.559	369.717	171.019	271.513	-164.605	225.641
Investment expenses	70.759	80.083	49.338	54.202	33.161	57.509
Net investment income	409.800	289.634	121.681	217.311	-197.766	168.132

Investment expenses include allocated organizational expenses.

Figure 10: Net investment income 2013-2018



The Executive Director confirms that all transactions in 2018 have been executed in compliance with the Investment Policy. This has been monitored by analyzing the monthly and quarterly reports of the investment bank and by discussing the results during periodical meetings.

Transaction costs are expensed in the income statement if these are related to financial assets carried at fair value through profit or loss. The equity instruments are quoted in an open market.

Cash and banks (B4)

The balance of cash and banks increased compared to 2017, with € 2,3 million to a level of € 14,7 million. Main reason is the receipt of an advance for the Challenge TB project at the end of 2018 for 2019 Ultimo 2018 no deposits were available, because interest rates on deposits during 2018 were still not more beneficiary to the result than balances on savings accounts.
Part of the bank balance is still available for long-term investment in shares or bonds, once there are more positive developments in the global financial markets.

B4 Cash and banks	31-12-2018	31-12-2017
Immediately available		
Petty cash	7.201	7.569
ING	71.105	79.257
ABN AMRO bank	1.189.954	2.581.763
ABN AMRO (USD account)	8.328.816	6.285.843
ABN AMRO investment account	536.568	1.169.781
ABN AMRO Challenge TB	2.814.097	675.825
Bank accounts country offices	1.809.607	1.670.537
	14.757.348	**12.470.575**

Balance sheet per 31 December 2018 - Liabilities

Reserves and funds

Result appropriation

The annual accounts and the annual report are prepared by the Board of Directors. The annual accounts and the annual report are adopted by the General Assembly.

To the Board of Trustees and the General Assembly, in their respective meetings of 16 April 2018 and 8 May 2018, we propose to appropriate the surplus of 2018 according to the following division:

	In €
Continuity reserve, contribution	267.417
Decentralization reserve, withdrawal	-124.922
Earmarked project reserves, withdrawal	-216.366
Unrealized exchange differences on investments, withdrawal	-291.031
Fixed asset fund, withdrawal	-133.450
Third party earmarked funds, withdrawal	-56.287
	-554.639
	=======

KNCV Tuberculosis Foundation's policy towards reserves and funds is clarified in the chapter Accounting policies.

Reserves (B5)

- Continuity reserve

The continuity reserve serves as a buffer for unexpected fall backs, both in expenditures and in income. The objective of the reserve is to guarantee the continuity of the activities, while having enough time to take measures to adjust the organizational structure, and volume, to fluctuations in the volume of mission related activities. For this continuity demand, the Board has not earmarked the reserve with a specific spending destination.

We use 1 to 1.5 times the estimated and budgeted expenditures for the organization for one year as a reasonable maximum level of the reserve. Mission related activity expenditures are excluded of the calculation. Based on the budget for 2019 for organizational costs (€ 26,4 million) the continuity reserve's maximum is € 26,4 to € 39,6 million. The reserve ultimo 2018, € 8,7 million, stays well within the maximum (0.33 times the budget for organizational costs in 2018). The underlying risks to be covered by the continuity reserve are analyzed each year during the annual planning and budgeting process. At that point, possible risks are identified and, if possible, quantified to calculate the maximum amount needed in the continuity reserve. It is expected that the consequences of a reduction in income and activities due to the close out of Challenge TB the risk of discontinuity of (parts of the) organization and long-term commitments can be covered by the current level of the continuity reserve. This was confirmed in 2018 by a Monte Carlo analysis.

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Continuity reserve	8.381.096	-	-	267.417	8.648.513

- Earmarked project reserves

Some parts of our equity have been earmarked by the Board to several specific objectives, with approval of the Board of Trustees. This gives the organization the possibility to either anticipate on unexpected opportunities or to give extra focus to strategic areas. In the coming years, parts of the reserves will be used for extra activities in decentralized capacity building

research and high- and low prevalence TB control. In 2018, an amount of € 216,366 has been withdrawn from the earmarked project reserves for these kinds of activities. The budget had an amount of € 334,400 planned to be deducted from the earmarked reserves. Due to prioritization of Challenge TB activities the actual deduction was lower. For 2019 € 302,100 is budgeted to be used.

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Reserve national policy planning	117.289	-	-	-28.317	88.972
Reserve international policy planning	167.315	-	-	-76.191	91.124
Reserve research policy planning	145.301	-	-	-5.457	139.844
Reserve special needs	131.077	-	-	-	131.077
Reserve capacity building	109.695	-	-	-44.793	64.902
Reserve monitoring tools	164.928	-	-	-6.072	158.856
Reserve advocacy	104.676	-	-	-55.536	49.140
Reserve education center	490.428	-	-	-	490.428
Total earmarked by the board	**1.430.709**	**-**	**-**	**-216.366**	**1.214.343**

The reserves for policy planning are intended for national and international projects that have a policy development component. The special needs reserve is intended for patient support. The capacity building reserve is intended for training of KNCV staff on new developments in TB control. The reserve for monitoring tools is intended for investment in improving monitoring tools. The advocacy reserve is allocated for advocacy and awareness creation related to the Union World Conference in The Hague. The reserve for an educational center is allocated for activities related to setting up KNCV educational activities.

- Decentralization reserve

The Decentralization Reserve is the portion of reserves which is dedicated by the Board of Trustees to serve as a buffer for expenses related to the planned decentralization of organizational tasks, focusing on decentralized resource mobilization.
In 2018, the decentralization reserve was allocated towards expenses to be incurred for the capacity building of country office staff in the years 2014-2018. In 2018, the amount of € 124,922 was withdrawn from this reserve. For 2019, an amount of € 150,000 is planned to be withdrawn.

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Decentralization reserve	997.394	-	-	-124.922	872.472

- Unrealized exchange difference on investments

This reserve serves as a revolving fund for unrealized exchange results on investments, which are not available for mission related activities until they are realized. In compliance with Guideline 650, unrealized exchange results are accounted for in the Statement of Income and Expenditure and are therefore part of the surplus or deficit in the annual accounts. Ultimo 2018 the reserve contains € 235,008, which is a significant decrease from 2017, due to unrealize negative stock exchange results at the end of 2018. The movement in the reserve is as follows:

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Total revaluation reserve	526.039	-	-	-291.0310	235.008

- Fixed Assets reserve

KNCV Tuberculosis Foundation separates equity, needed to finance the remaining value of fixed assets, which is allowed by Guideline 650. In 2018, the reserve decreased to an amount of € 328,167.

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Total revaluation reserve	461.617	-	-	-133.4500	328.167

Funds (B6)

In the past, some resources received from third parties have not been used in full and still have a spending purpose earmarked. In the coming years, parts of these funds will be used for international and research activities. Most of the funds do not have spending deadlines. Use of the funds is budgeted according to the activity plans. In 2018, an amount of € 56,287 is used.

	Balance as at 01-01-2018	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2018
Fund TSRU	136.773	-	-	-31.068	105.705
Fund Special Needs	255.610	-	-	-	255.610
Jakob and Carolina fund	12.938	-	-	-6.565	6.373
Young Talent Scolarship	18.654	-	-	-18.654	-
Wessel pension	-	26.892	-	-	26.892
	423.975	**26.8920**	**-**	**-56.287**	**394.580**

Fund Tuberculosis Surveillance and Research Unit (TSRU)

In 1993, the financial management of the TSRU was transferred to KNCV Tuberculosis Foundation, as one of the members of the TSRU. KNCV Tuberculosis Foundation henceforth became responsible for the funds transferred to it, its corresponding financial management and reporting to the steering Committee of the TSRU. The utilization of these funds has no time limit. The withdrawal in 2018 of € 31,068 is the difference between the income from members and the costs related to the annual conference. This amount is higher than usual due to a TSRU contribution to the TB Science meeting connected to the 49th Union World Conference on Lung Health in The Hague.

Fund special needs

This fund was established from the funds arising out of the "De Bredeweg" foundation that was dissolved in 1979, and subsequent related additions. All rights and responsibilities to these funds were given to KNCV Tuberculosis Foundation but may only be utilized for the continuation of the dissolved foundation's work. The utilization of these funds has no time limit. Should the KNCV earmarked reserve special needs under earmarked project reserves run out of funds this Fund special needs can be utilized for that purpose.

Jacob and Carolina Fund

By way of farewell gift, departing Board of Trustees' chair Dina Boonstra, has created a fund under the umbrella of KNCV Tuberculosis Foundation, the Jakob & Carolina Fund. This was announced during the General Assembly 2017. The fund will support the training of people who give support to TB patients during their lengthy and difficult treatment. The withdrawal in 2018 is related to activities in Indonesia.

Young Talent Scholarship

This fund relates to KNCV's Young Talent Program. This program will now enroll young professionals annually. Through this program, we are investing in a new generation of TB experts that combine solid knowledge with new skills and working dynamics. The Program is supported by Endowment fund contributions.

Various short-term liabilities (B7)

The total of various liabilities has increased from € 35,2 million in 2017 to € 40,8 million in 2018 and includes under Other liabilities € 12,0 million of contractual committed projects still to be executed for USAID and € 17,7 million value of sub-agreements with coalition partners. As clarified on the Accounts receivable side, the level of projects and activities agreed in grants is the main cause for fluctuation in the liabilities. The liability will be paid out based on implemented activities. The fair value approximates the book value. A large part of Other Liabilities and Accrued Expenses is taken up by a provision for leave hours, which have not been used by employees up to now. The level of the amount for this provision at the end of 2018 is € 506,363, which is lower than the amount in 2017, because non statutory leave from 2013 and before cancelled at the end of 2018.

B7 Various short-term liabilities	31-12-2018	31-12-2017
Taxes and social premiums		
Income taxcountry offices and VAT	570.728	526.261
Social premiums	25.255	74.142
Pension premiums	3.779	90.945
	599.762	**691.348**
Accounts payable	**972.290**	**751.054**
Other liabilities and accrued expenses		
Provision for holiday pay	338.320	348.291
Provision for annual leave	506.363	555.170
Declarations from staff	18.611	54.995
Audit fees	58.334	64.478
Accruals project countries	368.911	191.768
Current accounts sub awardees	793.477	671.630
Current account - Dutch Ministeries	757.027	1.147.483
Other donors	2.410.445	1.174.313
Other liabilities	380.671	190.514
Project payables KNCV country offices	1.753.091	1.255.910
Receivable USAID Challenge TB	127.529	-
Current account USAID	3.206.672	1.170.041
Dr. C. de Langen stichting	31.376	45.539
Other	147	376
Accruals TBCTA partners balance	412.647	504.715
Projects to be executed under Challenge TB	12.047.774	8.353.438
Accounts payable TBCTA coalition partners	17.651.023	19.519.568
	40.862.418	**35.248.229**

All current liabilities fall due in less than one year. The fair value of the current liabilities approximates the book value due to their short-term character.

Liabilities not included in the balance sheet

Office rental contract

In 2015 a rental contract was signed by KNCV Tuberculosis Foundation with a third-party lessor for offices on Benoordenhoutseweg 46 in the Hague (Van Bylandthuis). The rental contract is for 5 years, ending on 31 May 2020, with an option to extent for 5 years. The annual rent is € 246.445 including maintenance fee and VAT. A € 62.092 bank guarantee has been issued in favor of the lessor.

Conditional commitments

Challenge TB

On 30 September 2014 KNCV Tuberculosis Foundation signed a cooperative agreement with USAID for a five-year program with a ceiling of US$ 524,754,500 and a cost share of US$ 36,732,815. Until 31 December 2018 the declared cost share is US$ 56,1 mio, which exceeds the commitment made.
The audit according to the USAID guidelines of the 4rd year of Challenge TB still has to be conducted. As a consequence, the indemnities of the related project expenditures have not been finalized. Their costs and revenues are accounted for in the profit and loss statement for 2018. For this uncertainty, which is based on currently known data, the financial impact cannot be estimated.

DGIS

On 29 January 2014 KNCV Tuberculosis Foundation received a 5-year grant from DGIS (Dutch Ministry of Foreign Affairs) of EUR 7,500,000 as cost share towards the USAID Challenge TB award.

Multi-year contracts

We entered into several multi-year contracts with institutional donors, including:

- a grant agreement for US$ 690,726 with Bill and Melinda Gates Foundation for the period October 2018 – October 2019 (Adherence);
- a grant agreement for € 901,143.61 with EDCTP for the period October 2018 – October 2021 (Treat);
- a grant agreement with the EU for € 493,838.75 for the period January 2018 – December 2019 (Impact TB);
- a service agreement with Swaziland Ministry of Health for US$ 559,718 for the period 2018-2018 (TB prevalence survey);
- a subgrant agreement with the Aurum Institute for Unitaid funding for US$ 7,341,367 for the period December 2018 – October 2021 (IMPAACT4TB);

- a statement of work with TB Alliance for US$ 642,817 for the period October 2018 – September 2019 (value proposition study);
- a collaboration agreement with London School of Hygiene & Tropical Medicine for US$ 55,000 for the period January 2018 to December 2019 (TB MAC).

Statement of Income and Expenditure

In the following sections, all actual results are compared with the budget and with the previous year's actual results.

Income

In total KNCV Tuberculosis Foundation generated slightly more income in 2018 (€ 92,9 million), compared to 2017 (€ 92,8 million).

In Table 7 the total income for 2018 is compared with the budget and with 2017. In the tables that follow, each income category is further clarified.

Table 7: Total income

Total income	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Own share	51,58	47,09	48,16	-3%	-2%
Coalition partners share	46,70	45,83	44,62	-2%	3%
Total	98,28	92,92	92,78	-2%	0%

The biggest increase was realized in lottery income and legacy income.

Table 8: Income from individuals (R1)

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income from individuals	1,27	1,14	0,96	-10%	19%

Income from individuals was 10% lower than planned and 19% higher than last year, mostly due to higher legacy income.

R1 Income from individuals	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Donations and gifts				
Direct marketing activities	775.000	869.600	564.373	619.559
Gifts- other	-	-	5.639	19.089
Total donations and gifts	**775.000**	**869.600**	**570.012**	**638.648**
Legacies and endowments	400.000	400.000	565.505	328.117
Total income from individuals	**1.175.000**	**1.269.600**	**1.135.517**	**966.765**

Table 9: Income from companies (R2)

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income from companies	0,44	0,56	0,79	27%	-29%

Income from companies decreased compared to 2017 due to more activities for Cepheid in 2018 but a lower in-kind contribution from Sanofi and Qiagen for a prevention study, represented under sponsoring. Because there was no agreement on a contract for Cepheid 2019 at the time the budget was drafted, no budget has been included for 2019. A new contract has now been agreed for 2019.

R2 Income from companies	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Various companies through fundraising campaigns	-	-	25.306	38.224
Cepheid	-	-	423.765	358.389
Sponsoring	-	437.000	113.128	397.511
Total income from companies	**-**	**437.000**	**562.199**	**794.124**

Table 10: Income from lotteries (R3)

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income from lotteries	1,30	1,44	1,27	11%	13%

Income from lotteries increased by 11% compared to budget, and 13% compared to 2017, due to an income from the Lotto for 2017 that was higher than estimated. The income from third party campaigns consists of contributions from three Dutch lottery organizations: The Nationale Postcode Loterij, VriendenLoterij and De Lotto. The amount consists of general participation in the lotteries, earmarked lottery tickets sold and settlements from previous years. The latter is due to the fact that each year at the time of the closing date, the contribution from De Lotto is not yet announced and is therefore based on an estimate. Deviations from this estimate are accounted for as settlements from previous years. Income from the lotteries is recognized at the time of the allocation.

The proceeds from the lotteries are based on multi-year contracts. 90% of the contribution from De Lotto is paid to Samenwerkende Gezondheidsfondsen for project "Gezonde Generatie" as part of a three-year agreement.

R3 Income from lotteries	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Settlement previous years	-	-	125.546	-38.995
Vriendenloterij earmarked lottery tickets	100.000	100.000	101.189	98.511
Nationale Postcode Loterij	900.000	900.000	900.000	900.000
De Lotto	300.000	300.000	309.022	314.400
Total from fundraising third parties	**1.300.000**	**1.300.000**	**1.435.757**	**1.273.916**

Table 11: Income from government grants (R4)

Government grants	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Own share	47,82	42,35	43,77	-11%	-3%
Coalition partners share	46,70	45,83	44,62	-2%	3%
Total	94,52	88,18	88,39	-7%	0%

KNCV's 2018 share in the USAID-funded Challenge TB project, with € 85,0 million, amounts to 96% of the total figure for government grants. The DGIS income for 2018 was € 1,6 million. This income counts as cost share towards the USAID-funded Challenge TB project.
The contribution to TB control in The Netherlands from the CIb has decreased to € 0,4 million in 2018, as a result of an announced three-year grant reduction. In 2018 this did not include a project subsidy for the biannual Wolfheze conference in 2019, which explains the decrease. From a large group of other government donors, a total of € 1,1 million was received, which is lower than the budgeted amount. For 2018, government grants determined 95% of KNCV's budget.

R4 Government grants	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Center for disease control	500.500	460.000	410.615	562.187
DGIS	710.000	2.320.000	1.625.293	2.663.029
USAID	30.071.600	42.600.000	38.830.912	39.397.640
WHO			139.103	50.902
Global Fund/GFATM			265.133	421.816
Other Donors	4.171.200	2.438.500	1.073.979	808.552
Subtotal	35.453.300	47.818.500	42.345.035	43.904.126
USAID grants coalition partners	42.500.000	46.700.000	45.833.095	44.485.126
Total government grants	**77.953.3000**	**94.518.500**	**88.178.1300**	**88.389.252**

Table 12: Income from allied non-profit organizations

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income from allied non-profit organizations	0,50	0,53	0,49	12%	14%

Income from allied non-profit organizations increased compared to 2017, because of an additional contribution for the 2018 Union world conference in The Hague, for which KNCV and the city of The Hague were co-hosts. Also, part of the allocated funds for 2017 were not spent in 2017 and activities were transferred to 2018.

R5 Income from allied non-profit organizations	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Contributions by association members	400	400	300	364
Sonnevanck Foundation	25.000	22.000	22.000	22.000
Mr. Willem Bakhuijs Roozeboom Foundation	10.000	10.000	10.000	10.000
Dr. C. de Langen Foundation for global Tuberculosis	210.000	360.000	384.163	396.261
's-Gravenhaagse stichting tot steun aan de bestrijding der tuberculose	60.000	110.000	110.000	60.000
Total income from allied non-profit organizations	**305.400**	**502.400**	**526.463**	**488.625**

Table 13: Income from other non-profit organizations (R6)

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income from other non-profit organizations	0,23	0,94	0,84	309%	12%

Income from other non-profit organizations increased compared to 2017 and includes contributions from Bill and Melinda gates Foundation, Unitaid and TB Alliance.

Table 14: Income for supply of services

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Income for supply of services	0,01	0,14	0,02	27%	637%

Income for supply of services increased due to income from partners for their part of the Holland Pavilion stand during the 49th Union World Conference.

R7 Income for supply of services	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Endowment funds fee on administration & control costs	7.000	7.000	4.9590	4.132
Trainings	40.000	4.000	73.060	14.671
Contributions Union conference	-	-	57.548	-
Total income for supply of services	**47.000**	**11.000**	**135.567**	**18.803**

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Other income	0,012	0,008	0,010	-33%	-20%

Other income decreased due to lower income from TSRU members.

Expenditure

Total expenditures in 2018 were € 93.35 million, which is € 5.7 million lower than budgeted. The decrease is caused by lower expenditures in the category "TB in high prevalence countries". Expenditures in the category "fundraising" and "administration and control" also showed a decrease compared to budget.

In Table 15 the total expenses for 2018 are compared with the budget and with 2017. In the tables that follow each income category is further clarified.

Table 15: Total expenditure

Total expenditure	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Own share	52,30	47,43	48,79	-9%	-3%
Coalition partners share	46,70	45,83	44,62	-2%	3%
Total	99,00	93,26	93,41	-6%	0%

Table 16: Expenses to mission related goals (R9)

Expenses to mission related goals	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Own share	49,34	45,30	46,18	-8%	-2%
Coalition partners share	46,70	45,83	44,62	-2%	3%
Total	96,04	91,13	90,80	-5%	0%

In 2018, 97% of all expenses were spent on mission related activities. This is the same level as 2017. The activities in low prevalence countries took 1% of the total amount, high prevalence countries 91%, research activities 6% and education/awareness 2%.

R 9 Expenses to mission related goals	Budget 2019	Budget 2018	Actual 2018	Actual 2017
- TB control in low prevalence countries	931.400	830.000	1.232.053	1.065.021
- TB control in high prevalence countries				
-- executed by KNCV	39.291.700	45.347.500	36.947.650	46.764.777
-- executed by Challenge TB coalition partners	42.500.000	46.700.000	45.833.095	36.168.770
- Research	1.433.900	1.451.400	5.595.680	5.644.999
- Education and awareness	1.274.100	1.709.200	1.523.122	1.154.097
Total expenses to the mission	**85.431.100**	**96.038.100**	**91.131.600**	**90.797.664**

Specification - per country, independent from nature of the project	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Netherlands	1.328.600	872.900	1.226.221	1.085.282
Africa				
- Botswana	982.000	750.500	922.858	547.003
- Congo	13.000	34.100	6.565	11.837
- Ethiopia	3.106.300	5.204.100	4.676.848	5.853.295
- Ghana	17.400	16.900	21.981	33.003
- Kenya	122.500	-	652.533	635.126
- Malawi	2.074.300	2.388.900	3.170.732	2.911.389
- Mozambique	200.300	-	198.396	334.805
- Namibia	758.100	1.223.400	1.270.637	1.534.827
- Nigeria	5.634.900	10.445.000	7.193.120	8.681.479
- South Africa	4.140.700	5.049.900	4.682.133	-
- South Sudan	-	-	-	-
- Swaziland	-	361.600	293.692	543.695
- Tanzania	4.913.200	3.559.600	3.916.350	2.936.276
- Zambia	17.000	106.900	14.938	181.369
- Zimbabwe	-	-	18.045	69.274
Subtotal Africa	**21.979.700**	**29.140.900**	**27.038.828**	**24.273.378**
Asia				
- Afghanistan		-	-	-
- Bangladesh	22.300	48.000	6.335	92.354
- Cambodia	6.900	22.200	103.965	51.227
- India	291.800	33.600	347.819	1.150.131
- Indonesia	3.953.800	5.744.800	5.305.622	4.885.342
- Myanmar	7.100	39.300	136.965	153.400
- Nepal	62.000	170.600	153.258	432.746
- Papua New Guinea	-	-	17.805	-
- Philipinnes	334.000	41.700	296.893	363.165
- Vietnam	444.900	420.800	658.556	822.260
Subtotal Asia	**5.122.800**	**6.521.000**	**7.027.218**	**7.950.625**
Eastern Europe				
- Regional office	122.500	230.600	38.881	58.653
- Kazakhstan	21.900	115.800	883.540	543.341
- Kyrgyzstan	765.900	1.138.300	1.151.386	745.237
- Ukraine	46.200	135.500	74.572	121.947
- Uzbekistan	136.200	183.700	155.157	118.741
- Tajikistan	672.000	741.300	1.265.243	970.358
- Turkmenistan	-	-	28.456	5.268
Subtotal Eastern Europe	**1.764.700**	**2.545.200**	**3.597.235**	**2.563.545**
Non-country or region related projects	14.456.100	12.577.400	7.830.911	11.893.092
Challenge TB coalition partners	42.500.000	46.700.000	45.833.095	36.168.770
Expenses charged to other expenditure categories 3)	-1.720.800	-2.319.300	-1.421.908	-1.453.384
Total expenses to the mission	**85.431.100**	**96.038.100**	**91.131.600**	**90.797.664**

5) This specification is based on the method KNCV Tuberculosis Foundation applies for costs to donor projects and contracts to be allocated, what is needed for internal management and external accountability project. To reconcile with the allocation to the four main objectives as reported in the format of Guideline 650 for annual reporting of fundraising organizations a separate line is included.

Currency exchange effects

In 2018 an amount of € 33.874 in negative currency exchange effects was taken into account (2017 € 454.609)

Table 17: Expenses to fundraising

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Expenses to fundraising	1,61	0,96	1,08	-40%	-11%

In all categories of fundraising and acquisition activities, including those for private fundraising, € 0.96 million was spent. This was lower than the budget, due to the fact that the expenses for the "Gezonde generatie" project have been reported under TB control in low prevalence countries. For income from fundraising from individual private and company donors a percentage of 24.3% of the income has been spent as costs. This is below the CBF maximum percentage.

Table 18: Expenses administration and control

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Expenses to Administration and control	1,35	1,16	1,53	-14%	-24%

Costs for administration and control were lower than planned, due to savings on external consultants.

	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Personnel expenses				
Salaries	9.622.100	9.605.000	9.059.468	9.044.737
Accrued annual leave	60.000	60.000	20.569	131.209
Social security premiums	1.032.300	930.600	858.123	852.848
Pension premiums	817.400	957.400	539.045	687.140
External staff/temporary staff	190.000	185.000	646.740	768.482
Expenses regional offices	227.400	227.000	29.885	30.437
Capacity building decentralization	-	-	-	933
Sub total	**11.949.200**	**11.965.000**	**11.153.830**	**18.081.134**
Salaries KNCV country offices	6.422.600	8.892.500	9.970.873	9.234.977
Sub total	**18.371.800**	**20.857.500**	**21.124.703**	**27.316.111**
Additional staff expenses				
Commuting allowances	147.800	137.000	134.985	131.615
Representation	4.050	4.500	13.791	2.300
Social event	7.100	7.200	9.184	33.362
Congresses and conferences	51.250	33.000	32.275	36.882
International contacts	54.000	58.000	66.856	46.733
Training & Education	192.500	192.200	114.747	151.613
Recruitment	20.000	25.000	60.061	76.581
Insurance personnel	46.500	46.000	46.319	39.618
Catering	23.000	26.000	19.346	23.539
Works council	23.500	23.500	16.889	12.064
Expenses regional offices	8.300	8.000	21.134	22.449
Other	451.000	339.700	181.786	192.842
Allocated to investment income	-13.700	-	-17.137	-16.582
Sub total	**1.015.300**	**900.100**	**700.236**	**753.016**
Other human resource management costs				
Development of tools	15.000	20.000	20.537	3.783
Safety training	81.300	64.200	72.105	68.355
Sub total	96.300	84.200	92.642	72.138
Total personnel expenses	**19.483.400**	**21.841.800**	**21.917.581**	**28.141.265**
Average number of fte's The Hague			108,0	105,0
Average number of fte's country offices			431,0	396,0

The division of the staff members over the organizational units is as follows:

Organizational unit	
Netherlands, low prevalence	7
Other countries, high prevelance	455
Project management	32
Research	9
Communication	4
Fundraising	5
Directors office	5
Human resource management	5
facility Planning & Control	3
finance Planning % Control	14
total	**539**

	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Housing expenses				
Rent	175.000	160.000	170.735	166.472
Repairs and maintenance	7.000	7.000	4.842	5.657
Cleaning expenses	37.000	34.000	34.387	33.218
Utilities	56.000	65.000	59.537	59.645
Insurance and taxes	6.000	4.000	7.438	5.213
Plants and decorations	12.500	12.500	7.624	11.230
Housing expenses regional offices	18.000	20.100	-2.654	2.915
Total housing expenses	**311.500**	**302.600**	**281.909**	**284.350**
Office and general expenses				
General office supplies	7.500	14.000	7.853	12.404
Telephone	32.000	33.000	27.345	32.581
Postage	8.000	8.000	6.883	7.847
Copying expenses	16.000	16.000	19.525	15.976
Maintenance - machines, furniture	1.000	1.000	-	-89
Professional documentation	3.000	3.000	2.746	1.347
IT costs	230.000	215.000	192.031	248.437
Audit fees	125.000	100.000	122.053	117.790
Board of Trustees	7.500	7.500	7.397	4.977
Consultancy	45.000	130.700	78.154	36.213
Bank charges	30.000	30.000	33.017	41.667
Other	5.812.500	9.996.500	27.006	11.676
Office and general expenses regional and country offices	41.500	39.500	4.919.396	6.598.680
Total office and general expenses	**6.359.000**	**10.594.200**	**5.443.406**	**7.129.506**
Depreciation and interest				
Office reconstruction work	60.800	59.100	60.779	59.016
Office inventory	14.100	19.000	14.754	14.076
Computers	158.000	217.200	132.871	133.838
Regional offices	400	500	740	290
Allocated to investment income	-200	-	-249	-239
Total depreciation and interest	**233.100**	**295.800**	**208.895**	**206.981**

The audit expenses at KNCV headquarters can be broken down in various categories:

Audit costs	Budget 2019	Budget 2018	2018	2017
Audit of the annual accounts	125.000	100.000	111.229	114.159
Project audits PwC*	35.000	28.000	28.033	25.000
Other audit assignments	-	-	6.519	-
Tax advice	-	-	-	-
Costs related to previous years	-	-	-5.072	-
Total	**160.000**	**128.000**	**140.709**	**139.159**

Audit costs are charged to the year to which they relate. Project audit costs, when allowable under donor conditions, are reported under expenses to mission related goals.

Net investment income

Table 19: Net investment income (R10)

	Budget 2018 in € million	Actual 2018 in € million	Actual 2017 in € million	% difference budget	% difference last year
Net investment income	0,09	-0,22	0,22	-356%	-200%

With the investment portfolio and interest on bank balances we earned an amount of € 0,11 million as realized income and made a loss of € 0,37 million as unrealized exchange differences. The exchange differences were not budgeted for, which explains the difference with the budget. In 2017, the unrealized exchange differences were a loss of € 0,06 million. The decrease in total investment income compared to 2017 is caused by the negative stock market developments in 2018.

R10 Investment income	Budget 2019	Budget 2018	Actual 2018	Actual 2017
Dividends	35.000	50.000	31.989	26.461
Bond earnings	35.000	40.000	36.888	33.010
Bond earnings on behalf of Fund Special Needs	18.000	18.000	18.000	18.000
Realized exchange gains	-	-	112.084	230.524
Unrealized exchange results	-	-	-371.790	-56.908
Interest on cash on hand and deposits	7.500 0	25.000	8.224	20.426
Depreciation of amortization of bond value	-	-	-	-
Total from investments	**95.500**	**133.000**	**-164.605**	**271.513**
Total out of pocket costs investments	25.000	35.000	33.161	34.853
Allocated costs	7.300	12.000	18.077	17.549
Net investment income	**63.200**	**86.000**	**-215.843**	**219.111**

In line with the guideline 650 investment income is presented after deduction of investment costs.

Operating result

The balance between income and costs is a deficit of € 0,45 million, while a deficit of € 0.,64 million was planned. The main causes of the difference with the budgeted figures are incidental: higher income from legacies and lotteries and fewer expenses for projects to be covered from earmarked reserves. Also, a contingency amount in the budget of € 0,2 million for unexpected unrecoverable costs was not needed.

A proposal for appropriation of the result is presented as part of the annual report, on page 104.

Cash flow statement

The increase in cash and banks in 2018 is caused by a negative cash flow from income and expenses and a positive cash flow resulting from the increase in project liabilities compared to project receivables. This is caused by the fact that less funds are kept as buffer for payments to partners, due to careful cash flow planning. This results in a positive cash flow from operational activities and a positive cash flow from tangible fixed assets.

No loans, advances nor guarantees are issued to members of the Executive Board or members of the Board of Trustees. The members of the latter are only reimbursed for expenses made.

Notes on the remuneration of the management

The Board of Trustees has, upon the recommendation of the Remuneration Committee, determined the amount of the management remuneration and additional benefits to be paid to management. The remuneration policy is regularly reviewed, most recently in September 2017. In determining the remuneration policy and remuneration, KNCV Tuberculosis Foundation adheres to Goede Doelen Nederland's advisory scheme for the remuneration of the management of charitable organizations ("Adviesregeling Beloning Directeuren van Goede Doelen"), which finds its base in the 'Wet Normering Topinkomens' (WNT) and the code of governance for charitable organizations ("Code Wijffels"; see www.goededoelennederland.nl). Under the advisory scheme , a maximum annual remuneration is determined on the basis of weighted criteria. At KNCV Tuberculosis Foundation, this weighting was performed by the Remuneration Committee. This resulted in a so-called basic score for management positions ("Basis Score voor Directiefuncties" - BSD) of 580 points (J) and a

Executive remuneration	In compliance with standard reporting form of GDN	
Name	C.S.B. van Weezenbeek	
Position in the board	Executive Director	
Contract		
Legal status	Indefinite	
Number of hours	40	
FTE	100%	
Period for reporting year	1/1 - 31/12	
Remuneration		
Annual income		
Gross salary	128.880	
Holiday allowance	10.556	
Extra month	10.740	
Variable/performance allowance		
Subtotal		150.176
Social securities, employers part	9.617	
Taxable allowances	816	
Pension premium, employers part	11.389	
Pension compenzation		
Other allowance, long-term		
Payment in relation to beginning of end of contract	-	
		21.822
Total remuneration 2018		171.998
Total remuneration 2017		158.451

maximum annual remuneration of 100% of € 153,080 for 1 FTE in 12 months for the statutory director.
In 2018, the actual incomes of management for the purposes of assessment of compliance with Goede Doelen Nederland's maximum annual remuneration were as follows:
K. van Weezenbeek € 150,176 (1 FTE/ 12 months)
The Executive Director is contracted for a 40-hour workweek.
The annual income for the Executive Director is within the limit of € 153,080/12 months according to the Regeling beloning directeuren van goede doelen ten behoeve van besturen en raden van toezicht. The total remuneration 2018 (gross income, taxable allowances, employer's contribution to pension premiums and pension compensation, and other allowances) is below the maximum.

In the financial statements, the size and composition of the management remuneration is reported in the notes to the statement of operating income and expenditure. Besides the annual income, management remuneration also includes the national insurance and pension contributions and, if applicable, any severance payments upon termination of employment.

Events occurring after the balance sheet date

There have been no material post balance sheet events that would require adjustments to KNCV Tuberculosis Foundation's Financial Statements per 31 December 2018.

Mirella Visser
Chair of the Board of Trustees

Ton van Dijk
Vice chair of the Board of Trustees

Kitty van Weezenbeek
Executive Director

Co-workers of KNCV
on the Philippines.

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Independent auditor's report

To: the General Assembly and the board of trustees of Koninklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose (KNCV) (hereafter: KNCV Tuberculosis Foundation)

Report on the financial statements 2018

Our opinion

In our opinion, KNCV Tuberculosis Foundation's financial statements give a true and fair view of the financial position of the foundation as at 31 December 2018, and of its result for the year then ended in accordance with the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

What we have audited

We have audited the accompanying financial statements 2018 of KNCV Tuberculosis Foundation, The Hague ('the foundation').

The financial statements comprise:

- the balance sheet as at 31 December 2018;
- the statement of income and expenditure for the year then ended; and
- the notes, comprising the accounting policies and other explanatory information.

The financial reporting framework applied in the preparation of the financial statements is the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

The basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. We have further described our responsibilities under those standards in the section 'Our responsibilities for the audit of the financial statements' of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of KNCV Tuberculosis Foundation in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assuranceopdrachten' (ViO – Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence requirements in the Netherlands. Furthermore, we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA – Code of Ethics for Professional Accountants, a regulation with respect to rules of professional conduct).

PricewaterhouseCoopers Accountants N.V., Thomas R. Malthusstraat 5, 1066 JR Amsterdam, P.O. Box 90357, 1006 BJ Amsterdam, the Netherlands
T: +31 (0) 88 792 00 20, F: +31 (0) 88 792 96 40, www.pwc.nl

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Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of:

- board report;
- other information;
- policy bodies in which KNCV was active in 2018;
- KNCV partners 2018;
- abbreviations.

Based on the procedures performed as set out below, we conclude that the other information:

- is consistent with the financial statements and does not contain material misstatements;
- contains the information that is required by the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

We have read the other information. Based on our knowledge and understanding obtained in our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing our procedures, we comply with the requirements of the Dutch Standard 720. The scope of such procedures was substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, including the boards' report pursuant to the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

Responsibilities for the financial statements and the audit

Responsibilities of management and the board of trustees for the financial statements

Management is responsible for:

- the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board; and for
- such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going-concern basis of accounting unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so. Management should disclose events and circumstances that may cast significant doubt on the foundation's ability to continue as a going concern in the financial statements.

The board of trustees is responsible for overseeing the foundation's financial reporting process.

Our responsibilities for the audit of the financial statements

Our responsibility is to plan and perform an audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. Our audit opinion aims to provide reasonable assurance about whether the financial statements are free from material misstatement. Reasonable assurance is a high but not absolute level of assurance, which makes it possible that we may not detect all misstatements. Misstatements may arise due to fraud or error. They are considered to be material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

A more detailed description of our responsibilities is set out in the appendix to our report.

Amsterdam, 8 May 2019
PricewaterhouseCoopers Accountants N.V.

Original signed by M. van Dijk RA

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Appendix to our auditor's report on the financial statements 2018 of KNCV Tuberculosis Foundation

In addition to what is included in our auditor's report, we have further set out in this appendix our responsibilities for the audit of the financial statements and explained what an audit involves.

The auditor's responsibilities for the audit of the financial statements

We have exercised professional judgement and have maintained professional scepticism throughout the audit in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error. Our audit consisted, among other things of the following:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the intentional override of internal control.
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the foundation's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going-concern basis of accounting, and based on the audit evidence obtained, concluding whether a material uncertainty exists related to events and/or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report and are made in the context of our opinion on the financial statements as a whole. However, future events or conditions may cause the foundation to cease to continue as a going concern.
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the board of trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

POLICY BODIES IN WHICH KNCV WAS ACTIVE IN 2018

In 2018, KNCV was actively involved in:

- Important global WHO forums, such as: STAG-TB (Strategic and Technical Advisory Group); Global Task Force on TB Impact Measurement; Global Task Force on Latent TB Infection; Expert Committees; Global Task Force on TB Research; Global Task Force on New TB Drugs and Regimens.

- WHO Guideline development work: Revision of interim guidance on bedaquiline and delamanid for the treatment of MDR-TB (technical resource person to the Guideline Development Group).

- Several regional WHO TB Technical Advisory Groups on TB Control (TAG-TB SEARO; WPRO); WHO- Euro Childhood TB Task Force;

- Stop TB Partnership's Coordinating Board;

- Several Stop TB Partnership working groups, sub-working groups and task forces, such as: GLI (Global Laboratory Initiative); GDI (Global Drug resistant TB Initiative); GDI DR–TB Research Task Force; GDI DR STAT Task Force; TB/HIV Co-infection (STBP); TB-Infection Control; Public Private Mix; TB REACH PRC (Proposal Review Committee); Childhood TB Core Group;

- The Union: Europe Region Executive Committee; TB/HIV Working Group; TB & Migration Working Group, Ethics Working Group;

- 49th Union World Conference on Lung Health 2018 in The Hague: Coordinating Committee of Scientific Activities (CCSA); Conference Organizing Committee (COC); Local Host of the Conference;

- Global Fund: TRP (Technical Review Panel); Global Fund Board's Audit and Finance Committee (AFC); TB/HIV working group; NGO Developed Countries Delegation, Board; CCM (Country Coordinating Mechanism) of Kazakhstan; Friends of the Global Fund Europe, Member of the Advisory Committee

- Alliances, Associations, Coalitions: GHWA (Global Health Workforce Alliance); TB Alliance SHA (Stakeholders Association); TBEC (TB Europe Coalition);

- Research Collaboration: TSRU (Tuberculosis Surveillance and Research Unit); RESIST-TB (Research Excellence to Stop TB Resistance) Steering Committee; Social Protection Action Research Knowledge Sharing (SPARKS) network;

- Wolfheze: Program Committee; Working Groups (Collaborative TB/HIV activities; New drugs and regimens, Patient Centred Care);

- Steering Committees, Professional Associations in the Netherlands: CPT (Netherlands Committee for Practical TB Control); GGD (Municipal Public Health Services) Tuberculosis Steering Committee in the Netherlands; V&VN/OGZ (Professional Association of Nurses), TB Control Committee; MTMBeVe (Professional Association of Medical Technical Assistants);

- Board member of/advisor to Foundations, NGOs in the Netherlands: Eijkman Stichting; Dr. Wessel Stichting; 's-Gravenhaagse Stichting tot Steun aan de Bestrijding van Tuberculose; SMT (Stichting Mondiale Tuberculosebestrijding); Stichting Lampion (nationwide information point for care for undocumented immigrants);

- The Lancet: Commission on Tuberculosis.

KNCV staff were also on the Editorial Board of:

- IJTLD (International Journal of Tuberculosis and Lung Disease);

- Periodical "Tegen de Tuberculose" (Against Tuberculosis).

KNCV PARTNERS IN 2018

KNCV Tuberculosis Foundation thanks all partners for their collaboration and support.

-

In the Netherlands:

- ABN AMRO Group
- Academic Medical Centre Amsterdam (AMC)
- Aids Foundation East West (AFEW)
- Aidsfonds
- Amsterdam Institute for Global Health and Development (AIGHD)
- Center for Infectious Disease Control Netherlands (CIb), at National Institute of Health and the
- Dokter Izak Wessel Stichting
- Netherlands National Institute for Public Health and the Environment (RIVM)
- Central Bureau for Fundraising
- Centraal Orgaan opvang asielzoekers
- Committee for Practical TB Control Netherlands
- Coördinatiecentrum Expertise Arbeidsomstandigheden en Gezondheid, Ministry of Defense
- Cordaid
- Delft Imaging Systems BV
- Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding
- Erasmus University Rotterdam
- Goede Doelen Nederland
- GGD GHOR Nederland
- 's-Gravenhaagse Stichting tot Steun aan de Bestrijding der Tuberculose
- HIVOS
- LAREB
- Leids Universitair Medisch Centrum
- KLM Royal Dutch Airlines - KLM Flying Blue program
- Maastricht University
- Mainline
- Madurodam Support Fund
- Medical Committee Netherlands-Vietnam
- Ministry of Foreign Affairs
- Minsitry of Health, Welfare and Sports
- Ministry of Security and Justice - Penitentiary Services (Ministerie van Veiligheid en Justitie)
- Mr. Willem Bakhuys Roozeboomstichting
- Municipal Public Health Services in the Netherlands (GGD)
- Muncipality The Hague
- Nationale Postcode Loterij
- Nederlandse Loterij
- Nederlandse Vereniging van Artsen voor Longziekten en Tuberculose
- Nederlandse Vereniging voor Medische Microbiologie
- Netherlands Ministry of Foreign Affairs/Development Cooperation (DGIS)
- Netherlands Ministry of Health, Welfare and Sport (VWS)
- Netherlands School of Public and Occupational Health - NWO-WOTRO
- OGD
- Our private donors
- PharmAccess Foundation
- Pharos
- Radboud University Nijmegen
- Royal Tropical Institute (KIT)
- Stichting Loterijacties Volksgezondheid
- Stichting Suppletiefonds Sonnevanck
- Stop Aids Now!
- Taskforce Health Care
- Topsector Life Sciences and Health
- Tuberculosis Vaccine Initiative
- University Medical Center Groningen
- Vereniging van Artsen werkzaam in de Tbc-bestrijding - Verpleegkundigen & Verzorgenden Nederland, Platform Verpleegkundigen Openbare Gezondheidszorg
- VriendenLoterij
- ZonMW
- And many others…

Local KNCV Partner organisations

- Yayasan KNCV Indonesia
- KNCV Tuberculosis Foundation Nigeria
- KNCV Tuberculosis Foundation United States

In other countries and globally:

- Action Aid, Malawi
- Adelaide Supranational TB Reference Laboratory
- AIDS Center of Almaty City, Kazakhstan
- AIDS Foundation East West (AFEW) Kazakhstan
- ALERT, Ethiopia
- Almaty City healthcare department
- American Thoracic Society
- Armauer Hansen Research Insititute, Ethiopia
- Association of Family Doctors, Kazakhstan
- Aurum Insititute, South Africa
- Avenir Health
- Bill & Melinda Gates Foundation
- Centers for Disease Control and Prevention
- Clinton Health Access Initiative
- Club des Ami Damien Democratic Republic Congo

- Damien Foundation Belgium
- Development Aid from People to People, Zimbabwe
- Duke University, USA
- DZK (German Central Committee against Tuberculosis)
- Eli Lilly MDR-TB Partnership
- Ethiopian Public Health Institute (EPHI, former EHNRI)
- European Centers for Disease Prevention and Control (ECDC)
- European and Developing Countries Clinical Trials Partnership (EDCTP)
- European Union (EU)
- Federal Office of Public Health (Switzerland)
- FHI 360
- The Finnish Lung Health Association (Filha)
- Foundation for Innovative New Diagnostics (FIND)
- German Leprosy Relief Association (GLRA)
- Regional GLCs (Green Light Committees)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- GHC Global Health Committee
- Gondar University, Ethiopia
- GSK Biomedicals
- Hain Life Sciences
- Haramaya University, Ethiopia
- Harvard Medical School
- Indonesian Association against Tuberculosis (PPTI)
- Initiative Inc, Democratic Republic Congo
- Institute of Human Virology, Nigeria
- International Union Against Tuberculosis and Lung Disease
- IRD (Interactive Research and Development)
- Japan Anti-Tuberculosis Association (JATA)
- John Hopkins University School of Medicine
- Karolinska Institute, Sweden
- Kazakhstan Union of People Living with HIV
- Kazakhstan Prison System
- Korean Institute of Tuberculosis
- Korea International Cooperation Agency (KOICA)
- La Fondation Femme Plus, Democratic Republic of Congo
- Latvia TB Foundation
- Leprosy Mission International
- Les ambassadeurs de Sud-Kivu, Democratic Republic of Congo
- Ligue national contre la lèpre et la tuberculose du Congo
- Liverpool School of Tropical Medicine
- London School of Hygiene and Tropical Medicine
- Makerere University, Uganda
- Malawi TB Research Network
- Management Sciences for Health
- Maternal and Child Health Integrated Program (MCHIP), Zimbabwe
- McGill University
- Médecins Sans Frontières
- Mekelle University, Ethiopia
- Ministry of Health (in many countries)
- Namibian Red Cross Society
- National Agency for Control of AIDS, Nigeria
- National TB Reference Laboratories in the countries
- Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases (NACCAP)
- National TB Control Programs (NTPs) in many countries
- NGO Doverie Plus, Kazakhstan
- NGO Zabota, Kazakhstan
- Office of the US Global AIDS Coordinator
- Organization for Public Health Interventions and Development Trust, Zimbabwe
- Partners in Health
- Penduka, Namibia
- Population Services International (PSI)
- Private Health Sector Program, Ethiopia
- Program for Appropriate Technology in Health (PATH)
- Project Hope (in Kazakhstan, Kyrgyzstan, Namibia, Tajikistan)
- Qiagen
- Regional Center of Excellence on PMDT, Rwanda
- Regional Health Bureaus (Ethiopia)
- Rehabilitation and Prevention of Tuberculosis (RAPT), Zimbabwe
- RESIST-TB
- Resource Group for Education and Advocacy for Community Health (REACH), India
- Riders for Health
- Sanofi
- St Peter specialized Hospital, Ethiopia
- Stellenbosch University
- Stop TB Partnership
- Swiss Tropical and Public Health Institute
- TB Alliance
- TB Europe Coalition
- TB Proof
- Tuberculosis Modelling and Analysis Consortium
- Tuberculosis Operational Research Group, Indonesia
- Tuberculosis Research Advisory Committee, Ethiopia
- UNICEF - University Clinical Centre
- Unitaid
- United Nations Development Program (UNDP)/Global Fund
- United States Agency for International Development (USAID)
- University of Antwerp, Belgium
- University of California San Francisco
- University of Cape Town - SATVI
- University of Gadjah Mada, Indonesia
- Vanderbilt University, USA
- World Health Organization (Headquarters and Regions)
- Zimbabwe National Network of People Living with HIV (ZNNP+)
- And many others…

Almaz, a former TB-patient, and her son Issayas who has recently been diagnosed with TB by using KNCV's stool test. The mother and son live on the outskirts of Addis Ababa, Ethiopia.

Photo: Berhan Teklehaimanot

ABBREVIATIONS

3HP 3 Month Rifapentine + Isoniazid course
99DOTS A mobile phone technology for monitoring and improving TB medication adherence
aDSM Active TB Drug-safety Monitoring and Management
AAMP ABN AMRO MeesPierson
AFEW AIDS Foundation East-West
AIDS Acquired Immune Deficiency Syndrome
AIGHD Amsterdam Institute for Global Health and Development
ART Antiretroviral Therapy
ARV Antiretroviral
AVG Algemene Verordening Gegevensbescherming (Dutch GDPR)
BDQ Bedaquiline (medication used to treat active tuberculosis)
BMF Building Models for the Future
BSD "Basis Score voor Directiefuncties" - Basic Score for Management positions
CAD4TB Software designed to help (non-expert) readers detect tuberculosis more accurately and cost-effectively
CBF Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)
CDC Centers for Disease Control and Prevention
CIb Centrum Infectieziektebestrijding (Center for Infectious Disease Control)
CTB Challenge TB, the global mechanism for implementing USAID's TB strategy and TB/HIV activities under PEPFAR
CTB EAR CTB East Africa Regional
DAP Direct Action Planning
DAPP Development Aid for People to People
DGIS Directoraat-Generaal Internationale Samenwerking (Netherlands Ministry of Foreign Affairs)
DOT(S) Directly Observed Treatment (Short-course)
DR-TB Drug-resistant Tuberculosis
DS-TB Drug-sensitive Tuberculosis
ECSA-HC East Central and Southern Africa Health Community
EDCTP European and Developing Countries Clinical Trials Partnerships
FAST-strategy Finding, Actively, Separating, Treating
FDC Fixed-Dose Combination
FMO Netherlands Development Finance Company
FTE Full-time equivalent
GDI Global Drug resistant TB Initiative
GDN Goede Doelen Nederland
GeneXpert® (See Xpert MTB/RIF assay, below)
GF or GFATM Global Fund to Fight Aids Tuberculosis and Malaria
GGD Municipal Public Health Services
GGD GHOR Nederland Association of GGD's (Municipal Public Health Services) and GHOR (Regional Medical Emergency Preparedness and Planning offices) in the Netherlands
GLI Global Laboratory Initiative
GMO Genetically modified organisms
GDPR General Data Protection Regulation
HCWs Health Care Workers
HIV Human Immunodeficiency Virus
HLM High Level Meeting (United Nations)
HRM Human Resource Management
IAS International AIDS Society
ICT Information and Communication Technology
IGAD Intergovernmental Authority on Development
IGRA Interfron-Gamma Release Assay
IJTLD International Journal of Tuberculosis and Lung Disease
IMPAACT4TB Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB
ITR Individualized treamtment regimen
JSD Joint Service Delivery
KNCV Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose
(Royal Netherlands Tuberculosis Association)
LAM Lipoarabinomannan
LTBI Latent Tuberculosis Infection
LTTA Long Term Technical Assistance
M&E Monitoring and Evaluation
MDR Multidrug-Resistant
MDR-TB Multidrug-resistant Tuberculosis
MDU Mobile Diagnostic Unit
MERMS Medication Event Reminder Monitoring Systems
mHealth mobile-health
MPH Master of Public Health
MSH Management Science in Health
MTB Mycobacterium Tuberculosis
MTMBeVE Medisch Technisch Medewerkers Beroepsvertegenwoordiging (Professional Association of Medical Technical Assistants)
NamLiVE Namibia Linkage, Viral load and END TB
NAPS Nurses and Allied Professionals Subsection
ND&RS New Drugs and Regimens
ND/STR New Drugs and Short Treatment Regimen
NGO Non-Governmental Organization
NIH National Institutes for Health
NTP National Tuberculosis Program
NTLP National Tuberculosis and Leprosy Program
NTRL National TB Reference Laboratory
OpenMRS Open source project to develop software to support the delivery of health care in developing countries
PEPFAR U.S. President's Emergency Plan for AIDS Relief

Four-year-old Abdurahim from Kyrgyzstan is so small he looks half that age. He had spinal and intra-thoracic lymph node TB, a very rare and dangerous form of the disease that mostly occurs in young children. Thanks to the work of the KNCV-led, USAID-funded Challenge TB project in Kyrgyzstan, he was recently cured from XDR-TB.

PFZW Pensioenfonds Zorg en Welzijn (Pension fund for health care)
PHC Primary health care center
PhD Doctor of Philosophy
PLHIV People Living with HIV
PMDT Programmatic Management of Drug-Resistant TB
PMU Project Management Unit
Pre-XDR-TB MDR-TB with resistance to either any fluoroquinolone or at least one second-line injectable
QQ Qualitate Qua
RIF Rifampicin
RIVM Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)
RJ650 Dutch Accounting Standard for Fundraising Institutions
RR-TB Tuberculosis resistant to Rifampicin
RVO Rijksdienst voor Ondernemend Nederland (Netherlands Enterprise Agency)
R&D Research & Development
SDG Social Development Goals from the United Nations
SEARO WHO TB South-East Asia Regional Office
SGF Samenwerkende Gezondheidsfondsen
SL-LPA Second-Line Line Probe Assays
SLD Second Line Drugs
SMT Dr. C. de Langen Stichting voor Mondiale Tbc-Bestrijding/Stichting Mondiale Tuberculosebestrijding (Dr. C. de Langen Foundation for Global TB Control)
SNRL Supra Mational TB Reference Laboratory
STAG/STAG-TB Strategic and Technical Advisory Group
STR Shorter treatment regimen
TAG-TB Technical Advisory Group on TB Control
TSRU Tuberculosis Surveillance and Research Unit
STR Shorter MDR Treatment Regimen
TA Technical Assistance
TB Tuberculosis
TB/HIV Tuberculosis and/or Human Immunodeficiency Virus
TBCTA Tuberculosis Coalition for Technical Assistance
TB CARE USAID-funded TB project 2010 – 2015 implemented by the TBCTA coalition
TBPS National TB Prevalance Survey
TSRU Tuberculosis Surveillance and Research Unit
UN United Nations
UNHLM United Nations High Level Meeting
UNION International Union Against Tuberculosis and Lung Disease
USAID United States Agency for International Development
USD US Dollar
USSD Unstructured Supplementary Service Data
US$ US Dollar
SSGA State Street Global Advisors
VOT Video Observed Treatment
V&VN/OGZ Verpleegkundigen Openbare GezondheidsZorg (Professional Association of Nurses)
VWS Ministerie van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sport)
WHO World Health Organization
WHO/Europe World Health Organization Regional Office for Europe
WoW Wonders on Wheels
WNT Wet Normering Topinkomens
WPRO WHO TB Western Pacific Regional Office
Xpert MTB/RIF An automated diagnostic assay/test that can identify TB and resistance to rifampicin
XDR-TB Extensively Drug-Resistant Tuberculosis
ZonMW Zorgonderzoek Medische Wetenschappen (The Netherlands Organization for Health Research and Development

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TUBERCULOSISFOUNDATION

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CBF ERKEND GOED DOEL
ANBI


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