KNCV TUBERCULOSIS FOUNDATION

ANNUAL REPORT SUMMARY 2019

KNCV TUBERCULOSISFOUNDATION


AMBULANCE


USAID

CONTENTS

"For the first time in 50 years there is an impressive pipeline of diagnostics, drugs, biomarkers, digital health solutions and even some vaccine candidates"

Dr. Kitty van Weezenbeek

MESSAGE FROM OUR EXECUTIVE DIRECTOR

The year 2019 was in many aspects a year of change. It marked the near end of two decades of USAID TB Flagship funding and the preparations for a new KNCV Tuberculosis Foundation (KNCV) organization that is fit for the future. A future with the same mission, the same commitment, but a new strategy that recognizes the changing needs of TB patients, countries and TB health care providers during the elimination phase of the disease.

Hence, in 2019 we focused on a responsible restructuring of our organization in light of the lower funding level for 2020 onwards and the design of a new KNCV Strategic Plan 2020-2025. This came with the closure of several KNCV offices and the departure of many valued KNCV staff, who have worked so hard to make the USAID-funded Challenge TB (CTB) project a huge success. I take the opportunity here to thank all of them for their enthusiasm, commitment and professional attitude during the close-out phase of CTB! Our strategy to start diversifying funding sources over the past years was successful and resulted in retention of our technical staff members, and thus our technical assistance and research capacity.

The development of the new KNCV Strategic Plan 2020-2025 was informed by the global END TB Strategy; a comprehensive stakeholder analysis; donor strategies and, most importantly, our organization's comparative advantages to support countries in ending TB as a public health threat. KNCV is still the largest multidisciplinary NGO dedicated to TB worldwide!

The new KNCV strategy stresses the need for the introduction and evaluation of new tools and interventions to curb the TB epidemic. For the first time in 50 years there is an impressive pipeline of diagnostics, drugs, biomarkers, digital health solutions and even some vaccine candidates. KNCV is in the perfect position to link the research & development pipeline with the responsible introduction and evaluation of these innovative tools at country-level. The latter involves technical assistance, evidence generation, training, policy

development, advocacy, national strategic planning, and, last but not least, health systems strengthening and stigma reduction to support absorption and scale-up of innovations.

The year 2019 was in many ways a challenging year for the whole organization. But it also marks the shift to an exciting new role in the coming decade. Indeed, we are fit to fulfill our mission and contribute to the global target to End TB.

No doubt COVID-19 will affect health services worldwide, likely also negatively affecting services for TB patients in the short term. KNCV plans to mitigate against impact on TB services by contributing to Corona measures through sharing its expertise in areas such as infection control, contact investigation, laboratory capacity building, distance training, mobile and digital technologies, screening and surveillance. In the long term, health systems strengthening under Corona funding may benefit health systems and thus TB control and illustrate how TB program expertise and experience can be used in a broader health systems emergency response. ◄

Kitty van Weezenbeek
Executive Director KNCV Tuberculosis Foundation

RISK MANAGEMENT

We acknowledge the importance of risk management systems and internal controls. Our work in countries that often have a higher risk profile than 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.

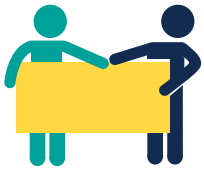
As explained in the 'Subsequent events section' in the financial statements, the COVID-19 outbreak and resulting measures taken by various governments to contain the virus have affected our project implementation during the first four months of 2020. We have taken a number of measures to monitor and prevent the effects of the COVID-19 virus such as safety and health measures for our staff (like social distancing and working from home). In addition to these already known effects, the macroeconomic uncertainty causes disruption to economic activity and it is unknown what the longer term impact on our business may be. At this stage, the impact on our business and results is limited. We will continue to follow the various national institutes policies and advice and in parallel will do our utmost to continue our operations in the best and safest way possible without jeopardizing the health of our people. The scale and duration of this pandemic remain uncertain and might impact our future income level. The main risks that result from the current uncertain situation regarding COVID-19 are:

- **Income: It is clear that many planned activities are delayed due to travel bans, lock downs in a number of countries and a period of immense pressure that COVID-19 interventions will put on countries health care systems. This will affect project implementation. Mitigating actions are being taken to reprogram funds and replace activities that require physical meetings by activities that can be done remotely. This is all done in close coordination and communication with donors and National TB Programs.**
- **Financing and liquidity: Possible effects on donor funding streams are being managed in coordination and communication with the donors.**
- **Internal controls: Because of the nature of KNCV's work most internal controls are based on a way of working that involves long distance communication. This was also the case before the COVID-19 outbreak. In-country offices where electronic banking was not yet installed efforts are focused on getting that implemented.**
- **Government assistance: We are currently investigating possible relevant regulations for such government assistance in the countries in which we operate. There is no immediate need to apply. The details of available arrangements and the period through which they remain available are unknown.**
  Going concern: whilst uncertain, we do not believe, however, that the impact of the COVID-19 virus would have a material adverse effect on our financial condition or liquidity that cannot be covered by our continuity reserve and project reserves. ◄

Photo: Jan van Mil

Laboratory staff from the KNCV-led Challenge TB project in Zambia.

KNCV IN KEY FIGURES IN 2019



Income from lotteries

€ 1.381.209

97.0%

spent on mission related goals

Income from private fundraising

€ 717.189

337 members

of staff worldwide

15.668

private donors

1.2% of income

spent on fundraising

1.8% of expenses

spent on administration and control

Income from government grants

€ 57.396.652

“Our strategy to start diversifying funding sources over the past years was successful”

Mustapha Gidado (centre), Acting Executive Director of KNCV per 1 May 2020, together with Muhammad Yunus (left) who was awarded the Nobel Peace Prize for founding the Grameen Bank and pioneering the concepts of microcredit and microfinance and Mirella Visser (right), Chair of the Board of Trustees of KNCV.

With WHO and other partners KNCV worked on the evaluation of novel diagnostics and continued work on the development of the stool test for diagnosis of TB in children.

MESSAGE OF THE TECHNICAL DIRECTOR

We look back on a year full of change, in the wider TB world as well as within the Technical Division. In addition to the political commitment generated the year before, in 2019 scientific findings brought hope to the world that prevention of TB may come within reach, with steps made in vaccine development and access to new preventive treatment for LTBI (3HP). Over 2019 the consultants in the technical division started to support countries on planning and introduction of this new LTBI treatment, building on experience from the Netherlands and other countries. A new, much shorter treatment regimen for drug-resistant TB was approved, first by the US Food and Drug Administration, followed by endorsement by WHO, an important step in the fight against severe forms of drug-resistant TB.

In 2019 our consultants worked with ten countries to prepare and develop resources for early implementation of this regimen and to understand and mitigate possible barriers for introduction, in partnership with its private donors and the TB Alliance. With WHO and other partners KNCV worked on the evaluation of novel diagnostics and continued work on the development of the stool test for diagnosis of TB in children, expecting to be able to fully operationalize the test in 2020.

In Indonesia the Yayasan KNCV Indonesia successfully brought the SITRUST laboratory sample transportation system to scale and collaborated with KNCV to start its implementation in Ethiopia and other countries.

After development of the stigma measurement tools in 2018, this year we contributed to the development of a global toolset, giving TB stigma work a broader implementation base, a great step forward.

The DGIS-supported stigma project in Kazakhstan resulted in considerable interest with NGOs and the NTP alike in and is now taken up for further development through main stream funding. In the Philippines the local partner of the DGIS-funded Building Models for the Future project succeeded to dramatically increase the screening and diagnosis of TB among vulnerable young men in Manila, a model with potential for further dissemination.

Building on the KNCV work with TB REACH and the Bill and Melinda Gates Foundation grants on digital adherence tools, the growing global momentum to implement digital treatment adherence support tools led to the launch of the Unitaid-funded ASCENT project, a partnership led by KNCV; this project is designed to implement and evaluate novel digital adherence technologies for all types of TB, to inform effective scale-up of their use in countries globally.

A systematic approach to data driven planning of country-level TB elimination efforts was developed through a global collaboration, importantly with buy-in from WHO and the Global Fund, which agreed to allow a special, simplified application process "Tailored to prioritized NSP". The Gates Foundation, driving this initiative, partnered with KNCV to led the implementation of this People-Centered Framework approach for development of National Strategic ▸

“In 2019 scientific findings brought hope to the world that prevention of TB may come within reach”

Dr. Agnes Gebhard

Plans, currently in ten countries. This is a great opportunity to build on KNCV's earlier and ongoing work in prevalence- and drug-resistance surveys and in systems building, to ensure country strategic plans incorporate the most effective mix of (existing and new) approaches. Modeling is used to support prioritization of interventions and investment.
System building continued throughout the period of the Challenge TB project; it is noteworthy that in Indonesia the Yayasan KNCV Indonesia successfully continued implementation of district PPM under Global Fund Catalytic funding and is carrying the KNCV legacy forward, while developing new innovations and funding sources.
With the WHO grant on Development of a comprehensive digital training packages KNCV is using its vast experience in capacity building and digital solutions to assist WHO in development of a comprehensive, global digital learning platform for the provision of certified training courses on the End TB Strategy components.

In the Netherlands KNCV continued its role as center of expertise, in policy development, quality promotion, capacity building and patient support and advocacy for investment in TB Elimination. With ZonMW support KNCV is leading the development of a new LTBI treatment guideline. In 2019 the global AMR conference was hosted in the Netherlands and KNCV actively engaged in the dialogue; based on its experience with designing and supporting countries in their fight against drug resistant TB, KNCV emphasized the need for awareness raising and stewardship, in addition to research and development.
Importantly 2019 was the last year of the Challenge TB Project; its successful completion was celebrated at the Challenge TB Symposium during the Union Word Conference in Hyderabad in November. During this last year gains were made in consolidation and scale-up of successful interventions, especially to find the missing TB patients, the use of new drugs and shorter MDR-TB regimens, laboratory connectivity and childhood TB. ◂

Agnes Gebhard,
Technical Director of KNCV
Tuberculosis Foundation

TEARING DOWN BARRIERS TO ACCESS TB PREVENTIVE TREATMENT

3HP: a game-changer for TB prevention

Treatment of latent TB infection (LTBI) is a critical intervention in the fight against TB. In 2019, KNCV enabled expanding affordable access to a new type of LTBI treatment that will make it easier for individuals and communities who are at risk for TB to protect themselves from developing active TB disease.

This new type of treatment has the potential to transform the delivery of TB prevention, when combined with support for programs and people with LTBI. It involves taking two anti-TB medicines, isoniazid (H) and rifapentine (P) together at high dose, once a week for three months, in a regimen known as '3HP'. Because 3HP is shorter and requires fewer doses than existing treatment regimens, it is easier to complete a treatment course, therefore making it more effective than other options. The health system will be saving costs compared to the current costs of treatment and by the prevention of future cases. Isoniazid and rifapentine have both been available for many decades, and scientific evidence supporting their use together in the 3HP regimen has been published from clinical trials conducted in high- and low-income countries over the last ten years.

Due to a number of barriers, this evidence did not immediately translate into access for eligible people due to barriers in political commitment, pricing and strategies and tools for implementation. Since 2017, KNCV has worked with the IMPAACT4TB consortium to address these access problems.

International guidance and political commitment

One of the initial successes was achieved when 3HP was included in WHO guidelines for the treatment of LTBI in 2018, which set a platform for subsequent work in individual countries. This coincided with agreement on ambitious global targets for TB prevention at the UN High Level Meeting on Tuberculosis: 30 million people should be treated for LTBI by 2022.

National partners come on board

KNCV is working directly with national partners in Ethiopia, Indonesia, Malawi and Tanzania to overcome access barriers, meet the ambitious targets, and reduce the impact of TB. In each of these countries, KNCV has successfully supported health policy and decision-making processes that led to the inclusion of 3HP in national guidelines in 2019. Although

The health system will be saving costs compared to the current costs of treatment and by the prevention of future cases

Photo: Tristan Bayly

Varell from Indonesia is recovering is recovering from his treatment he received during the KNCV-led Challenge TB-project.

inclusion in guidelines does not mandate access, it is an essential enabler: once 3HP is part of the guidelines, it can move from piloting towards national scale-up. Decision-makers in these countries should be congratulated for their enthusiasm to adopt proven innovations to improve TB care, and KNCV is proud to partner in this successful health policy initiative.

Optimization of implementation strategies

In two countries KNCV has developed collaboration to implement studies to contribute to the global knowledge about the best way to support patients to access and complete treatment for LTBI. In Malawi, KNCV is collaborating with Johns Hopkins University and national TB and HIV programs to find out whether improving the workflow in HIV clinics will increase access to TB prevention for people living with HIV. In Ethiopia, a similar partnership is set up to investigate the best way to deliver comprehensive TB prevention at the community level – including identification of those at risk, screening and treatment initiation if necessary.

The price is right

Another barrier was the price. Rifapentine was discovered in the 1960s and has been off patent for many years. But without a large volume demand for the medicine, only one manufacturer was producing it and prices were high. Once the 3HP regimen was proven to be effective for treating LTBI, national governments still could not consider placing large orders at the prevailing price, and the manufacturer would not reduce the price without having orders ensuring economies of scale.

In October 2019, a landmark price agreement was announced that would ensure an accessible price for rifapentine. This agreement was between the producer and partners including Unitaid, funder of the IMPAACT4TB consortium, and based on the anticipated demand for 3HP facilitated by the work of IMPAACT4TB. This price reduction, from USD45 to USD15 per patient, represents a major achievement for IMPAACT4TB and KNCV. Having achieved policy change and willingness to scale-up the use of 3HP in countries with high TB burden and large eligible populations, such as in the countries supported by KNCV, IMPAACT4TB was able to demonstrate that a market existed to justify a lower price and expanded production of rifapentine.

Just the start for expanded access to TB prevention

What is next for scale-up of LTBI treatment using 3HP? Starting from early 2020, KNCV will support the implementation of 3HP at large scale in supported countries. Following this, in mid-2020, the IMPAACT4TB consortium expects that the successes already achieved in terms of market-making and health policy development will result in rifapentine products being produced by generic manufacturers. This will further expand production capacity for 3HP, as well as provide a choice of products for countries to procure for an affordable price.

Starting from early 2020, KNCV will support the implementation of 3HP at large scale

NEW HOPE FOR PATIENTS WITH HIGHLY DRUG-RESISTANT FORMS OF TB

KNCV supports change management

The landscape of treatment options for patients with drug-resistant tuberculosis (DR-TB) is evolving rapidly, resulting in regular updates of the WHO recommendations and guidelines in this field. With funding from Challenge TB, the USAID "flagship" project, KNCV and partners have supported 23 countries to introduce the WHO recommended shorter (nine months instead of 20 months duration) treatment regimen for patients with multidrug-resistant tuberculosis (MDR-TB) and to introduce treatments with new drugs for people with extensively drug resistant TB (XDR-TB); while the treatment for XDR-TB patients is now more effective, it still requires patients to take approximately 14,000 pills over a period of 20 months and comes with significant toxicities. At the same time KNCV helped countries build the platforms and human resources to rapidly adopt new treatment options when these would become available.

In 2018 KNCV was approached by the TB Alliance (TBA), a not-for-profit organization working on the development of new treatment regimens for TB and DR-TB. A promising new six month treatment regimen for seriously ill DR-TB patients, developed by the TBA, which was near to the end of its development phase (Nix trial) was discussed. The regimen consists of two known drugs (bedaquiline and linezolid) and one new drug (pretomanid). Apart from the increased effectiveness and shorter treatment duration, the daily pill burden of this regimen is only 3-7 pills, resulting in less than 750 pills for a full course of treatment.

From research to implementation: understanding country preparedness for novel regimen introduction

From end 2018 till August 2019 KNCV assessed the acceptability and likeliness of implementation as well as the anticipated incremental cost of this so called BPaL regimen in three countries: Nigeria, Kyrgyzstan and Indonesia, representing three different geographies and global epidemiological realities.

Focus group discussions and individual interviews were conducted by trained local (KNCV) staff among nearly 200 stakeholders from three broad categories: caregivers, programmatic stakeholders and laboratory stakeholders, also including patient groups. After an introduction to the novel regimen and a discussion on their current practices, these stakeholders were asked to assess different aspects of benefits and challenges with regards to the ▶

KNCV helped countries build the platforms and human resources to rapidly adopt new treatment options when these would become available

current 18 – 20 month DR-TB treatment regimen and the novel BPaL regimen. In addition they were also asked to identify the anticipated practical requirements for the implementation of BPaL. After the group discussions and interviews, which were recorded for qualitative analysis, the participants were asked to score the acceptability of both the current and novel regiment on different aspects; they were also requested to score the likeliness of implementation of the novel regimen in their country.

The results overall showed a much higher acceptability of the BPaL regimen on most assessed aspects compared to the current standard. Especially the lower pill burden, the lack of injectables and the shorter duration were expected to improve the quality of life of patients and reduce the workload of health workers, reducing pressure on the health system. The main challenge for introduction of the novel regimen was the fact that a new drug was involved, initially requiring special regulations to apply regarding drug safety monitoring.

Although there were differences in the acceptability of the BPaL regimen on different aspects between the countries due to specific health system characteristics, in all three countries the vast majority of the stakeholders, after discussing the feasibility and challenges, considered implementation likely.

In addition KNCV was requested to conduct a study of the costs, from a health service perspective, of using BPaL to treat XDR-TB patients compared to using conventional treatment regimens in Indonesia, Kyrgyzstan, and Nigeria. This showed significant savings of the absolute costs, including diagnosis, treatment and treatment monitoring.

Regulatory approval brings better tolerable, effective treatment to patients

Based on the Nix trail results, in August 2019 the BPaL regimen was approved by the United States Food & Drug Administration (FDA); the TBA presented the results of 107 assessable patients (total enrollment 109) at the 50th Union World Conference on Lung Health in October 2019, with 89% favorable outcome (culture negative) after 6 months post-treatment follow-up.

The results of the assessments of acceptability, likeliness of implementation and costing of the BPaL regimen were reported to WHO, to inform the guideline development process. Publications in scientific journals are in preparation.

In December 2019 WHO published a short communication on the new DR-TB treatment guidelines, recommending fully oral treatment regimens of nine month duration for patients with MDR-TB with better safety profiles, as well as the use of the BPaL regimen for specific patient groups (mainly XDR-TB patients), under operational research conditions.

The methods used by KNCV in these studies have yielded useful information to prepare the introduction of the BPaL regimen and other future regimens in different country settings emphasizing that national introduction plans should not only focus on the regimen change but use this as an opportunity to strengthen all other aspects concerning the programmatic management of DR-TB.

The lower pill burden, the lack of injectables and the shorter duration were expected to improve the quality of life of patients

Photo: Akuzike Tasowana

DR-TB patient Bernadetta with her children in Malawi.

THE PEOPLE-CENTERED FRAMEWORK FOR TB PROGRAMMING

The fight against tuberculosis (TB) is at a defining moment in its history. Rapid and significant advances in medical technology, development of new and repurposed drugs and a concerted global research effort means that we have more knowledge and tools to adequately deal with TB than ever before.

Global political will is at its highest since countries at the 2018 United Nations High Level Meeting (UNHLM) have affirmed their political will towards the ambitious third Sustainable Development Goal (SDG) and the global End TB strategy. The 2018 Lancet Commission on Tuberculosis has emphasized the need to "explore how countries can improve outcomes and optimize use of available resources by realigning them to ensure that all tuberculosis care is people-centered and by prioritizing interventions that increase efficiencies in the delivery of tuberculosis services." However, Global TB surveillance data suggests that targets for TB control set by the End TB strategy and the SDGs are steadily moving out of reach, as national program gains are progressing much slower than necessary. The gap between estimated numbers of TB patients and those ultimately found and provided with adequate care is slowly decreasing, but it is not sufficient to get on top of the epidemic, end transmission and eliminate unnecessary suffering. Since June 2019, KNCV, funded by the Bill & Melinda Gates Foundation, has been working in close collaboration with the World Health Organization (WHO) and Linksbridge SPC on refining and operationalizing The People-Centered Framework for TB programming (PCF)[1], to provide countries with the necessary tools and approaches to optimize their National Strategic Plans. Where traditional program planning mainly focused on the epidemiological situation, the PCF approach is adding relevant health system capacity and "people data" (e.g. preferences in health seeking behavior, socio-economic risk factors, cultural barriers, etc.) and examines these along the patient care continuum, identifying gaps and opportunities. The aim is to optimize the program through realigning and prioritizing intervention packages that increase efficiencies in the delivery of people-centered TB services, closer to where they should be delivered to meet patient preferences. The PCF approach is also promoting an extended stakeholder engagement in the planning and implementation process, (including affected populations, civil society, private providers, other non-health sectors) through a comprehensive partnership framework aligned to each stakeholder's comparative advantage.

The PCF approach helps countries to develop a fully prioritized and budgeted TB National Strategic Plan (NSP), which is people-centered, optimized, responsive, resilient and evidence-based, and in sync with other national planning timelines. The resulting NSPs enable countries to use the generated evidence and evidence-based strategies to negotiate harmonized and optimized engagement and resource allocations from domestic and external stakeholders alike. These NSPs are the basis of a robust national response towards ending TB in line with the End TB Strategy and overall

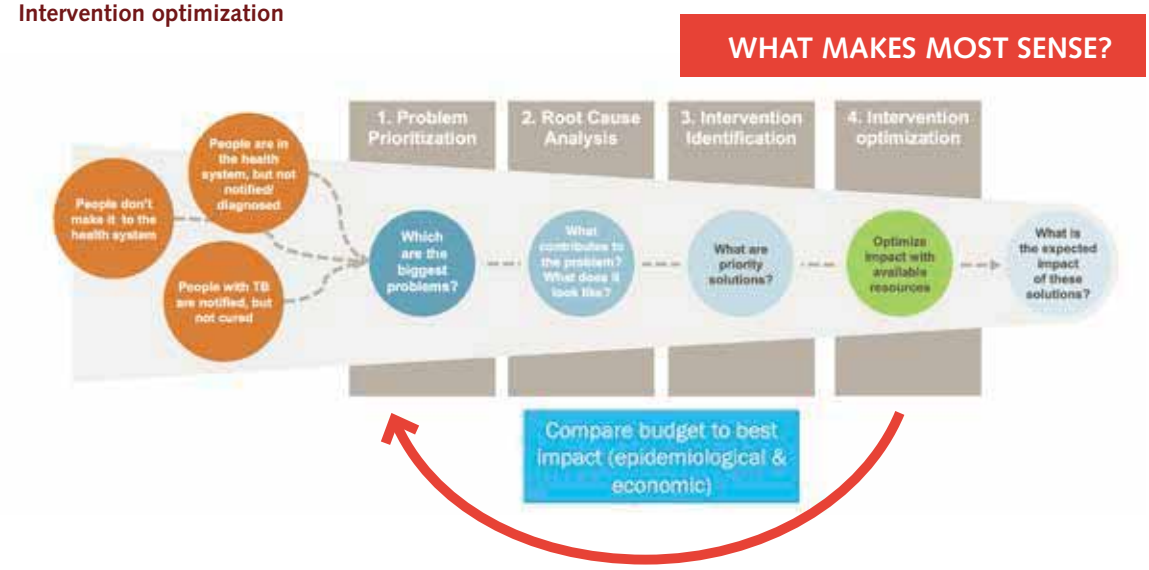
1 Hanson, C., Selwyn, C., Nishikori, N., et al. (2018), White Paper: Improving the Use of Evidence for TB Programme Planning: a framework for people-centered data consolidation and policy translation., presented at the WHO Global Task Force on TB Impact Measurement - Seventh Task Force meeting, 1-4 May 2018, Glion-sur-Montreux, Switzerland; https://www.who.int/tb/advisory_bodies/impact_measurement_taskforce/meetings/seventh_meeting_2018_05/en/

national moves towards Universal Health Coverage (UHC).
As a result of the consultative and evidence-based nature of the approach, engaging all relevant stakeholders along all steps of the process, we witness greater consensus on findings, analysis and interpretation of the situation analysis and the resulting jointly developed course of action. This leads to greater country capacity, ownership and commitment among all stakeholders to invest and engage in a cohesive and optimized manner. Furthermore, it encourages better collaboration of all relevant stakeholders, by building on their respective comparative advantages and skills in both, planning, implementation and evaluation of the program.

In 2019, KNCV has developed a comprehensive training and support package and assisted nine early adopter countries in the implementation of the PCF approach for NSP development. The approach has furthermore been successfully used by countries for NSP validation, grant reprogramming, Technical Assistance mapping and focused intervention planning. We are currently developing and refining analytic tools and aids, to facilitate the ease of application allow for their adaptation for continuous monitoring during actual program implementation. The PCF approach has already been adopted as the accepted best practice approach for TB programming (with acknowledged applicability of the same principles and methodology for other programs). KNCV is currently working with the WHO and relevant partners to align established standardized program review and evaluation formats and guidelines like the Epidemiological Review and Joint Program Monitoring/ Review to the PCF approach. ◀

"TB patient journey" along the care continuum

Intervention optimization



PREVALENCE SURVEY REPORT

It is not exactly known how many persons get TB every year, as not all persons with TB develop or experience symptoms, some do not seek care for a variety of reasons, and others are not reported when they actually seek care and are diagnosed. To get an idea of the real burden of TB disease in a country, and to learn more about TB patients who had not yet been identified by the health system, prevalence surveys are useful studies.

These surveys take a random sample of the population in which the number of people with TB is measured using sensitive screening and diagnostic techniques. If a prevalence survey is repeated after some time, by comparing the burden during the first and the next survey, one can estimate the trend (i.e. less or more TB than in the previous survey(s)). KNCV consultants have been involved in many prevalence surveys across the world. An example will be given of the prevalence survey in Vietnam, supported by KNCV.

The second national tuberculosis prevalence survey in Vietnam

The Vietnam National Tuberculosis Program (NTP) with technical support from KNCV started in October 2018 its second national TB prevalence survey. The survey aimed at broadly evaluating the effect of interventions to reduce the burden of TB disease in Vietnam since the first national TB survey conducted in 2006-2007.

The second national TB prevalence survey continued for five months and included nearly 90,000 adult people across the country. All participants were screened using a short TB symptom screening questionnaire and a chest X-ray. Participants presenting with any of cough of two-weeks duration or more, TB treatment in the two years before the survey, or chest X-ray findings suggesting TB were asked to give two sputum samples. In sputum of most patients with lung TB, TB bacteria can be detected using sensitive tests. All participants in whose sputum TB was detected were reviewed by an expert panel, who decided who currently had TB disease and who did not have TB disease.

All data collected were directly entered into a database, which was synchronized with a central server on a daily basis. The survey used modern and very sensitive laboratory techniques to detect TB. Also, we conducted data analysis according to the state-of-the-art analysis techniques.
This survey showed that the TB burden in Vietnam remains high, with 322 TB patients per 100,000 adults (uncertainty interval, 260-399 per 100,000 adults). It also showed that half of the TB patients did not have the standard symptoms that are commonly used to identify patients for diagnostic testing; instead, they were identified because their chest X-ray showed some abnormality suggesting TB disease. This means that in the future the symptom screening questionnaire will be replaced by testing by X-ray and Xpert (also called the "Double X Strategy"). By adopting this strategy the program can find previously missed people with TB.

Last but not least, the survey allowed to strengthen the national research capacity in Vietnam. KNCV Tuberculosis Foundation experts, along with experts from WHO and US CDC conducted several monitoring missions and provided hands-on training on the survey field operations, data management, chest X-ray reading, laboratory standards, and procedures. One of the NTP staff members was enrolled in the Ph.D. program at The University of Amsterdam, Amsterdam Institute for Global Health and Development, and KNCV. ◀

Vegetable seller Vu Manh from Vietnam had his whole life turned upside down because of TB. He was diagnosed with XDR-TB, his wife with MDR-TB and their children have been put on preventive TB treatment.

TB Patient Suleiman Ibrahim is following treatment in the Minna General Hospital in Nigeria where KNCV assists.

A FIVE-YEAR STRATEGIC PERIOD (2015-2019) REFLECTED

The three key strategic directions for KNCV during 2015-2019 included improving access to TB prevention and care for all forms of TB, evidence generation, and supporting systems for National TB Programs for an effective and efficient response to the TB epidemic. These strategic directions guided KNCV's acquisition and implementation of projects.

KNCV, through several projects and especially with Challenge TB, worked in close collaboration with the Global Fund and other TB stakeholders at country-level to ensure access to quality TB services through data-driven planning, alignment of TB services with patient pathways and addressing key barriers to access like stigma and the catastrophic costs that can follow from being diagnosed with TB.

Evidence generation was mainstreamed as part of the project implementation, leading to documentation and publication of 196 manuscripts. Part of the evidence that was gathered, supported policy development at a global-level in the areas of the introduction of new drugs and regimens, laboratory strengthening, preventive treatment (3HP), and use of digital adherence technology. Lastly, KNCV developed tools to support National Tuberculosis Control Programs (NTPs) with the uptake of new technologies. Through technical assistance KNCV strengthened the capacity of NTPs and community based-organizations in different countries on quality implementation of TB services including advocacy.

Lessons learned within the past five years and observing the changes within the TB landscape and context (including the UNHLM targets, Universal Health Coverage, new drugs and regimens, laboratory technology, and role of digital technology) formed the basis for a new five-year strategic plan (2020-2025). This plan makes a strategic shift, the focus is on innovation, evidence generation, data-driven planning at national and sub-national levels, and strengthening systems for uptake of innovation and delivery of quality of care.

In the 2020-2025 strategic plan, KNCV will ensure that routine quality TB services are implemented by NTPs, a network of KNCV national NGO's and national CBOs. KNCV will focus on capacity strengthening, the introduction of new innovations and medicines, and evidence generation. ◄

New drugs and regimens, laboratory technology, and role of digital technology) formed the basis for a new five-year strategic plan

The end of Challenge TB

For the past five years KNCV led and implemented the Challenge TB Project (CTB). By December 2019, 19 countries and two regional projects successfully closed-out programmatically and administratively. The remaining five countries and the CTB prevention project will close-out by March 2020 (when the overall project officially ends as well).

The CTB-supported countries jointly achieved the following results during the five-year project period:
- 7.3% reduction of the TB incidence rate above the global average of 6.3%
- 85% treatment success rate with more than ten countries above 90%
- 10.2 million people successfully treated
- 275,000 people initiated on treatment for MDR-TB
- Provision of ART for 86% of people infected with both TB and HIV

One of many successful interventions was the scale-up of GeneXpert in countries: in 2019, 4,561 GeneXpert machines were available in the CTB-supported countries, which led to the scale-up of testing of TB patients for resistant TB to 87% (2018). Another success story was the introduction of new drugs and regimens (NDRs) across 23 countries. The scale-up of GeneXpert and the introduction of NDRs was based on a package approach (a combination of standard guidelines, tools and activities supporting the introduction of new interventions), which made it easy to replicate the interventions across most of CTB-supported countries.

The success of CTB was linked to the coordination and collaboration with partners at all levels. Leveraging interventions implemented by the Global Fund and other USAID-supported mechanisms increased CTBs impact. Implementation was done through national health systems and with local partners, as part of the countries' journey to self-reliance.

An important focus of CTB was capacity building of NTPs and local organizations in order to prepare them to identify gaps, develop work plans, and implement and monitor interventions. The project signed 387 subawards with 163 different organizations, of which 152 were local. The subawards covered 10% of the total project budget. During the last few months many of the local organizations (in Burma, Democratic Republic of the Congo, Indonesia, Malawi and Nigeria) were able to successfully apply for new funding mechanisms.
CTB had a successful and well attended close-out event at the Union World Conference in Hyderabad (India). The close-out event marked the end of 20 years of successful implementation of USAID-supported global flagship projects. Dr. Gidado, Project Director CTB, mentioned during the closing ceremony at the Union World Conference: "It was a complex but successful project. We saved lives and reduced suffering of millions."

Paran Sarimita Winarni, a 37-year old TB survivor from Indonesia, mentioned during the close-out ceremony that the support from CTB Indonesia (with KNCV as lead partner) showed her that TB patients can take a meaningful part in the fight against TB. She was grateful that the project looked at the human beings behind the numbers.

Looking forward

During the first quarter of 2020 the Project Management Unit will support the close-out of the remaining five countries and the CTB prevention project. The team will also work on the finalization of the Global End of Project report as well as the financial and administrative close-out of the overall project.

Implementation of 20 years of USAID-funding has made KNCV stronger: as an organization we are able to support countries in a systematic way, and we can support the introduction of new tools and regimens based on systems which were built under CTB. As a result of this, we are a trusted partner of the NTPs, (inter)national partner organizations as well as donor organizations. Diversification of funding made it possible that KNCV currently has activities in many former CTB supported countries. ◀

Photo: Hein Htet

School class during 'Cover your cough' course from Challenge TB in Myanmar.

“KNCV continues to provide needs-based technical assistance to all relevant countries worldwide”

Dr. Mustapha Gidado

INTRODUCTION TO OUR PROJECTS WORLDWIDE

Throughout 2019, KNCV has been involved in the fight against TB in more than 25 countries. As a result of successful funding diversification a diverse portfolio of different projects, funded by different funding streams, are being implemented by KNCV, often in collaboration with different local and international partners.

As the lead partner of 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. Important focus in most CTB countries has been on the transitioning as the CTB activities have ended in most countries by the summer except for Zimbabwe, Ukraine, Afghanistan, Botswana and Nigeria as activities in these countries will be finalized in the first quarter of 2020.

During 2019 KNCV scaled-down the number and size of the country offices in line with the post CTB project portfolio and we maintain presence on the ground in seven countries by the end of the year. Besides that, KNCV continues to provide needs-based technical assistance to all relevant countries worldwide.

It has been a very dynamic year for our teams in the different countries as well as on a central level. The persistence and commitment to successfully complete activities, as well as the enthusiasm of all staff working on other ongoing and new projects has been heartwarming and key to the successful implementation of the different projects in the fight against TB.

In the following pages an overview of KNCV projects beyond CTB is presented, demonstrating a further diversification of funding sources shifting into prioritized innovation areas and building on our exiting in-country implementation capacity.

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

KNCV NETWORK MAP 2019

01 **KNCV CENTRAL OFFICE:**
The Netherlands

KNCV OFFICES:

02 Nigeria
03 Ethiopia
04 Kenya
05 Tanzania
06 Malawi
07 Botswana
08 Namibia
09 Kazakhstan
10 Kyrgyzstan
11 Tajikistan
12 Vietnam
13 Philippines
14 Indonesia

Countries where KNCV is also active:

15 Ghana
16 Uganda
17 Rwanda
18 Zambia
19 Zimbabwe
20 Mozambique
21 Swaziland
22 South-Africa
23 Ukraine
24 Uzbekistan
25 Afghanistan
26 Myanmar
27 Cambodia

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.

Treatment Adherence / Bill and Melinda Gates Foundation

This project resulted in TB REACH projects in Tanzania, Philippines and Ukraine

The 'Treatment Adherence' project, funded by the Bill & Melinda Gates Foundation supports selected countries to develop demonstration projects of either 99DOTS/MERMS or both.

The project provides technical assistance to the selected projects to develop, implement and evaluate demonstration projects including addressing key questions with regard to feasibility and approaches to differentiated care; and share knowledge and results, including development of a standard implementation package to support national and global scale-up of adherence technologies.

KNCV conducted business development and local stakeholder engagement trips to Ethiopia, Tanzania, Nigeria, and the Philippines, gathering additional information and consulting with local partners in order to develop comprehensive TB REACH proposals.
This funding from the Gates Foundation has been successful in increasing KNCV's capacity to support digital health solutions and implement improved strategies around diagnostic connectivity and adherence technology.

In 2019, we continued providing technical assistance to the implementation of digital adherence technology (DAT) in Tanzania, Philippines and Ukraine. We supported the implementation of research on the effectiveness, feasibility, acceptability and accuracy of DAT in Tanzania and the Philippines.

Globally, we supported Stop TB Partnership and in standardizing DAT data collection and reporting within TB REACH Wave six grants. We developed and launched the DAT implementation package (www.adherence.tech), which is a tool to guide countries in introducing DATs in their health programs. Finally, we facilitated a symposium on the implementation of DAT during the Union World Conference 2019.

Global Fund to fight AIDS, Tuberculosis and Malaria (GF)

Nigeria

'The Global Fund to fight AIDS, Tuberculosis and Malaria' project seeks to address the key programmatic gaps, in particularly 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 contributed to the limited performance of the NTP to date.

In 2019 we supported the patent medicine vendors, community pharmacists and traditional birth attendants in showing an increase in referrals of presumptive TB patients. We also supported the private-for-profit sector in their diagnosis of presumptive TB patients. The project continued to support these facilities and groups with mentoring, supportive supervision and onsite data verification.

Improved TB/HIV Prevention & Care – Building Models for the Future project) / Dutch Ministry of Foreign Affairs

Kazakhstan, Philippines, Nepal, Swaziland, Indonesia, Nigeria

The Building Models for the Future project (BMF) 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 BMF project was set to close in 2019. This has been a successful end-of-project year for the BMF project. The models developed in Kazakhstan, the Philippines and Nigeria transitioned to each respective government. In all three countries we were able to support effective partnerships between the governments/public sector, private health care providers and key populations. The quality and accessibility of services in the non-public sector improved. In each country, the BMF partnership had a different focus.
In Kazakhstan, we created partnerships between private health facilities and local NGOs. The NGOs cater to a number of different patient support needs, e.g. legal and socio-psychological support. In the Philippines, networks of different private providers were established with faith-based, mall-based, hospitals and private clinics referring and supporting each other. In Nigeria, quality parameters and digital innovations have brought government stakeholders and private facilities closer together and form the basis for facility accreditation.

In August 2019, in "transition" workshops, the models were handed over to the respective governments. In the latter part of the project year, we conducted an internal evaluation of all three project pillars as well as the BMF partnership of KNCV, AFEW, PAI and Hivos. Early learnings from the evaluation brought forth a need to address TB-related stigma in our project countries. In response to this, we piloted three stigma reduction tools to patients groups and health care workers, i.e. 'TB Photovoices', 'From the Inside Out' and the 'Allies Approach'. This was concluded with a Stigma Reduction Symposium with ex-patients, healthcare workers telling their stories to a Dutch audience.

Life in our community from Jeanne, a TB Photovoices participant in Manila.

IMPAACT4TB / Unitaid

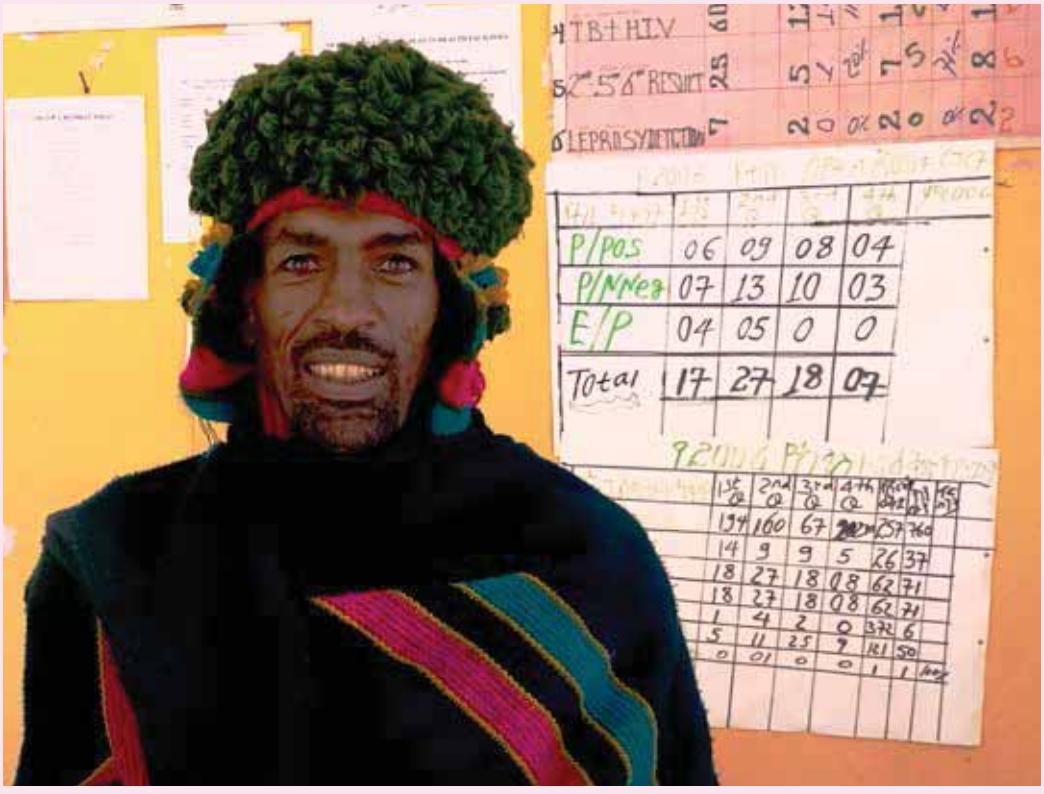
Ethiopia, Indonesia, Malawi, Tanzania

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 (Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB) 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.

During the last quarter of 2019 agreement was reached on the price of 3HP. The agreement brings a one-month supply of rifapentine tablets down from US$15 to US$5 per patient pack for the public sectors of high-burden TB countries. This agreement paved the way for countries to procure the drugs and ensure readiness for treatment of patients starting early 2020 with 3HP.



TREATS / EDCTP

Zambia, South Africa

The TREATS (Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for Active TB) project is measuring the success of a 'universal test and treat' project called PopART in reducing the prevalence and incidence of TB in Zambia and South Africa. These findings will help to define new policies and approaches for tackling the TB-HIV epidemic. The project is conducted in 21 urban, high prevalence communities in South Africa and Zambia. The project consists of four linked studies that will provide evidence of the effect of the household-level combined HIV and TB prevention intervention on the burden of TB at population level.

The two main outputs are:
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.

KNCV has a leading role in the implementation of the Prevalence Survey. This survey targets to collect data on 56,000 participants over the project duration. The survey was launched end of February in Zambia and end of March in South Africa after successful completion of pilot studies in both countries and through testing of an innovative digital Data Management System. In the first communities in both countries a so-called intensive diagnostic phase was conducted to gain key insight in the optimal diagnostic algorithm for the survey using a combination of GeneXpert ULTRA and culture as diagnostic tests. Global discussion arose after recent national TB prevalence survey showed discordant results making interpretation of results and how to define what is a TB case challenging.

TREATS presented the key intensive diagnostic phase findings on GeneXpert ULTRA and culture results during a symposium at the Union World Conference, titled: "Lessons learnt from national TB prevalence surveys using culture and Xpert MTB/RIF, TB or not TB?" in October 2019. The findings were very well received and are an important contribution to the global discussion on how to optimize the conduct of TB prevalence surveys. Fieldwork will continue with an adjusted algorithm minimizing the use of culture. Field work is expected to be completed in Q3 of 2020.

PAVIA / EDCTP

Tanzania, Nigeria, Ethiopia, Eswatini (formerly Swaziland)

PAVIA (PhArmaco Vigilance Africa) is an EDCTP-funded project led by Amsterdam Institute for Global Health and Development (AIGHD) with KNCV being one of the key partners. The primary focus of the project is developing local systems and improving safety of new drugs for treatment of multidrug resistant tuberculosis (MDR-TB). As a project implemented by a consortium of nine African and four European organizations, the project seeks to ensure local leadership in strengthening pharmacovigilance (PV) systems in Africa. The experience gained through this project will be used to strengthen the PV of drugs used for other diseases of public health importance.

KNCV leads the Monitoring and Evaluation component (Work Package 4) of the project. The objectives of Work Package 4 are three-fold:

- Analyze PV structures and processes at baseline to develop a country-specific roadmap
- Evaluate impact of the project on PV outputs, i.e. adverse event data generated and its impact on policy and practice
- Develop a blueprint to guide scale-up of PV in other African countries

Key results in the KNCV work package area of 2019 are:

- Baseline assessment was completed in all the four countries. Based on the baseline assessment reports, roadmaps which describe the national PV were finalized in all four countries, and final approvals are pending in Eswatini and Ethiopia.
- PAVIA symposium was organized at the 50th Union World Conference in India under the title: "Sustainable models for strengthening pharmacovigilance of TB medicines and diagnostics: global and regional perspectives and country examples"
- A paper describing lessons learnt on pharmacovigilance (mainly including those from CTB) was published: Tiemersma et al., Eur Respir Rev 2019; 28: 180115. Integration of drug safety monitoring in tuberculosis programs: country experiences.

TB REACH Tanzania / Stop TB Partnership

Tanzania

In Tanzania, the population of workers involved in the mining sector is a high-risk group for TB. This is especially true for individuals involved in small-scale (artisanal/ informal) mining communities where persons are living in poorly ventilated, crowded mining camps, work underground in small, dusty spaces, and do not have access to the company-employed TB doctors typical in the large-scale mining industry. These small-scale miners are particularly mobile, as gold rushes are common, and miners move often between different mining camps. Furthermore, these mobile mining populations often lack the built-in community support associated with rooted family support systems. The TB REACH project in Tanzania introduces 99DOTS as a Digital Adherence Technology (DAT) in the gold mining Geita region in northwestern Tanzania to enable treatment and adherence support for miners with Drug Resistant Tuberculosis (DS-TB).

Since 2018, KNCV has rolled-out DAT demonstration projects in three countries – Philippines, Tanzania and Ukraine-, funded by the Stop TB Partnership, TB REACH. The goal of these demonstration project is to assess the feasibility, acceptability by patients and health care providers, and the accuracy of digital adherence technologies. In addition, the project will assess the overall impact of DATs on treatment outcomes and general adherence behavior. As part of the project, KNCV will determine the necessary adaptations needed to make DATs suitable for a variety of contexts, including how to incorporate patient-centered mechanisms, and steps to scale-up and sustain these innovative approaches.

Project highlights

- Over 790 patients registered on the DAT platform
- Surveys from over 170 patients and health care workers on the acceptability and feasibility of DATs in Tanzania
- Patients empowered with insights into their treatment adherence to better support themselves
- Custom adaptations to the sleeves for usability in Tanzania that can be replicated across other products.

One of the main benefits of DATS is the availability of electronically compiled dosing histories which can be used to efficiently guide individualized patient centered care. To support the current DOT standard of care in Tanzania, which is (>90% of patients) 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. Where patients have missed two or three consecutive daily doses of medication, the DAT prioritizes these patients and sends an SMS reminder to the health care provider to call or visit these patients at home, to counsel and motivate patients to take their medication.

This technology driven intervention has empowered patients and supported health care workers to improve the current DS-TB regimen performance by closing gaps in treatment (half of the cascade of care).
DATs can play an important role to reinforce patient medication adherence and facilitate monitoring and triage of patients by health systems, this can include customized motivational and educational messages based on patient dosing histories for patients who need more support.

TB REACH Philippines / Stop TB Partnership

Philippines

The TB REACH projects on treatment adherence, funded by Stop TB

Partnership aims to:
(ii) 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.

In 2019 we had the following successes:
- The treatment success rate was 79% (213/269) with 82 patients still undergoing treatment
- We secured buy-in of NTP (national, regional, local) and other stakeholders (e.g. WHO, private and public sectors)
- DAT is now included in the revised NTP Manual of Procedures
- We identified and proposed modifications needed in 99DOTS application and dashboard for enhancements in ASCENT
- Participatory localization/customization of DAT and establishment of differentiation pathway of care – by regional and local stakeholders.

Photo: Kathy Fiekert

Little boy with TB and his friend in front of the local pharmacy on the Philippines where KNCV works on the projects Building Models for the Future and TB REACH.

TB REACH Nigeria /Stop TB Partnership

Nigeria

The KNCV-led TB REACH project, "Scaling up Innovative Delivery of TB Care to Nomadic populations in northeastern Nigeria", funded by the Stop TB Partnership, was coordinated on the ground by two community-based organizations (CBOs) active in three states in northeastern Nigeria (Adamawa, Gombe and Taraba). KNCV provided technical and fiduciary guidance to the CBOs (Janna Health Foundation and SUFABEL Community Development Initiative).

The purpose of this project was 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 was also to stimulate policy change on the allocation of scarce resources to improve TB case detection.
The project was launched at the end of 2018.

Community leaders, both male and female, were engaged as TB advocates. A cadre of volunteers were recruited, and many were provided with motorcycles to reach rural areas for screening and to transport sputum specimens to TB laboratories. In 2019, nearly a half million nomads (men, women and children) were actively engaged for TB screening.

In 2019, nearly 3,000 confirmed TB cases were diagnosed and put on appropriate treatment as a result of this project. In addition, as nomads are at greater risk for zoonotic tuberculosis due to drinking unpasteurized milk and exposure to animals with bovine tuberculosis, an operational research project was initiated by KNCV in collaboration with the CBOs and the National TB & Leprosy Program, Nigeria. This study will help to understand the magnitude of the burden of zoonotic TB among the nomadic population and potential measures to prevent it.

TB REACH Ethiopia /Stop TB Partnership

Ethiopia

The overall goal of the TB REACH 'Improving TB Preventive Treatment among Under-five Children through Engagement of Women's Indigenous Associations in Ethiopia project is to strengthen Tuberculosis Preventive Treatment (TPT) among under-five children through a women-centered approach.
Our objectives are: (1) To increase TPT initiation rates from 53% to 98% among under-five children in the project zones; (2) To increase TPT completion rates by 50% from baseline. Our target is to screen 4833 contacts and treat 805 under-five children from Yeka sub-city of Addis Ababa and Gamo Goffa zone from SNNPR.
KNCV will deploy a women-led, innovative community-based treatment support strategy through Iddirs (membership-based indigenous local associations of people who have voluntarily entered into an agreement to help each other) to improve initiation and completion rates of TPT among under-fives in two zones of Ethiopia. We will partner with and build the capacity of a local NGO, Love in Action Ethiopia (LIAE), with previous experience in engaging Iddirs in HIV care and other social services. We will employ a rigorous monitoring and evaluation system using control zones to measure the effectiveness of the interventions for future scale up. Empowering women and girls will be an integral component of this project.

Development of a comprehensive digital training package

This project facilitates the development of a comprehensive, global digital learning platform for the provision of certified TB related training courses on the End TB Strategy for strategically targeted audiences (e.g. TB policy makers, consultants of technical agencies, TB program managers and district TB officers, among others).

In 2019, an inventory/mapping of partners engaged in TB related training activities was undertaken along with a critical assessment was done of existing TB-related training curricula, pedagogical methods and tools used. This was complemented by an assessment of available digital global training platforms.

Projects in the Netherlands

The Netherlands

There was a diverse set of activities focusing on TB control in the Netherlands.

Netherlands Tuberculosis Control Policy Committee (CPT)
The Netherlands Tuberculosis Control Policy Committee (CPT) endorsed an update of the guidelines for screening of asylum seekers and immigrants. The most important changes were:
- Immigrants from countries with WHO indigence <100 per 100,000 are exempted from mandatory TB screening on entry
- Migrants from countries with WHO indigence >200 per 100,000 eligible for follow-up screening may be offered LTBI screening as an alternative to biannual radiological screening in the first two years after arrival.

Against Tuberculosis
A special edition of Tegen de Tuberculose (Against Tuberculosis) was prepared, featuring presentations from the Netherlands during the Union World Conference of October 2018. This magazine will be published in the end of April. In 2020, we will stop the magazine in its current form and continue featuring achievements and news from the Dutch TB control and research institutes as part of the KNCV website.

DNA-fingerprinting
Handover support of DNA-fingerprinting surveillance to RIVM: DNA-fingerprinting and WGS is now an established method supporting TB surveillance. KNCV is in discussion with RIVM to handover the task to RIVM. KNCV initiated this project in 1993 in collaboration with RIVM. As of 2019, KNCV's role in this project is limited as all the work is done under the auspices of RIVM.

Review of the Dutch TB Program
The third international review of the Dutch TB Program by a team of experts from ECDC and WHO-Euro took place. KNCV was one of the host-organizations and accompanied one of the teams during their visits. The review focused on developments in the introduction of LTBI screening among high risk migrants and Human resource requirements of public TB control system in view of pre-elimination.

Country List TB Screening and vaccination 2020
Every year, KNCV prepares the country list TB Screening and Vaccination. This list offers advice on BCG vaccination for children (0-12 yrs) and screening of immigrants and tourists.

European Advanced Clinical TB course organized
The 7th European Advanced Course in Clinical Tuberculosis (TB) offered an informative and interactive program with national and international speakers with a comprehensive experience in the field of clinical tuberculosis throughout Europe. The purpose of the course is to improve the capacity of medical specialists and TB control professionals in addressing the needs of TB patients and the challenges in TB control in their countries. The program featured updates on the epidemiology and the state-of-the-art of TB-immunology, diagnostics of TB, clinical management and patient-centered care. In addition, the program included an update on global developments in TB research and control. The course provided the participants a forum for interaction and collaboration with international colleagues. The course was organized by KNCV Tuberculosis Foundation, in collaboration with Erasmus MC and the consortium members Karolinska Institute, FILHA and TBNet.

GeneXpertMTB / RIF test / Cepheid

Nigeria

The GeneXpert MTB/RIF test from Cepheid HBDC, endorsed by the World Health Organization (WHO) for roll-out in 2010, has tremendous potential for improving TB diagnostic capacity and, as such, TB control in high-burden countries.

The use of the GeneXpert MTB/RIF test is increasing exponentially at a global level. However, resource-constrained countries are faced with some operational difficulties and sub-optimal performance issues. These include, amongst other challenges, the following domains: (i) strategic planning of where to place the GeneXpert MTB/RIF machines; (ii) how to use them in a standardized fashion with a clear diagnostic algorithm; (iii) procurement and supply chain management of GeneXpert MTB/RIF supplies; (iv) required laboratory infrastructure (e.g., UPS, power surge protectors, electricity, air-conditioning, security); (v) training; (vi) routine supervision of laboratory and clinical staff; (vii) monitoring and evaluation of the quality of services (including linkages of the GeneXpert MTB/RIF test result with treatment and treatment outcome);(viii) installation and maintenance; (ix) troubleshooting.

KNCV was appointed as authorized service provider (ASP) for GeneXpert in the year 2014. The major role of KNCV as the ASP is to mitigate the above-mentioned challenges. The Cepheid project covers all GeneXpert in all states in Nigeria (36 + FCT). To achieve part of this broad strategy, KNCV proposes a collaboration with CEPHEID HBDC with a basic service package to support TB control in high-burden and developing countries through National TB control programs, National HIV/AIDS programs and other stakeholders by further ensuring well-functioning GeneXpert MTB/RIF equipment. In 2019, we continued to monitor the project's Key Performance Indicators to show a reduced repair time for faulty equipment. We organized a stakeholders meeting between Cepheid and the National TB Program to provide lasting solutions including issues of comprehensive & constant warranty coverage and we provided trainings for additional test menus.

PODTEC / KNCV

Ethiopia

As part of the effort to avail simplified TB diagnostic methods for children, KNCV developed the Simple One-Step technique which utilizes simplified stool testing methods using Xpert/MTB/RIF assays. To further optimize the approach, KNCV in collaboration with the Ethiopian Public Health Initiative (EPHI), started implementation of the PODTEC project whose objectives are three-fold:

- Optimize the KNCV SOS method through a series of experiments using stool samples from confirmed samples
- Enhance specimen transport systems from remote areas by using electronic notification system
- Demonstrate the impact of these interventions under small-scale implementation condition in areas with limited access to TB services

ASTTIE / WHO

Ethiopia and Indonesia

Alternatives to Sputum for TB Testing in Indonesia and Ethiopia (ASTTIE) / WHO Diagnosis of TB in children is made difficult by children not being able to expectorate sputum on command. People living with HIV (PLHIV) often also find expectoration of sputum challenging. This project 'Alternatives to Sputum for TB Testing in Indonesia and Ethiopia (ASTTIE)' assesses how non-evasive testing (stool testing for children and urine testing for PLHIV) could confirm TB infection and would lead to more accurate diagnosis and timely treatment, and provides recommendations on how this testing can be incorporated into diagnostic algorithms. Since project approval in late 2019, the study teams were recruited and protocols were developed and fine-tuned in collaboration with stakeholders in Ethiopia and Indonesia ensuring readiness for full-scale project implementation in 2020.

People-Centered Framework for NSP development
(Bill & Melinda Gates Foundation)

Cambodia, Ethiopia, Ghana, Indonesia, Namibia, Rwanda, Tanzania, Uganda, Vietnam

The People-Centered Framework for National Strategic Plans (NSPs) development project, funded by the Bill & Melinda Gates Foundation (Development of prioritized NSPs for tailored applications to the Global Fund (GF)) assists nine NTPs in the development of people-centered, optimized, responsive, resilient and evidence-based NSPs using the people-centered framework for TB programming (PCF).

The PCF promotes better systematic utilization of available data and evidence in planning and program management by examining them following the patient journey along the care continuum ('cough to cure').

The approach also fosters a greater engagement of a wider relevant stakeholder community (including affected populations, community networks and organizations, relevant non-health sector partners and ministries, etc.) throughout the program cycle through a comprehensive partnership framework aligned to each stakeholder's comparative advantage.
This practice promotes greater consensus on findings, analysis and interpretation of the situation analysis and the resulting jointly developed course of action. In turn, this leads to greater country capacity, ownership and commitment among all stakeholders to invest and engage in a cohesive and optimized manner. Furthermore, it encourages better collaboration of all relevant stakeholders, by building on their respective comparative advantages and skills in both, planning, implementation and evaluation of the program.

The project documents the experiences gathered throughout the processes to refine the approach and develop relevant toolkits, guidelines and training materials as well as a peer support platform for mutual experience sharing and support between countries. The model approach is already WHO endorsed for future strategic TB programming worldwide and planning, program and epidemiological review guidelines will be revised in 2020 to align to the PCF approach. In 2019 we have started to assist the 9 countries which are all supposed to submit to the GF in windows 1-3 (between March and August 2020).

E-DETECT/EDCTP

Romania, Bulgaria

E-DETECT TB (Early detection and integrated management of tuberculosis in Europe) is a four-year collaborative project of TB experts, universities, charities and national TB programs supported by the EU.

The project started in 2015. The different work packages (WPs) in the project sought to utilize evidence-based interventions to ensure early diagnosis, improve integrated care and support community and prison outreach activities in low and high-incidence countries. KNCV was actively involved in three work packages: WP4 Outreach for early diagnosis, WP6 Establishing a database of latent and active TB in Europe, WP7 Supporting national TB programmes.

KNCV was the lead partner in WP4 in collaboration with the UK Find &Treat Project and the Romanian Marius Nasta Institute. Building on experience with active case finding in vulnerable groups in The Netherlands a screening project amongst prisoners was introduced with Mobile x-ray unit (MXU) and computer aided detection for TB (CAD4TB).

Although the initial objectives for WP4 were not reached, important lessons were learned from the project. In Romania, the project contributed to the launch of nation-wide active case finding project with the use of MXUs in November 2019. In WP6 the multinational database was established. A no-cost extension for this work package was granted by the EU, to enable the partners to analyze and report the data to a wider international audience. Several peer-reviewed publications on the achievements in E-detect TB work packages are in preparation.

TB Alliance Situational Analysis

Indonesia, Kyrgyzstan, Nigeria

In three countries, representing different geographical and epidemiological situations, KNCV conducted a situational analysis on acceptability, likelihood of implementation and costing of novel TB regimens (BPaL and BPaMZ), which are under development by the TB Alliance.

KNCV country teams in Nigeria and Kyrgyzstan and a country team from the Yayasan KNCV Indonesia conducted stakeholder interviews through focus group discussions and individual interviews; teams collected both qualitative and quantitative information. The country teams were supported by research and PMDT consultants from KNCV the Hague. Interviews were written and translated, all information was imported in a database and analyzed.

The results of the assessment were shared with the TB Alliance in reports. The BPaL report was shared with WHO, to inform new recommendations regarding the use of BPaL for patients with drug-resistant TB.

Planning for new regimen introduction / TB Alliance

Indonesia, Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine, Uzbekistan

Under the TB Alliance project on planning for new regimen introduction KNCV supported dissemination of knowledge on new all oral DR TB treatment options and planning steps for introduction of new drugs and regimens.

Aim was to ensure countries would be ready to apply new regimens once regulatory approval for these new treatment options would be available. In support of this, KNCV adjusted the KNCV generic planning tool and developed a research protocol for the introduction of new DR-TB regimens.

Subsequently KNCV conducted a regional workshop in Almaty, Kazakhstan, discussing the expected new drugs and regimens and related planning needs, with participation by NTP staff from Kazakhstan, Kyrgyzstan, Uzbekistan, Ukraine and Tajikistan (by teleconnection).

A similar workshop was held in Indonesia with staff from the Indonesia NTP, in collaboration with the Yayasan KNCV Indonesia (YKI). After the meetings KNCV and YKI country staff supported the development of country owned plans for introduction of new drugs and regimens. The KNCV and YKI country teams were supported by research, lab and PMDT consultants from KNCV The Hague.

DR-TB patient Workinesh from Ethiopia is doing a hearing test.

Extension Project / TB Alliance

Kazakhstan, Kyrgyzstan, Uzbekistan and Indonesia

As follow-on to the situational analysis on acceptability and likeliness of implementation of the novel TB regimens developed by the TB Alliance (TBA), the BPaL results were presented during TBA side meetings concurrent with the Union World Conference in Hyderabad.

In November the BPaL report was presented for the WHO guideline committee to inform new policies on DR TB treatment. Under this project drafts were made for scientific publication of the assessment results. In August 2019 the US FDA approved the BPaL regimen for treatment of patients with XDR-TB and /or treatment resistant or intolerant MDR TB. In follow-up of the planning for use of shorter all oral treatment regimens in Central Asia and Indonesia, under this project, after the FDA approval, KNCV continued to work with NTPs and partners to ensure readiness for BPaL implementation, once WHO guidance would become available.

ASCENT / Unitaid

Ethiopia, Tanzania, the Philippines, Ukraine and South Africa

The ASCENT (Adherence Support Coalition to End TB) project (July 2019 – Dec 2022) builds on existing evidence, innovations in adherence technology and growing global momentum to implement integrated DAT interventions in five key countries (Ethiopia, the Philippines, South Africa, Tanzania, and Ukraine) for all types of TB (DS-TB, DR-TB, LTBI).

Comprised of four key outputs, the ASCENT project will operationalize a DAT intervention in diverse geographic, cultural, and infrastructural settings (Output 1), generate evidence via a shared evaluation framework for optimal use and scale (Output 2), establish a global market for optimized products, price and supply chain models of DAT (Output 3), and engage with key global and in-country stakeholders to prepare for scale-up of the DAT intervention (Output 4).

With its strong consortium of partners (KNCV Tuberculosis Foundation, The Aurum Institute, London School of Hygiene & Tropical Medicine and PATH) and partnership with the governments of the implementing countries, the ASCENT project will contribute to the adoption and uptake of digital adherence technologies. The ASCENT project is made possible thanks to Unitaid's funding and support.

CHALLENGE TB/USAID

The Challenge TB Project (CTB) is one of USAID's major mechanisms to achieve the US Government's global TB targets—and it played a major role in reaching those targets. It is a 5-year TB program (2014-2019) with a funding ceiling of USD $525 million. It is KNCV's fourth successive five-year USAID TB award. The previous global flagship TB control projects were TB CARE I (2010-2015), TB CAP (2005-2010), and TBCTA (2000-2005).
CTB has three main objectives:
Objective 1: Expanded Access to Prevention Services
Objective 2: Improved Patient-Centered Quality Care Systems for TB, MDR-TB, and TB/HIV
Objective 3: Sustained and Enhanced Systems

During Year 5, the final year of CTB, the project was given a six months' no cost extension (NCE) for five countries (Afghanistan, Botswana, Nigeria, Ukraine and Zimbabwe) for which additional workplans were developed and approved. Furthermore the Core Project on Prevention (WHIP3TB Trial with the Aurum Institute) received an extension with additional funds, as did the PMU for its' management function. Results from the WHIP3TB Trial will be presented during the CROI conference July 2020 and a full trial report as part of the close-out of the CTB project..
Different from the NCE countries the majority of countries had an eleven months' workplan; nine months for implementation of activities and two months for closing out. Activities at country-level stopped by the end of June 2019 and full close-out took place on 31 August 2019 in 18 countries and the East African Region. The countries had successful project close-out meetings with the participation of high government officials and USAID directors/ representatives. Part of the events was discussing legacy documents and interventions that will be scaled-up by government and other TB stakeholders. All countries End of Project Report as well as a Disposition Plan have been approved by USAID.
PMU organized a Global Close-out Event at the Union conference in Hyderabad (India) together with USAID. The event on 1 November 2019 was proven a success with all partners and USAID involved, celebrating not only the successes and achievements of Challenge TB, but also two decades of KNCV collaboration with USAID.
Besides End of Project Reports and success stories, a compendium of technical briefs was developed by CTB Coalition partners; printed copies of selected briefs were distributed at the Union Conference in Hyderabad and electronic copies are available on the CTB website.
The EoP is finished and the content has been approved by USAID. The editing and lay-out is finalized and the report will be submitted by April 17th 2020. The audit just finished; we have not yet received the final audit report. Some remaining financial arrangements (like closing out of partners) are being finalized. The EoP report includes a financial report.

USAID FROM THE AMERICAN PEOPLE CHALLENGE TB KNCV TUBERCULOSIS FOUNDATION

The WoW truck in Nigeria for doing local TB-screening was one of the many successful introductions of Challenge TB.

Photo: Jan van Mil

Abdurahim (here with his mother) from Kyrgyzstan was misdiagnosed for a long time. He had spinal and intra-thoracic lymph node TB, a rare form of TB that mostly occurs in young children. Thanks to the KNCV-led Challenge Tb Project he was diagnosed properly and finally cured.

Photo: Jan van Mil

KNCV NETWORK ORGANIZATION

Besides operating through KNCV country offices, KNCV also works in close cooperation with a number of legally and financially independent entities that carry the KNCV name. After the set-up of Yayasan KNCV Indonesia a few years ago, in 2019 new independent entities were formed in Kyrgyzstan, Kenya and Nigeria. Building on the work KNCV branch offices started they are now continuing the work independently, but with strong ties through partnership agreements with KNCV Tuberculosis Foundation. We strongly believe the future of our work will have a firm local base and we are proud to be working with these local organizations on achieving our common mission.

Nigeria: An epitome of journey to self-reliance

Having transitioned some of the KNCV International human resources with the administrative, technical and infrastructural capacity by the end of the CTB project in September 2019 from a twenty-year experience in TB program implementation under the USAID to a local public health entity KNCV TB Foundation Nigeria; the latter is an epitome of the 'journey to self-reliance'. KNCV International provided the needed support and the seed funding to set up the Nigeria local entity and the organization was registered with Corporate Affairs Commission (CAC) in Nigeria as of 8 August 2016 as a local NGO. Besides its vast technical capacity, KNCV Nigeria's entire staff at central and sub-national levels honed its technical skills in working under various KNCV International projects in Nigeria since early year 2000.

KNCV TB Foundation Nigeria is governed by a Board of Trustees (BOT) of seven members with three from KNCV International. KNCV International and KNCV TB Foundation Nigeria have developed and signed a partnership agreement. The local entity was also supported to have documented key policy guidelines in place. These policies which cover corporate governance, finance, cost allocation, standard operating procedures on sub-agreement, human resources and security have been approved by the Board of KNCV Nigeria.

KNCV Tuberculosis Foundation Nigeria has its vision "Nigeria Free of Tuberculosis" and mission "To eliminate TB through the development and implementation of effective, efficient and sustained TB control strategies".

KNCV TB Foundation Nigeria as a local NGO, secured approval after close-out of Challenge TB project to implement her maiden USAID funded "WASP Project" for one year across 14 states of in the country. "WASP" acronym stands for:

Wellness on Wheels - Mobile Diagnostic Units

Ad-hoc staff for high-burden GeneXpert sites

Surge Initiative in nine states- TB active case finding in high burden facilities

Programmatic Management of Drug-resistant TB (PMDT) in 12 states

Similarly, KNCV Nigeria has submitted and is hopeful in her application for a five-year USAID Local Organization Network (LON) project planned from 2020 to 2024. The new grant is to support comprehensive TB care across 14 states in Nigeria.

KNCV International provided the needed support and the seed funding to set up the Nigeria local entity

Kenya: Continuing as a local NGO

In the year 2019, we concluded the implementation of CTB East Africa Region (EAR) which focused on supporting IGAD to implement cross-border TB activities. For continuity of the cross-border activities and sustainability, we supported IGAD to prepare an annual Operation plan for the same activities up to September 2020 which was submitted to USAID KE/EA for continued funding.
After closure of the CTB, the KNCV branch office closed and on initiative of former KNCV senior staff members, agreed by KNCV management team, the registration of the entity was changed to a local organization legally and financially independent of KNCV international. The Dutch directors retired from the board upon which Kenyan directors were brought on board. This will allow KNCV Kenya to apply for local funding opportunities which are increasingly targeted to local organizations for sustainability/ self-reliance. With the local registration we are looking to tap into the local opportunities.

John Opwonya-NTP Uganda

A patient in Bibia HC III, Amuru district, Uganda who stopped treatment twice because of crossing the border into South Sudan but was finally cured.

KNCV Kenya is now able to apply for local funding opportunities

Kyrgyzstan: A local NGO steps up the fight against TB

In August 2019, TB specialists and activists from the former USAID-funded Challenge TB project created a local NGO in Kyrgyzstan. It's the first TB-focused, medical association in the country. This new NGO, 'KNCV KG', aims to continue fighting TB in Kyrgyzstan by: supporting patients and helping them complete treatment, organizing fundraising activities, training and helping medical workers, advocating for better treatment schemes and innovations, finding and treating all missing persons with TB, and implementing research projects. A collaboration agreement between KNCV and KNCV KG is in place aiming amongst others at joined resource mobilization making use of synergies between the two entities.

As medical specialists, we understood the importance to build on our positive experience of patient-centered care, and the crucial need to create a local and medical NGO in the TB field. We want to have the flexibility to react to any problems and the necessary proximity to the population. We would like to link all TB services together, keep contact with local health facilities and, at the end of the day, push for self-reliance and advocate for further local funding and activities. Our staff is qualified and experienced to provide medical, social and psychological support to all in need, and represent the interests of patients and medical workers.

In its first six months of work, KNCV-KG has signed memoranda to collaborate with the NTP of Kyrgyzstan to help end TB, and with the National AIDS Center to help diagnose and treat people with co-infections. KNCV-KG has also established partnerships and started working with international and national donors and with local associations in touch with key populations (TB, HIV, migrants, etc.).

KNCV-KG has stepped up its advocacy work, resulting in key changes in policies. Interviews organized with patients and survivors have helped influence the new WHO guidelines for the treatment of MDR-TB. KNCV-KG is pushing local stakeholders and medical workers to adopt these newly recommended treatment guidelines and drugs as fast as possible and constantly sharing information with partners. Together with KNCV headquarters, the NGO organized a conference with key partners to share findings of the 50th Union World Conference and of the new BPaL regimen.

KNCV-KG is actively contributing to planning the Global Fund 2021-2023 grant activities in the country, putting new drugs, case management and active case finding on the agenda. KNCV-KG also assisted Stop TB Partnership with filming for one-week in Bishkek and helped them release a video on childhood TB and pediatric formulations provided by the Stop TB Global Fund Facility.

KNCV KG uses social media to share TB news, facts, and patients' stories.

KNCV-KG has already applied to four grants for new projects, for research and for equipment procurement (USAID "LON", Japan Embassy "Grassroots and human security", Soros, Radian) and keeps looking for new opportunities to help end the TB epidemic in Kyrgyzstan.

KNCV-KG has established partnerships and started working with international and national donors

Indonesia: Showing the way

In 2016 KNCV supported the establishment of the local NGO Yayasan KNCV Indonesia (YKI), under the inspiring leadership of the (till then) Technical Director of the KNCV Branch office in Indonesia, Jhon Sugiharto. YKI is now a successful local NGO, playing an important role in rolling-out innovations in TB control in Indonesia, attracting large (sub) contracts from GF catalytic funding to find the missing patients with TB, expanding the use of District PPM model, which was developed and introduced under the CTB funding; running the pivotal SITRUST system, facilitating and tracking transportation of hundreds of thousands of laboratory samples and laboratory results all over the country; USAID Local Organization Network funding. Furthermore, YKI works together with KNCV in the Unitaid-funded IMPAACT4TB project on the introduction of new preventive treatment (3HP) and with KNCV and the TB Alliance on novel drug resistant TB treatment regimens. After the close-out of the CTB project in Indonesia, YKI, with its crew of dedicated staff, continues to be the KNCV torchbearer in the country. At the same time YKI works alongside KNCV in Africa to support strengthening of sputum transportation in Ethiopia.

Yayasan KNCV Indonesia (YKI) is now a successful local NGO, playing an important role in rolling-out innovations in TB control

STRATEGIC GOALS REPORT 2019

The progress towards KNCV operational key performance indicators is presented below, based on national data for 2014 till 2018 from eleven 'target countries', where KNCV has country offices and comprehensive engagement over the period of this KNCV strategic plan: Botswana, Ethiopia, Indonesia, Kazakhstan, Kyrgyzstan, Malawi, Namibia, Nigeria, Tajikistan, Tanzania and Vietnam. Information on countries with limited KNCV involvement are provided under the respective project reports. National data were obtained from WHO's TB global tuberculosis data base (https://www.who.int/tb/country/data/download/en/).

1) Finding more patients and reducing mortality

Over the period 2014 to 2018 the total number of TB patients diagnosed and registered for treatment in all KNCV supported countries combined significantly increased.

Figure 1 shows an acceleration of case finding in 2017, a trend which continued in 2018. The total increase in case finding from 2014 to 2018 was 20% for bacteriologically confirmed cases and 34% for all patients.

This figure masks the different epidemiological situations in which KNCV works, with case finding varying from several thousands (Botswana, Kyrgyzstan, Namibia) to several hundred thousand of TB patients notified per year (over 563,000 in 2018 in Indonesia, and a baseline of 322,000 in 2014).

Therefore figure 2 shows the notification as percentage of the number of cases estimated to occur 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; 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 2014 baseline in 11 KNCV-supported countries 2015 - 2018

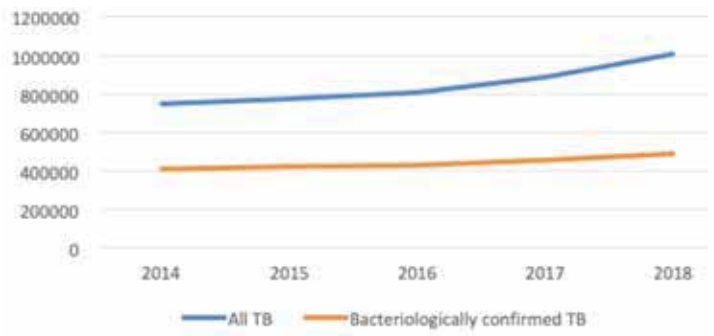
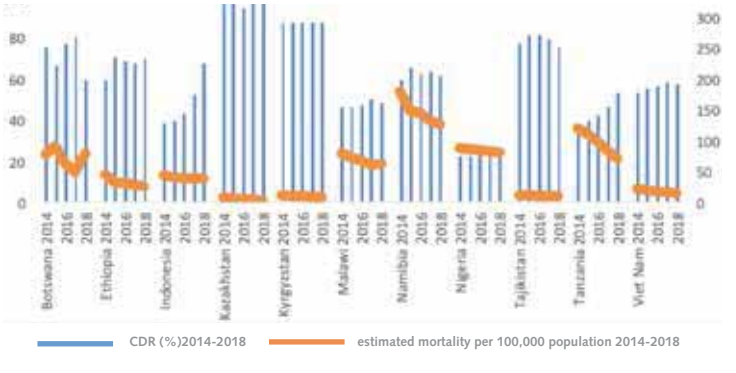


Figure 2: Trend in accelleration of case finding compared to the 2014 baseline in 11 KNCV-supported countries 2015 - 2018



In figure 2 the orange lines represent the trends in TB mortality per 100,000 population. The overall 2% global decline of the TB epidemic (Global TB report 2019) contributes to the overall decline in mortality. The impact of improved access to HIV treatment for co-infected TB patients is clearly visible, especially in 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 the high MDR-TB burden countries in Central Asia (Kazakhstan, Kyrgyzstan and Tajikistan). In countries like Malawi, Indonesia and Vietnam 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. Importantly 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) puts pressure on health workers to provide patient-centered care to enable patients to complete their treatment. Increasingly also patients treated by a range of non-National Tuberculosis Program (NTP) providers are included in the statistics; not all treatment results are reported and in some cases treatment success rates are lower than among people treated in the public sector: 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 figures 3a and 3b the trend differs per country and does not yet show the overall intended decline of mortality and improved treatment success; expansion of diagnosis and treatment of MDR and HIV among TB patients and more patient centered organization of TB services, decentralization of patient care, as well as the appropriate use of digital adherence tools and patient support, contribute to the overall decline in patients who died.

Figure 3a: Proportion of registered TB patients that died, 2014 - 2017

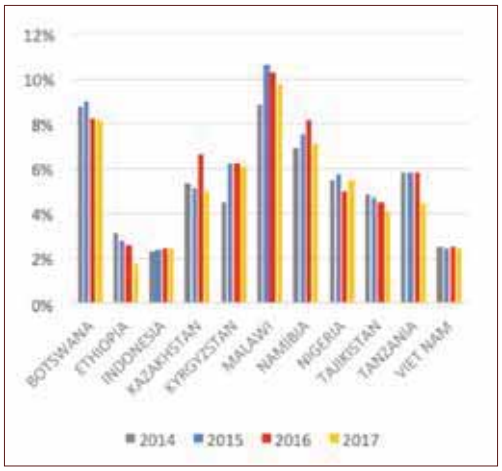
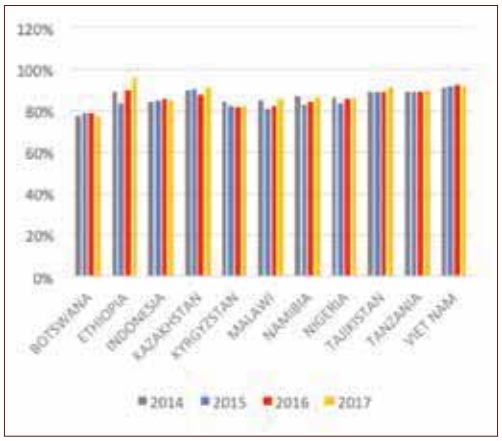


Figure 3b: Proportion of registerd TB patients treated successfully, 2014 - 2017



3. Treatment for patients diagnosed with drug resistant TB

The scale-up of MDR-TB treatment capacity 2015–2018 is shown in figure 4. 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 addition to treating people diagnosed in the past for whom there used to be no treatment options; in line with the declining epidemic the number of patients treated decreases every year.

While PMDT scale-up is impressive, continued rapid expansion is needed especially in Indonesia, Nigeria, Vietnam and Ethiopia to treat all patients diagnosed by the rapid expansion of testing on the Xpert platform. More expansion is planned to ensure access to diagnosis and treatment for all MDR patients among the total estimated number of TB patients every year occurring in the countries: 21,000 in Nigeria, 24,000 in Indonesia, 8,600 in Vietnam, 1,600 in Ethiopia. These WHO estimates are slightly different from those reported last year, based on results of recent prevalence and drug-resistance surveys.

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

Continued attention for HIV testing of TB patients has shown results (figure 5), with ten out of the 11 countries reaching over 80% coverage, eight having completed scale-up, achieving over 90%. Only Indonesia is still in scale-up phase, increasing the number of people tested from 35,000 in 2015 to 209,000 in 2018 (out of 320,000 and 563,000 notified TB patients respectively and continuing scale-up of case finding as well as HIV testing throughout 2019.

The introduction of HIV screening at health center-level as implemented in districts supported by the KNCV-led CTB project, where over 90% of patients were tested, was important in increasing HIV testing coverage from 13% in 2016 to 37% in 2018.

KNCV continued promotion and facilitation of ARV treatment access for patients with TB/HIV, especially by supporting the introduction

Figure 4: Trends of development of MDR-TB treatment capacity in KNCV supported countries 2015 - 2018

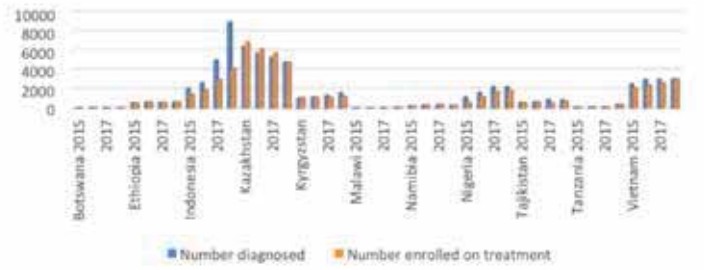


Figure 5: Trend of proportion of TB patients tested for HIV 2015-2018

Figure 6: Trend of proportion of TB/HIV patients receiving ARV's 2015-2018

of joint TB/HIV service delivery (JSD) and furthering patient-centered approaches. Access to antiretrovirals (ARVs) for TB/HIV patients (figure 6) increased in 2018 in nearly all countries, the largest gap is still in Indonesia, where in 2018 10174 patients were diagnosed with TB/HIV and only 4082 were provided ARVs.

Under the JSD approach in Jakarta, the percentage of TB/HIV patients receiving ARVs increased from 30 percent in 2017 to 60 percent in 2018; further scale-up of this approach and increased domestic investment in ARVs are expected to improve the situation. In Tajikistan the availability of ARVs improved in 2018 compared to 2017.

6. Measuring catastrophic health care expenditures

Under the CTB project WHO developed a handbook for the implementation of catastrophic cost surveys. By 2019, 14 countries (among which Vietnam, Nigeria and The Philippines) used different funding sources to complete national surveys measuring costs faced by TB patients and their households. Best estimates of the percentage experiencing catastrophic costs ranged from 27% to 83% for all forms of TB, and from 67% to 100% for MDR-TB.

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. Also, the introduction of new treatments for drug resistant TB is an important means to reduce costs to patients, especially due to the short duration and reduced side effects; over 2015 – 2019 KNCV has been particularly active in introducing these shorter treatment regimens. KNCV also supported countries to ensure timely disbursement of funds (from Global Fund and other resources) available for MDR-TB patients to compensate for their treatment related costs. These interventions are expected to eventually reduce the proportion of patients experiencing catastrophic costs; no repeat surveys were done yet to measure progress towards this goal. Nevertheless, this is still considered and important topic for elaboration under the next strategic plan. ◀

MDR-TB patient on bicycle in Tanzania.

Women, diagnosed with TB at the National TB and Leprosy Training Center in Nigeria.

THE ORGANIZATION IN 2019

2019 has been a very dynamic year in which we implemented a significant reorganization in KNCV in line with the new reality for the upcoming period 2020. An updated strategic plan has been developed and following the common principle of 'structure follows strategy' the organization is organized in such a way that we are well equipped to operate in line with this strategy. At the same time we continued to deliver results of ongoing projects, prepare for close-out of CTB at The Hague as well as in the different countries and continue resource mobilization efforts guided by our strategic direction.
Whereas the first two quarters were used to develop and prepare the reorganization, the third quarter the actual reorganization was rolled-out, and during the fourth quarter we transitioned towards the new organization.

The main changes in the organizational structure in preparation of delivering our 2020-2025 strategy with a slimmed-down organization are:

(1) KNCV moves away from the separate teams within the Technical Division; Within the pool of technical consultants more flexible thematic taskforces will be set-up including both HQ staff as well as technical staff from the different countries.
(2) The Finance Division and the Operations Division are merged into one Finance and Operations Division (F&O).

Also we have replaced country teams with multidisciplinary project teams. Regular processes remain in place to ensure country coordination.

The number of country offices has been reduced in view of a lower volume of funding. KNCV currently maintains presence in high prevalence settings, which is important to test and evaluate innovations, build capacity and attract donors, especially taking into account new donor strategies. Therefore, KNCV continues to strategically invest in selected country offices.
In addition to the two organizational pillars – the Technical Division and the Finance and Operations division - these divisions have overarching supporting units: The Executive Office, Human Resource Management, Communication and Fundraising, Resource Mobilization, Secretariat and Facilities and IT, and International Policy and Advocacy.

Technical Division

Building on the achievements from the KNCV "initiatives" over the past five-year period, in 2019 KNCV increased emphasis on its role as innovator. The technical division reorganized from separate teams into one flexible pool of consultants, working together on strategic innovations in six thematic task forces, stretching across the KCNV network. These form the internal structure to ensure sharing of knowledge and experiences and generation of ideas across the organization and the KNCV affiliated local NGO's; the task forces ensure the quality of the work implemented through the KNCV network, in the Hague and abroad, stimulating professional growth and institutional learning.

The task forces worked on the development of innovation pathways, to guide priority setting in assignments, communications and fundraising.
At the same time the consultants are grouped in multidisciplinary international project teams, supporting ongoing projects and project development, together with the operations division.
This structure serves the role of KNCV as a center of expertise in the Netherlands and abroad, that catalyzes innovation and provides specialized technical assistance, in collaboration with local KNCV offices and affiliates.
Along the innovation pathway, in 2020 the Technical Division will promote and assist implementation of new interventions for TB elimination in combination with evidence generation for policy making and scale-up, while continuing technical assistance for policy development and data driven strategic planning. The Technical Division will continue to provide short- and long-term technical assistance to countries, based on their priorities and the technical and funding opportunities and will continue to fulfill an important role as technical, advocacy and research partner in TB control abroad and in the Netherlands.
With its highly skilled staff in the new organization the Technical Division is more resilient and flexible than ever to respond to opportunities for innovation and funding.

Finance & Operations Division

The following chapter gives an overview of the main activities of Finance & Operations (F&O) and the supporting units in 2019.

The main focus of the Operations side of the F&O division in 2019, besides preparing for the reorganization, 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.

We organize efficient and effective project management in multi-disciplinary country and project teams. All operations staff contributed to the development of new project proposals, setting-up newly awarded projects, management of ongoing projects, and responsibly closing-down projects.
Throughout 2019 we guided in-country teams to either transition to the post-CTB context and/or towards project closing-out activities as well as the closing out of some of the country offices. A detailed close-out check-list to be used at country-level, including a timeline has been developed for this purpose. Special attention went to support the country offices with in-country human resource planning and management as we had to let go a considerable number of valuable staff members in different countries. We also focused on planning of handing over activities to other partners, as well as hand-over or disposition of equipment.

For the CTB the Year 5 workplans have been implemented working towards closing-out the project at the end of September 2019 in all relevant countries. Additional work plans are developed in line with the agreed no-cost extension, for a maximum of six months for a limited number of countries and activities. These include Botswana and Nigeria for the KNCV-led countries and the Prevention project.
We are happy to see that in 2019 the project portfolio of KNCV continued to diversify.
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.
A total overview of all available tools, manuals, SOPs as developed in the Operations Division to facilitate project management in a multi-donor environment both at central-office-level as well as at country-office-level is finalized.

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 a regular base.
A well-received plenary session on KNCV crises management took place at the last day of the Home week and in collaboration with HR and the security advisor.

As of Q4, financial, operational and project management expertise and experience is bundled and provides the support and control packages ensuring successful project implementation leading to results, and adequate monitoring and accountability.

The reorganization significantly impacted the F&O team. With a lower number of fte and different people in new positions in the new set up we started to organize ourselves in the third quarter of this year to transition to the new organizational set up with updated roles and responsibilities.

In transitioning from country teams to project teams the project overarching coordination related to country offices has shifted to the head of Human Resources/Country office coordinator.
Different workflows have been adjusted to the new organization like time writing approval, invoice ▶

coding and approval, and a new meeting structure has been set-up within the division and linking to other division and units.
The KNCV Modus Operandi document has been, updated with input from all units and divisions.
To be rolled-out in the organization beginning 2020.

Resource Mobilization: Broadening our funding base

The year 2019 can be characterized also as a year of major policy implementation by our major institutional donors. After the successful UN HLM meeting on TB and its target setting in 2018, 2019 marks the translation of that into policy at country-, and partner-level. USAID released its policy "Journey to Self-Reliance", the connected Global Accelerator to End TB and the funding mechanisms that will be part of the implementation of the policy. The two main funding mechanisms are the Local Organizations Network Project (LON) and the Tuberculosis Implementation Framework Agreement (TIFA). KNCV has become a LON-implementation partner in key countries like Nigeria and Ethiopia. In Nigeria the LON grant was awarded to the KNCV local entity and in Ethiopia KNCV International is partnering with Reach Ethiopia, a local NGO that was awarded the LON grant.

In 2019 KNCV also continued 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 KNCV's expertise both in the Netherlands and internationally. We explored options for increasing the funding base and engagement with major donors, corporate foundations and private foundations through more visibility and engagement, which resulted in new partnerships and enhanced exchanges with charity desks of banks, family offices and the network of notaries and estate planners.
KNCV is in an ongoing process to diversify its funding base. In the course of 2019 KNCV led several consortia that were awarded funding from TB REACH and the Gates Foundation in the area of new drugs and regimens and National Strategic Planning.
The KNCV SOS Stool Method, first introduced at the Union World Conference in 2018 as a promising method for diagnosing TB in children, was awarded funding from a private foundation and the WHO for further research in optimizing the method.
The strategic decision related to KNCV's ambition to ensure presence of KNCV in the selected country offices in key countries beyond the Challenge TB project, was taken forward in 2019. KNCV prioritized the capacity building in the country offices through investments in enhanced external communications and institutional fundraising capacity and skills building. In Ethiopia for example, KNCV joined the trade mission of the Dutch Ministry of Health, and build relationships with new and existing partners.

Campaigning & Fundraising Communication highlights

2019 was a year with great communication highlights. There were new events and events that already have proven their worth. We received a considerable amount of (inter)national press attention. We also managed to raise a higher level of awareness both in the Netherlands and abroad. The communications team has been fully engaged in creating opportunities to emphasize the urgency of the TB control activities that KNCV undertakes.

Events create awareness

Every year we have World Stop Tuberculosis Day on 24 March. In 2019 we launched our Dutch awareness and fundraising campaign with the slogan "Wij laten TBC een poepie ruiken" (a typical Dutch expression that basically means "We will show TB what we are made off"). With this campaign we highlighted the good work KNCV does, in this case with the KNCV SOS Stool Method, through social media, street marketing and free publicity. The theme of our campaign also formed the basis for our very first fundraising event 'De TBC sponsorloop' (TB Sponsored Walk). With nearly 150 enthusiastic participants and parties who are invested in our cause (including the city counselor of Hilversum, the city in which we held the walk), we look back on a successful event at Zonnestraal, a former sanatorium in Hilversum.
Internationally we positioned ourselves with the reorganization of the Wolfheze Workshops, together with WHO Europe and ECDC. A successful international meeting with 160 TB experts from over 40 countries.

Strengthening press relations works

Investing in the relationship with national and international press is bearing fruit. A media field trip with a group of journalists to Kyrgyzstan resulted in a number of articles in for instance The Daily Telegraph (published on 3 April 2019) and on BBC Health Radio. The articles revolved around the results of the introduction of shorter regimen in Kyrgyzstan that were presented in a press conference of USAID. We did not only generate press coverage, but also collected many stories and photographs during the press field trip which fit well into our storytelling strategy. ▶

Health care workers
at Yekatit 12
Hospital, Ethiopia.

Towards the end of the year a three-page article was published on KNCV in the popular women's magazine Margriet. The editor-in-chief wrote an heartfelt story about her visit with KNCV to TB patients in Ethiopia. Her story and call for support reached almost two million women.

Multimedia campaign with endorsement
The article in Margriet also marked the beginning of an extensive multimedia fundraising campaign aimed at the Dutch public. We placed advertisements with a QR code and a call to action for donations. At the same time we sent direct mail packages to existing and lead addresses containing a mini edition of the Margriet article. The campaign also extended to social media and online mailings. This campaign led to more direct interaction with the Dutch public this past year then occurred in the years before. However, the number of new donors and proceeds from donations are unfortunately still not where we would like them to be.

KNCV distinguished itself in India
This year the 50th Union World Conference took place in India. The strongly branded KNCV booth stood out and was well visited. On the spot, contacts were made with various international media. Our technical colleagues were successfully linked to international press which generated press coverage around the world on different topics.

Impact from the Lotteries
The (charity) Lotteries are very important to us. The income from the Nationale Postcode Loterij, VriendenLoterij and the Nederlandse Loterij is a crucial part of our core funding. But the importance of the lotteries goes further, we also benefit from their means of communication and intensive contact with the Dutch public.

Donors are active and involved
The number of active donors is unfortunately decreasing. We ended 2019 with 15,668 active donors: all people who have made a donation in the last two years. This number has been decreasing for a number of years. However, the good news is that our current donor group does, on average, gives slightly more than before and seems more involved. This strengthens our idea to involve and reward this group more in 2020. This will involve testing a more intensive legacy strategy.

Lower income from fundraising was largely compensated by a lower spending budget on fundraising. Testing is key in our fundraising strategy.

More visitors on our website
Our KNCV website is an important channel for all stakeholders to find our technical tools and information. This year we worked on refreshing the site and bringing the Dutch website into line with our international site. Hard work has been done on an affordable way to implement an improved search engine on both the Dutch and English sites. The preparatory work has started and implementation will follow in February 2020. We are pleased to notice that the number of visitors to our site has risen from 62,000 visitors to even 93,000 in the third quarter, due to our campaigns and quiz-advertisements on social media.

International Policy and Advocacy

KNCV's international policy and advocacy engagement is a core activity in support of the mission to eliminate TB. It is also an enabling function, by influencing Dutch policy and funding for TB and enhancing the positioning of the organization.

During 2019, KNCV continued implementation of its advocacy grant to strengthen Dutch engagement and official development assistance (ODA) funding for TB, HIV and R&D for Health. Through funding in another grant, KNCV staff serves as chair of the Audit and Finance Committee of the GF Board.

As part of our institutional positioning agenda for 2019, we built on the traction gained in 2018 at the Dutch Ministry of Health to value TB practice and know-how for prevention of AMR. Kitty van Weezenbeek represented KNCV at the Ministerial Global Health Security Top on AMR hosted on June 19-21 in the Netherlands. At a side event at Micropia (the microbes museum in Artis), Dutch civil society called for public awareness on AMR and a stronger connection between science, policy and society to ensure an effective response to AMR. This civil society coalition convened representatives from academia, NGOs engaged in global health and domestic public health.

Key achievements in 2019 include:
1. In January, a Clingendael Global Health Initiative (CGHI) meeting led to the Ministry of Health a and Ministry of Foreign Affairs engaging the NGO actor field in the preparation of AMR top (June) and Mental Health top (October) respectively.
2. Early March, KNCV hosted GF Executive Director Peter Sands for a NGO roundtable and arranged,

with a broad coalition of NGOs, a Parliamentary briefing.

3. In May, TB and HIV Accountability vis-à-vis the UN High Level Meeting (2016 and 2018) targets was reinforced in the program of Wolfheze conference. The Dutch Ministry of Foreign Affairs (DG DGIS) opened the Wolfheze Conference and the Ministry actively contributed to these sessions.
4. Mid-May 2019, the outcomes of KNCV support to sustainable financing of the health response in a de-centralized health financing system was presented by the Indonesia Ministry of Health to a side meeting to the GF Board Meeting. Thus the outcome of advocacy work by the KNCV country office was featured.
5. Anne Kuik (Member of Parliament for CDA) actively engaged as Dutch TB Ambassador during two field visits (Beatrixoord and Nijmegen) in the course of the year. In a September visit to Dutch Parliament, representatives of the Global TB Caucus enhanced TB visibility and the role of Dutch expertise in tackling the disease. Policy education on the Product Development Partnership (PDP) funding stream will be stepped up during 2020. KNCV has a role in accelerating the roll-out of new drug regimen and thereby brings the outcomes of Dutch funding of PDPs to fruition.
6. Advocacy engagement contributed to KNCV positioning for funding: dialogue on the GF Domestic Resource Mobilization strategy in the NGO delegation led to KNCV bringing together a Southern-led coalition of CSOs which is developing ways to strengthen in-country health sector advocacy capacity;

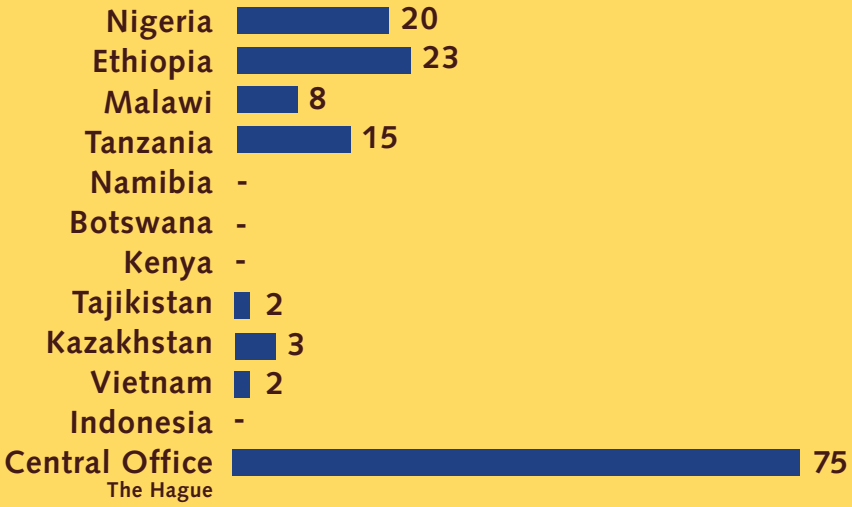
IT & Facilities

Due to the reorganization there were a lot of account changes (staff leaving, staff changing positions). Besides handling these many changes in 2019, the focus was on preparing the introduction of Multi Factor Authentication in The Hague and Mobile Device Management (Intune). Also preparations were made to move the shared folders that are currently on an IaaS platform to Sharepoint in 2020. Cost efficiency and security are important topics. Several measures to reduce IT costs have been discussed, including a possible move to a more standardized way of operating with our IT supplier in The Hague (1ICT) in 2020 and savings on licensing costs. A server hack in Malawi resulted in reinforcement of back-up procedures and additional security measures.

The (charity) Lotteries are very important to us; the income from the Nationale Postcode Loterij, VriendenLoterij and the Nederlandse Loterij is a crucial part of our core funding

HRM: SOCIAL REPORT 2019

STAFFING PER COUNTRY:



- **Inflow/outflow The Hague office: new staff 6, leaving staff 45**
- **No volunteers were contracted at The Hague office in 2019**
- **Sick leave at The Hague office was 2.9 percent in 2019 versus 3.0 percent in 2018**

Reorganization

Most of HRM's work in 2019 was related to the reorganization. Preparatory work involved writing and finalizing the reorganisation plan, applying the proportionality principle, development of a settlement agreement (in both Dutch and English), drafting of letters for more than 100 staff members, informing the unions, applying for a dismissal permit through the UWV, creation of a complaint committee and consultation with the Work's Council. At the beginning of June every employee was informed of the impact on their position through a personal meeting.

During the second half of the year, KNCV said their goodbyes to all staff members that were made redundant. During the last quarter new settlement agreements were drafted and shared with our employees in the PMU who will be leaving the organization in the first quarter of 2020 after the final closure of Challenge TB.

Performance System

The roll-out of the new performance appraisal system took place in the 1st quarter of this year at our head office. Several trainings were given at head office to train our staff on the ins and outs of the new performance appraisal system. The training was also given to our staff members in the field that were present during the home week.

Salary house

At the end of 2019 the Works Council gave their approval on the implementation of the new salary house per 31 December 2019. Letters were drafted informing the employees on the changes that would take place with regards to their salary scale and salary per 1 January 2020. Preparatory work was initiated to make the personnel and salary system ready for the changes in salary scales and salaries.

Photo: Paidamoyo Magaya

Miners are waiting to be screened fot TB in Zimbabwe where KNCV gives technical assistance.

FINANCIAL STATEMENTS 2019

This chapter is a summary of the financial statements for the 2019 financial year. No generally established criteria are available for the preparation of summary financial statements. The purpose of this chapter is to provide a summary of the financial statements 2019 of KNCV Tuberculosis Foundation.

In this summary, the balance sheet as at 31 December 2019 and the Statement of income and expenditure 2019 have been fully incorporated from the 2019 financial statements, as have the table with monitoring data, the expense allocation overview and the cash flow statement.

The financial statements are based on Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

The enclosed summary was issued at a later time than the annual accounts. Because this document only aims to summarize the original financial statements for the 2019 financial year, no account has been taken of events in the interim period.

Reading this summary cannot replace reading the financial statements for the 2019 financial year.

Implications of COVID-19 on the organisation

The accounting principles applied to the valuation of assets and liabilities and the determination of results in these financial statements are based on the assumption of continuity of the organisation.

Description of the conditions, circumstances and developments resulting from COVID-19

The outbreak of COVID-19 in 2020 and the resulting pandemic are having significant effects on economies globally. It also has an effect on the activities of KNCV. It is clear that many planned activities are delayed due to travel bans, lock outs in a number of countries and the immense pressure that the COVID-19 response will put on countries health care systems. This will affect project implementation. No doubt COVID-19 will affect health services worldwide, likely also negatively affecting services for TB patients in the short term. KNCV plans to mitigate against impact on TB services by contributing to Corona measures through sharing its expertise in areas such as infection control, contact investigation, laboratory capacity building, distance training, mobile and digital technologies, screening and surveillance. However, in the long term, health systems strengthening under Corona funding may benefit health systems and thus TB control. Governments in the countries in which we operate have also announced the implementation of government assistance measures which may mitigate the impact of the COVID-19 outbreak on our results and liquidity. The same applies to the Global Fund and other donors. We are currently investigating the extent

to which we can apply for such funding in the countries in which we operate. However, the details of available arrangements and the period through which they remain available are unknown.

Description of the measures taken to warrant going concern

The COVID-19 outbreak and resulting measures taken by various governments to contain the virus have affected our project implementation during the first four months of 2020. We have taken a number of measures to monitor and prevent the effects of the COVID-19 virus such as safety and health measures for our staff (like social distancing and working from home). In addition to these already known effects, the macroeconomic uncertainty causes disruption to economic activity and it is unknown what the longer term impact on our business may be. At this stage, the impact on our business and results is limited. We will continue to follow the various national institutes policies and advice and in parallel will do our utmost to continue our operations in the best and safest way possible without jeopardizing the health of our people. The scale and duration of this pandemic remain uncertain and might impact our future income level.

We assessed the current level of KNCV's continuity reserves as well as our current cash position, which is deemed sufficient to cover our organizational expenses.

Closing

Thus, whilst uncertain, we do not believe, that the impact of the COVD-19 virus would have a material adverse effect on our financial condition or liquidity.

Table 1: Financial monitoring data compared to standards [5,6]

MONITORING DATA	STAN-DARD	ACTUAL 2015	ACTUAL 2016	ACTUAL 2017	ACTUAL 2018	ACTUAL 2019	BUDGET 2020	AVERAGE 2017-2019
Spent on the mission compared to total expenses	Not applicable	95,9%	97,4%	97,2%	97,7%	97,0%	89,5%	97,3%
Spent on the mission compared to total income		94,6%	96,9%	97,9%	98,1%	98,0%	96,9%	98,0%
Spent on private fundraising compared to private fundraising income[1] (income from individuals and companies)	Max. 25%	28,5%	15,4%	20,3%	24,3%	21,9%	32,3%	22,2%
Spent on administration and control compared to total expenses	2.5-5%	2,5%	1,6%	1,6%	1,2%	1,8%	4,9%	1,5%
Spent on administration and control compared to total expenses excluding TBCTA coalition share in activities[2]	2.5-5%	5,0%	3,2%	3,1%	2,5%	3,1%	4,9%	2,9%

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

FINANCIAL STATEMENTS 2019

BALANCE SHEET KNCV TUBERCULOSIS FOUNDATION PER 31 DECEMBER 2019

In Euro, after result appropriation

ASSETS	31-12-2019		31-12-2018	
Immaterial fixed assets		-		-
Office construction work	-		76.363	
Office inventory	73.610		91.500	
Computers	99.017		160.304	
Tangible fixed assets		172.627		328.167
Accounts Receivable	7.308.251		32.495.695	
Investments				
-Shares	1.744.882		1.581.358	
-Bonds	3.754.451		4.022.834	
-Alternatives	382.000		942.151	
Cash and Banks	10.704.670		14.757.348	
Current Assets		23.894.254		53.799.386
Total		**24.066.881**		**54.127.553**

LIABILITIES	31-12-2019		31-12-2018	
Reserves and funds				
- Reserves				
Continuity reserve	8.619.834		8.648.513	
Decentralization reserve	706.757		872.472	
Earmarked project reserves	1.135.032		1.214.343	
Reserve unrealized results on investments	516.035		235.008	
Fixed Assets reserve	172.627		328.167	
		11.150.285		11.298.503
- Funds				
Earmarked by third parties	379.789		394.580	
		379.789		394.580
Reserves and funds		11.530.074		11.693.083
Various short-term liabilities				
-Taxes and social premiums	418.428		599.762	
-Accounts payable	503.030		972.290	
-Other liabilities and accrued expenses	11.615.349		40.862.418	
		12.536.807		42.434.470
Total		**24.066.881**		**54.127.553**

STATEMENT OF INCOME AND EXPENDITURE KNCV TUBERCULOSIS FOUNDATION 2019

In Euro

	Budget for the year ended 31 December 2020	Budget for the year ended 31 December 2019	Actual for the year ended 31 December 2019	Actual for the year ended 31 December 2018
INCOME				
- Income from individuals	1.040.000	1.175.000	717.189	1.135.517
- Income from companies	-	-	477.307	562.199
- Income from lotteries	1.356.100	1.300.000	1.381.209	1.435.757
- Income from government grants	3.282.400	65.409.500	57.396.652	88.178.130
- Income from allied non-profit organizations	577.200	305.400	273.564	526.463
- Income from other non-profit organizations	10.545.600	3.655.800	3.098.156	935.958
Total fundraising income	**16.801.300**	**71.845.700**	**63.344.077**	**92.774.024**
- Income for supply of services	44.000	47.000	78.419	135.567
- Other income	0	12.400	-16.198	8.387
Total income	**16.845.300**	**71.905.100**	**63.406.298**	**92.917.978**
EXPENSES				
Expenses to mission related goals				
- TB control in low prevalence countries	846.400	757.400	961.248	1.232.053
- TB control in high prevalence countries	13.017.600	64.966.500	56.063.206	82.780.745
- Research	1.564.100	5.077.800	4.117.217	5.595.680
- Education and awareness	897.500	1.232.700	1.015.167	1.523.122
	16.325.600	**72.034.400**	**62.156.837**	**91.131.600**
Expenses to fundraising				
- Expenses private fundraising	335.800	656.100	261.828	415.067
- Expenses share in fundraising with third parties	371.600	40.700	27.712	44.515
- Expenses government grants	322.300	652.100	499.137	501.509
	1.029.700	**1.348.900**	**788.677**	**961.092**
Administration and control				
- Expenses administration and control	886.500	1.171.300	1.164.550	1.164.083
Total Expenses	**18.241.800**	**74.554.600**	**64.110.064**	**93.256.774**
- Net investment income	61.200	56.800	543.197	-215.843
Surplus / Deficit	**-1.335.300**	**-2.592.700**	**-160.569**	**-554.639**
Spent on mission compared to total expenses	89,5%	96,6%	97,0%	97,7%
Spent on mission compared to total income	96,9%	100,2%	98,0%	98,1%
Spent on private fundraising compared to income	6,1%	1,9%	1,2%	1,0%
Spent on administration and control compared to total expenses	4,9%	1,6%	1,8%	1,2%
RESULT APPROPRIATION				
Surplus / Deficit appropriated as follow				
Continuity reserve	-815.300	-1.982.600	-28.680	267.417
Decentralization reserve	-200.000	-150.000	-165.715	-124.922
Earmarked project reserves	-250.000	-352.100	-79.311	-216.366
Unrealized differences on investments	0	0	281.027	-291.031
Fixed Assets reserve	-54.300	-107.800	-155.540	-133.450
Earmarked by third parties	-15.700	0	-12.350	-56.287
Total	**-1.335.300**	**-2.592.500**	**-160.569**	**-554.639**

FINANCIAL STATEMENTS 2019

EXPENSE ALLOCATION KNCV TUBERCULOSIS FOUNDATION 2019

In Euro

EXPENSES	Budget for the year ended 31 December 2020	Adjusted budget for the year ended 31 December 2019	Actual for the year ended 31 December 2019	Actual for the year ended 31 December 2018
Grants and contributions	23.000	23.000	18.725	26.721
Contributions to allied organisations	-	31.875.000	26.000.311	45.994.557
Purchases and acquisitions	4.727.400	11.314.700	7.537.374	11.152.277
Outsourced activities	2.737.800	5.894.800	6.166.209	7.543.573
Publicity and communication	667.000	831.400	484.838	687.857
Personnel	6.568.800	17.672.000	18.486.208	21.917.580
Housing	204.900	311.700	340.351	281.909
Office and general expenses1)	3.208.300	6.425.700	4.911.181	5.443.406
Depreciation and interest	104.600	206.300	164.867	208.895
Total	**18.241.800**	**74.554.600**	**64.110.064**	**93.256.774**

ALLOCATION TO DESTINATION	Related to the mission goals			
Actual for the year endend 31 December 2019	Low prevalence countries	High prevalence countries	Research	Education and Awareness
Grants and contributions	15.725	3.000	-	-
Contributions to allied organizations	-	26.000.311	-	-
Purchases and acquisitions	432.342	3.925.237	3.132.128	-
Outsourced activities	-	6.155.319	-	-
Publicity and communication	-	51	-	448.475
Personnel	447.426	14.964.898	923.541	545.837
Housing	18.820	241.428	25.147	8.303
Office and general expenses	36.635	4.640.796	22.637	8.008
Depreciation and interest	10.301	132.165	13.764	4.544
Total allocated	**961.248**	**56.063.206**	**4.117.217**	**1.015.167**

ALLOCATION TO DESTINATION	Income fundraising			Administration & Control
Actual for the year endend 31 December 2019	Private fundraising	Share in third parties activities	Grants	
Grants and contributions	-	-	-	-
Contributions to allied organisations	-	-	-	-
Purchases and acquisitions	-	18.700	28.966	-
Outsourced activities	-	-	-	10.890
Publicity and communication	28.079	-	-	8.233
Personnel	202.332	8.455	431.194	942.127
Housing	5.190	227	15.925	24.884
Office and general expenses	23.386	205	14.335	164.796
Depreciation and interest	2.841	124	8.716	13.620
Total allocated	**261.828**	**27.712**	**499.137**	**1.164.550**

CASH FLOW STATEMENT
KNCV TUBERCULOSIS FOUNDATION 2019
In Euro

	Actual 2019		Actual 2018	
Surplus excl interest	-168.324		-562.863	
Interest paid/ received	7.755		8.224	
Total surplus	-160.569		-554.639	
Depreciation - Fixed Assets	185.347		207.114	
Cash Flow from income and expenditure		24.778		-347.525
Accounts receivable	25.187.444		-2.642.505	
Funds earmarked by third parties	-2.441		26.892	
Non-current liabilities	-		-	
Current liabilities	-29.897.662		5.743.839	
Increase/ (Decrease) net working capital		-4.712.659		3.128.226
Cash flow from operational activities		-4.687.881		2.780.701
Investments	665.010		-420.263	
Disinvestments fixed assets	896		675	
Investments fixed assets	-30.703		-74.339	
Cash flow from investments fixed assets		635.203		-493.928
NET CASH FLOW		**-4.052.678**		**2.286.773**
Cash and banks as at 1 January		14.757.348		12.470.575
Cash and banks as at 31 December		10.704.670		14.757.348
INCREASE/ (DECREASE) CASH ON HAND		**-4.052.678**		**2.286.773**

Independent auditor's report

To: the management of Koninklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose (KNCV) (hereafter: KNCV Tuberculosis Foundation)

Report on the summary financial statements for 2019

Our opinion

In our opinion, the accompanying summary financial statements for 2019 of KNCV Tuberculosis Foundation, are consistent, in all material respects, with the audited financial statements, in accordance with the accounting policies as disclosed in the notes to the financial statements.

The summary financial statements

The summary financial statements of KNCV Tuberculosis Foundation as presented on pages 70 through 75, derived from the audited financial statements for 2019, comprise:

- Notes to the financial statements.
- Financial monitoring data compared to standards.
- Balance sheet KNCV Tuberculosis Foundation as at 31 December 2019.
- Statement of income and expenditure KNCV Tuberculosis Foundation 2019.
- Expense allocation KNCV Tuberculosis Foundation 2019; and
- Cash flow statement KNCV Tuberculosis Foundation 2019.

The summary financial statements do not contain all of the disclosures required by the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of KNCV Tuberculosis Foundation and the auditor's report thereon.

The audited financial statements and the summary financial statements do not reflect the events that occurred subsequent to the date of our report on the audited financial statements.

The audited financial statements and our auditor's report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 11 May 2020. The report also includes:

- A section 'Emphasis of matter - uncertainty related to the effects of the coronavirus (COVID-19)'. We draw attention to the note 'Implications of COVID-19 on the organisation' in the summary financial statements in which management has described the possible impact and consequences of the coronavirus (COVID-19) on the foundation and the environment in which the foundation operates as well as the measures taken and planned to deal with these events or circumstances. This note also indicates that uncertainties remain and that currently it is not reasonably possible to estimate the future impact. Our opinion is not modified in respect of this matter.

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

Responsibilities of management for the summary financial statements

Management is responsible for the preparation of the summary financial statements in accordance with the accounting policies as disclosed in the notes to the financial statements.

Auditor's responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited statutory financial statements based on our procedures, which we conducted in accordance with Dutch Law, including the Dutch Standard 810 'Engagements to report on summary financial statements'.

Amsterdam, 30 June 2020
PricewaterhouseCoopers Accountants N.V.

Original signed by M. van Dijk RA

POLICY BODIES IN WHICH KNCV WAS ACTIVE IN 2019

In 2019, 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 Committee on LTBI (product profiles); Global Task Force on New TB Drugs and Regimens.

- WHO Guideline development work: member of Guideline Development Group for the 2019 revision of the MDR TB treatment Guideline; support development Companion Handbook for DR-TB, WHO/TDR Short Generic Protocol for Operational Research, Guidance document on subnational TB incidence estimation (under preparation). 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 (SEARO; WPRO); WHO- Euro Childhood TB Task Force; Members/chair of regional GLC s in SEARO, EURO, WPRO.
- 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 Working Group; Public Private Mix Working Group; Childhood TB Core Group;
- The Union: Europe Region Executive Committee; TB/HIV Working Group; TB & Migration Working Group, Ethics Working Group; Nursing and Allied Professionals sub section (secretariat)

- 50th Union World Conference on Lung Health 2019 in Hyderabad; review abstracts and chairing symposia

- Global Fund: Global Fund Board's Audit and Finance Committee (AFC); NGO Developed Countries Delegation to Board; CCM (Country Coordinating Mechanism) of Kazakhstan; Friends of the Global Fund Europe, Member of the Advisory Committee; in 11 countries KNCV is a member of CCM-Global Technical Working Groups on TB and TB/HIV

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

- Research Collaboration: TB Science; RESIST-TB (Research Excellence to Stop TB Resistance) Steering Committee;

- Wolfheze: Program Committee; Working Groups (Collaborative TB/HIV activities; New drugs and regimens, Patient-Centered 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 or/advisor to Foundations, NGOs in the Netherlands: Eijkman 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); MCNV (Medical Committee Netherlands Vietnam)

- 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 2019

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

In the Netherlands:
- ABN AMRO Group
- Academic Medical Centre Amsterdam (AMC)
- AFEW International
- Aidsfonds
- Amsterdam Institute for Global Health and Development (AIGHD)
- Center for Infectious Disease Control Netherlands (CIb), at National Institute of Health and Central Bureau for Fundraising
- Centraal Orgaan opvang Asielzoekers (COA)
- Cepheid
- Committee for Practical TB Control (CPT) Netherlands
- Coördinatiecentrum Expertise Arbeidsomstandigheden en Gezondheid (CEAG), Ministry of Defense;
- Cordaid
- Delft Imaging Systems BV
- Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding (SMT)
- 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 (Stichting Madurodam Steunfonds)
- Medical Committee Netherlands-Vietnam
- Ministry of Foreign Affairs
- Ministry of Health, Welfare and Sports
- Ministry of Security and Justice - Penitentiary Services (Ministerie van Veiligheid en Justitie - Dienst Justitiële Inrichtingen)
- 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 (NVALT)
- Nederlandse Vereniging voor Medische Microbiologie (NVMM)
- Netherlands Ministry of Foreign Affairs/Development Cooperation (DGIS)
- Netherlands Ministry of Health, Welfare and Sport (VWS)
- Netherlands School of Public and Occupational Health (NSPOH)
- NWO-WOTRO
- OGD
- Our private donors
- PharmAccess Foundation
- Pharos
- Radboud University Nijmegen
- Rijks Instituut voor Volksgezondheid en Milieu (RIVM)
- Royal Tropical Institute (KIT)
- Stichting Loterijacties Volksgezondheid (SLV)
- Stichting Suppletiefonds Sonnevanck
- Stop Aids Now!
- Taskforce Health Care
- Topsector Life Sciences and Health
- Tuberculosis Vaccine Initiative (TBVI)
- University Medical Center Groningen
- Vereniging van Artsen werkzaam in de Tbc-bestrijding (VvAwT)
- Verpleegkundigen & Verzorgenden Nederland, Platform Verpleegkundigen Openbare Gezondheidszorg (V&VN/OGZ)
- VriendenLoterij
- ZonMW

And many others…

Local KNCV Partner organisations
- KNCV Tuberculosis Foundation Ethiopia
- Yayasan KNCV Indonesia
- KNCV Tuberculosis Foundation Kenya
- 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
- AFEW Kazakhstan
- ALERT, Ethiopia
- Almaty City healthcare department
- American Thoracic Society (ATS)

KNCV PARTNERS IN 2019

- Armauer Hansen Research Institute (AHRI), Ethiopia
- Association of Family Doctors, Kazakhstan
- Aurum Institute, South Africa
- Avenir Health
- Bill & Melinda Gates Foundation
- Centers for Disease Control and Prevention (CDC)
- Clinton Health Access Initiative (CHAI)
- Club des Ami Damien (CAD) Democratic Republic Congo
- Damien Foundation Belgium (DFB)
- Development Aid from People to People (DAPP) Malawi
- Development Aid from People to People (DAPP), Zimbabwe
- Duke University, USA
- DZK (German Central Committee against Tuberculosis)
- EGPAF
- Eli Lilly MDR-TB Partnership
- Ethiopian Public Health Institute (EPHI)
- 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 (Global Fund)
- 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 (The Union)
- 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 (PLHIV)
- 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 (LNAC)
- Liverpool School of Tropical Medicine (LSTM)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Makerere University, Uganda
- Malawi TB Research Network
- Management Sciences for Health (MSH)
- Maternal and Child Health Integrated Program (MCHIP), Zimbabwe
- McGill University
- Médecins Sans Frontières (MSF)
- Mekelle University, Ethiopia
- Ministry of Health (in many countries)
- Namibian Red Cross Society
- National Agency for Control of AIDS (NACA), 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 (OPHID) Trust, Zimbabwe
- Partners in Health (PiH)
- 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
- Reach Ethiopia
- 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 (TB MAC)
- Tuberculosis Operational Research Group (TORG), Indonesia (including representatives of University of Indonesia, Padjadjaran University, Gadjah Mada University, Universitas Seblas Maret, Diponegoro University, University of Surabaya, Udayana University, and others)
- Tuberculosis Research Advisory Committee TRAC, 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 (UCSF)
- 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…

ABBREVIATIONS

3HP 3 Month Rifapentine + Isoniazid course
99DOTS A mobile phone technology for monitoring and improving TB medication adherence
AFEW AIDS Foundation East-West
AIDS Acquired Immune Deficiency Syndrome
AIGHD Amsterdam Institute for Global Health and Development
AIV Advisory Council for International Affairs
AMR Antimicrobial Resistance
ART Antiretroviral Therapy
ASCENT Adherence Support Coalition to end TB
ASP Authorized service Provider
AVG Algemene Verordening Gegevensbescherming (Dutch GDPR)
BBC British Broadcasting Company
BCG Bacillus Calmette-Guérin
BMF Building Models for the Future
BPal 6 Month treatment for patients with advanced forms of drug-resistant TB
BPaMZ An all-oral TB treatment regimen consisting of bedaquiline, pretomanid, moxifloxacin and pyrazinamide
BSD "Basis Score voor Directiefuncties" - Basic Score for Management positions
CAD4TB Computer Aided Detection for TB
CBF Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)
CBO Community Based Organization
CDA Christen Democratic Appel
CDC Centers for Disease Control and Prevention
CEI European Integration Committee
CGHI Clingendael Global Health Initiative
CIb Centrum Infectieziektebestrijding (Center for Infectious Disease Control)
COS Committee Development Cooperation
CROI Conference on Retroviruses and Opportunistic Infections
CTB Challenge TB, the global mechanism for implementing USAID's TB strategy and TB/HIV activities under PEPFAR
CTP Netherlands Tuberculosis Control Policy Committee
DAT Digital Adherence Therapy
DGIS Directoraat-Generaal Internationale Samenwerking (Netherlands Ministry of Foreign Affairs)
DMS Data Management System
DNA Deoxyribonucleic acid
DOT(S) Directly Observed Treatment (Short-course)
DR-TB Drug Resistant Tuberculosis
DRC Democratic Republic of Congo
DS-TB Drug-Sensitive Tuberculosis
EAR East African Region
ECDC European Centre for Disease Prevention and Control
ECOSOC Economic & Social Council
E-Detect Early Detection of Tuberculosis in Europe
EDCTP European and Developing Countries Clinical Trials Partnership
EPHI Ethiopian Public Health Initiative
EU European Union
EurRespirRev European Respiratory Review
F&O Finance & Operations
FCT Federal Capital Territory
FDA United States food & Drug Administration
FILHAinnish Lung Health Association
FTE Full-time equivalent
GDN Goede Doelen Nederland
GeneXpert® (See Xpert MTB/RIF assay, below)
GF 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
H Isoniazid
HIV Human Immunodeficiency Virus
HIVOS Humanistisch Instituut voor Ontwikkelingssamenwerking
HLM High Level Meeting (United Nations)
HR Human Resource
HRM Human Resource Management
IAS International AIDS Society
ICT Information and Communication Technology
IDP Intensive Diagnostic Phase
ILO International Labour Organization
IMPAACT4TB Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB
ISS Institute of Social Studies
JCTUBE Journal of Clinical Tuberculosis and other Mycobacterial Diseases
JSD Joint Service Delivery
JZ International Jordan/Zalaznick International
KNCV Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose
KG Kyrgystan

LJ Lowenstein-Jensen
LON USAID funding Mechanism for Local Organizations
LTBI Latent Tuberculosis Infection
MDR-TB Multidrug-resistant Tuberculosis
MERMS Medication Event Reminder Monitoring Systems
MGIT Mycobacterial Growth Indicator
MoFa Ministry of Foreign Affairs
MOH Ministry of Health
MPO My Pension Online
MSH Management Science in Health
MTB Mycobacterium Tuberculosis
MTMBeVE Medisch Technisch Medewerkers Beroepsvertegenwoordiging (Professional Association of Medical Technical Assistants)
MXU Mobile X-ray Unit
NCE No Cost Extension
ND&RS New Drugs and Regimens
NGO Non-Governmental Organization
NSP National Strategic Plan
NTP National Tuberculosis Program
ODA Official Development Assistance
PDP Product Development Partnership
P Rifapentine
PAI Pharm Acces International
PATH Program for Appropriate Technology in Health
PAVIA PhArmaco Vigilance Africa
PCF People Centered Framework for TB programming
PDP Product Development Partnership
PFP Private-for-profit
PFZW Pensioenfonds Zorg en Welzijn (Pension fund for health care)
PLHIV People Living with HIV
PODTEC Painless Optimized Diagnosis of Tuberculosis in Ethiopian Children
PMDT Programmatic Management of Drug-Resistant TB
PMU Project Management Unit
PV Pharmacovigilance
RIVM Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)
RR-TB Tuberculosis resistant to Rifampicin
R&D Research & Development
SBF Samenwerkende Brancheorganisaties Filantropie
SDG Social Development Goals from the United Nations
SDG Sustainable Development Goals
SGF Samenwerkende Gezondheidsfondsen
SMS Short Message Service
SMT Dr. C. de Langen Stichting voor Mondiale Tbc-Bestrijding/Stichting Mondiale Tuberculosebestrijding (Dr. C. de Langen Foundation for Global TB Control)
SSNPR Southern Nations, Nationalities, and People's Region (Ethiopia)
SSGA State Street Global Advisors
TB Tuberculosis
TB CAP Tuberculosis Control Assistance Program
TB CARE USAID-funded TB project 2010 – 2015 implemented by the TBCTA coalition
TBA TB Alliance
TB/HIV Tuberculosis and/or Human Immunodeficiency Virus
TBC Tuberculose
TBCTA Tuberculosis Coalition for Technical Assistance
TIFA Tuberculosis Implementation Framework Agreement
TPT Tuberculosis Preventive Therapy
TREATS Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for Active TB
TSRU Tuberculosis Surveillance and Research Unit
UN United Nations
UHC Universal Health Coverage
UNHLM United Nations High Level Meeting
UNICEF united Nations Children Fund
UNION International Union Against Tuberculosis and Lung Disease
Unitaid International organization that invests in innovations to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively.
USAID United States Agency for International Development
USD US Dollar
UWV Uitvoeringsinstituut Werknemersverzekeringen
Wbp Wet bescherming persoonsgegevens
WHIP3TB Evaluation of the effect of weekly high dose rifapentine and isoniazid (3HP) vs periodic 3HP vs 6H for preventing TB among HIV-positive individuals (WHIP3TB Trial)
WHO World Health Organization
WNT Wet Normering Topinkomens
WP Work packages
Xpert MTB/RIF An automated diagnostic assay/test that can identify TB and resistance to rifampicin
XDR-TB Extensively Drug-Resistant Tuberculosis
X-ray Diagnostic method
Xpert An automatic diagnostic assay/test that can identify TB and resistance to Rifampicine
YKI Yayasan KNCV Indonesia
ZN Ziehl-Neelsen

KNCV TUBERCULOSIS FOUNDATION

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