KNCV TUBERCULOSIS FOUNDATION

ANNUAL REPORT 2019

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"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.

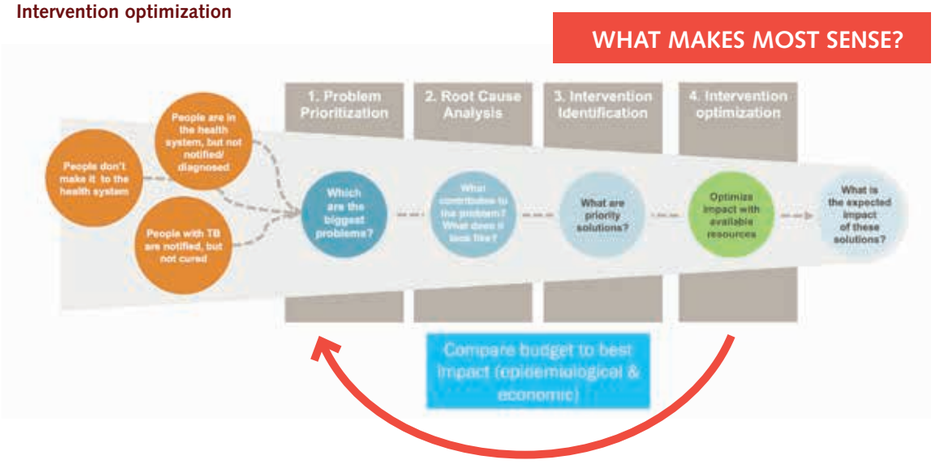
Global political will is at its highest since countries at the 2018 United Nations High Level Meeting (UNHLM) have affirmed their political will towards the ambitious third Sustainable Development Goal (SDG) and the global End TB strategy. The 2018 Lancet Commission on Tuberculosis has emphasized the 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 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



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/

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

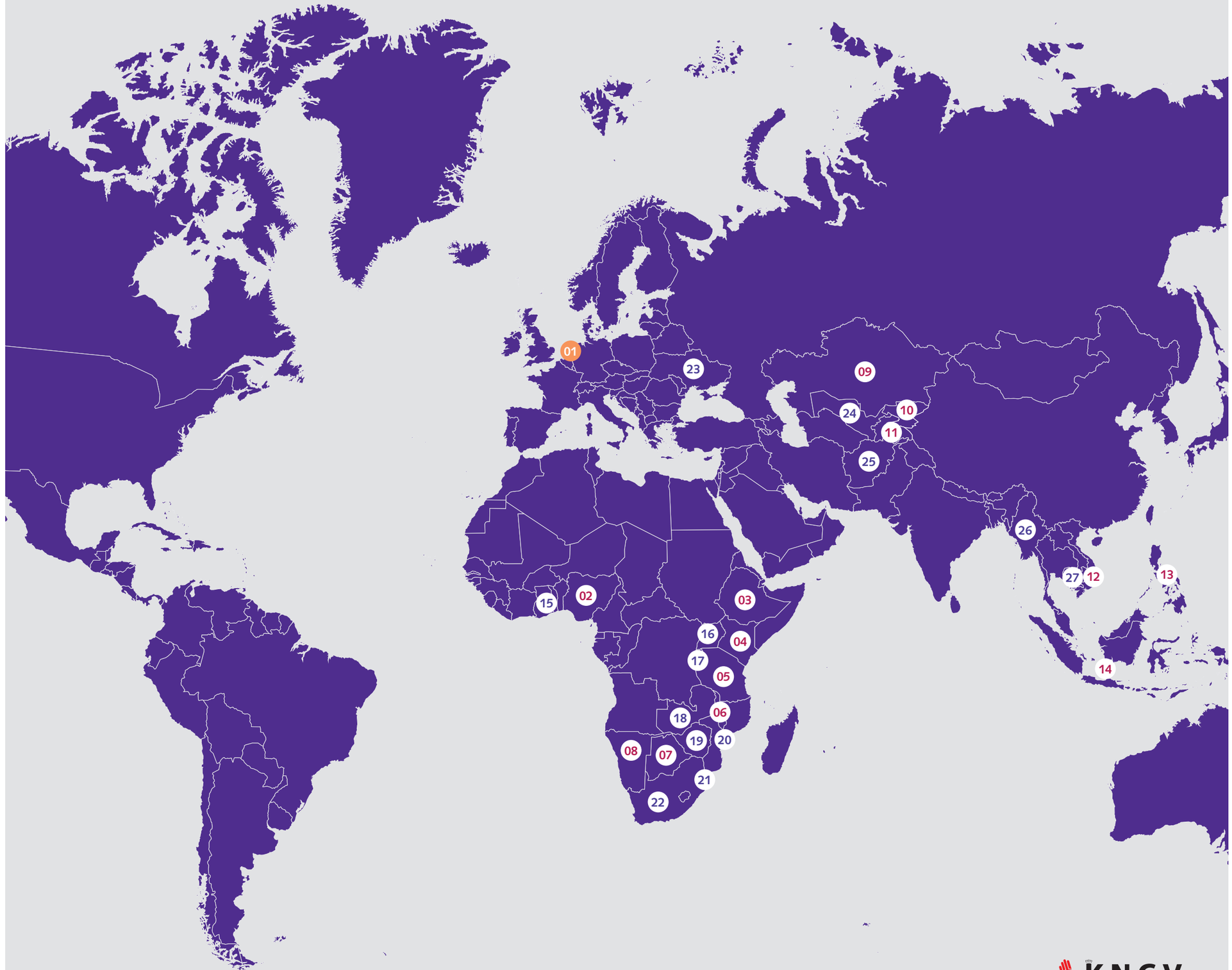
01 **KNCV CENTRAL OFFICE:**
The Netherlands

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.

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.

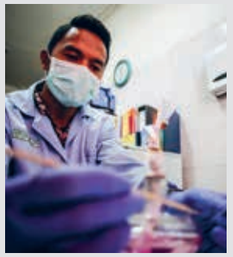
KNCV-KG has already applied to four grants for new projects, for research and for equipment procurement (USAID "LON", Japan Embassy "Grassroots and human security", Soros, Radian) and keeps looking for new opportunities to help end the TB epidemic in Kyrgyzstan.

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

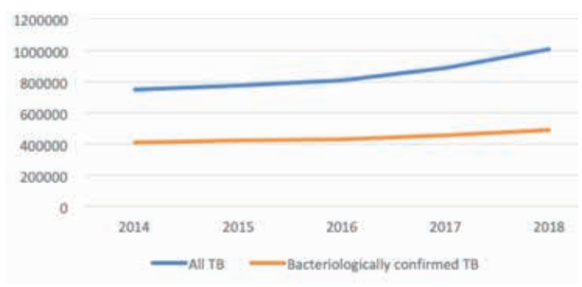
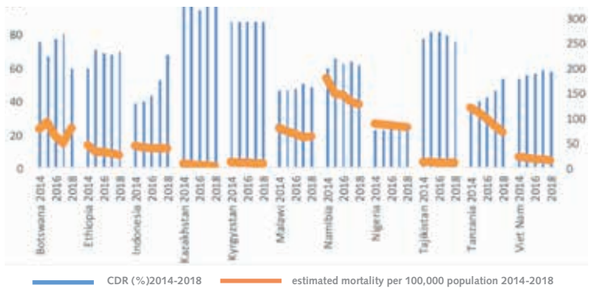


Figure 2: Trend in accelleration of case finding compared to the 2014 baseline in 11 KNCV-supported countries 2015 - 2018



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

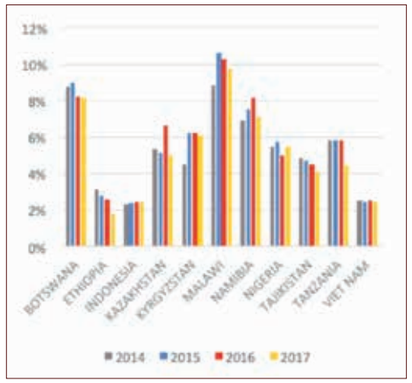
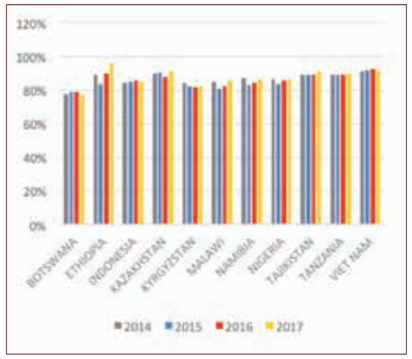


Figure 3b: Proportion of registerd TB patients treated successfully, 2014 - 2017



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

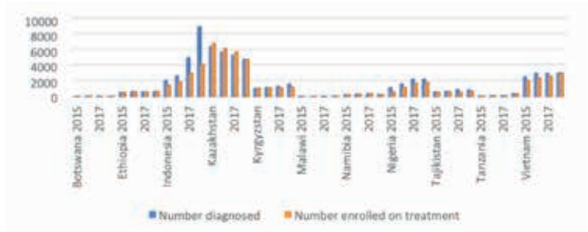


Figure 5: Trend of proportion of TB patients tested for HIV 2015-2018

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 reorganizati-on, 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

BOARD OF TRUSTEES REPORT

2019 was a challenging and transformative year for the organization following the completion of the financing of USAID for Challenge TB. The organization responded without delay, guided by management and in close consultation with the Board of Trustees. As soon as it became known early April that USAID granted a 6 months no-cost extension for only five countries and PMU, management expediently planned the reorganization and downsizing during April. The reorganization plan was discussed with the Board of Trustees in May and, following a positive advice by the Works Council, approved early June. Staff were informed by mid-June, with most changes consummated at the Challenge TB end-date of October 1, 2019. A small close-out team has stayed in place through the first quarter of 2020.

The solid response of the organization and management was facilitated by anticipating events as they unfolded: the Executive Director and senior management kept staff informed with regular updates to staff and Works Council in the protracted period awaiting USAID's final decision on a no—cost extension (throughout 2018 and early 2019). The transparent and open communication with staff and having a Works Council approved social plan in place proved invaluable in establishing the foundation for decision-making and implementation. In this way uncertainty for staff was minimized to the extent possible. By October 1st, the organization had downsized and was ready to enter the next phase based on the Strategic Plan 2020 – 2025, approved in November.

Beyond resilience in the face of turbulence and painful changes, the organization demonstrated its full commitment and unabated focus on delivering the final year of implementation of the Challenge TB project. Close-out events in all countries as well as globally at the Union Conference in India, paid tribute to the achievements of 5-years Challenge TB and provided an opportunity to reflect on the 20-years engagement as USAID's chief implementer of its flagship TB programs.

Building on the achievements under Challenge TB and transforming its ways of engagement, the organization is well-poised for the future. In the 2020 – 2025 Strategic Plan KNCV is focused on its technical core and has diversified its funding base securing contracts with a variety of donors. This underpins a pronounced role in introducing new TB treatment regimens, new preventive TB screening and treatment options, as well as development of digital adherence tools. Guiding principles are: focus on developing and embedding innovations into TB control programs, thus providing countries early access to innovations and supporting national scale up.

The year in review: Board of Trustees oversight

With the financial challenges to the organization following the end of the five-year Challenge TB contract, the Board of Trustees stepped up its engagement with the organization during the re-organization phase. The Chair and Executive Director had regular consultation calls, which enhanced Board of Trustees involvement and oversight and inspired confidence in progress and directions. The Audit Committee supported the Board of Trustees with in-depth assessments of KNCV's financial position on two occasions: in May, the Audit Committee analyzed the financial parameters and scenarios underlying the reorganization plan in support of the Board of Trustees approval of the reorganization; as part of the reorganization the Board of Trustees endorsed the decision to combine the CFO and COO roles in the new organization; in November, the budget 2020 and time-line towards getting back to break-even in the course of 2021 were assessed. This resulted in Board of Trustees support for the proposed budget 2020 and conditional approval of the budget through the first half of 2020, conditional on agreed savings and resource mobilization targets.

The annual retreat of the Board of Trustees with senior KNCV staff, in July, centered on KNCV's response to the shifting donor landscape and measures to enhance institutional flexibility in response to the shifting donor and political realities. Various ways and the necessity to bring down KNCV's cost structure were explored in the retreat and were followed through in the November Board of Trustees meeting. Board of Trustees engagement contributed to a new salary house being approved with consent of the Works Council. This new salary house is a major step forward in a structural reduction of staff costs and bringing then within market benchmarks, and its benefits will accrue in the budgets going forward. In addition, the move to new housing, as approved by the Board of Trustees in November, contributes to a reduction in the fixed costs level. Further cost reductions remain necessary during 2020. The Board of Trustees will review medium term financial prospects in the second quarter of 2020.

In November, an additional meeting of the Board of Trustees was convened to approve the move to new premises and for a dedicated discussion in which the Board of Trustees provided input to the proposed Strategic Plan 2020 – 2025. The Board of Trustees approved the Strategic Plan 2020 – 2025 in its regular November meeting, noting the conditional approval of the Budget 2020.

To enhance relations with the KNCV Members, an information session was convened towards year-end, at the initiative of the Chair of the Board of Trustees following and announced at the Annual Meeting of Members. During this meeting, KNCV Members were briefed on the re-organization and future strategic direction. This additional meeting with Members was valued for building trust between the two supervisory governance bodies of the organization and strengthened Members' insight into KNCV's strategic direction at a crucial juncture for the organization.

Board of Trustees developments

The Board of Trustees is composed of seven members from a variety of backgrounds and experience in academia, medical profession, corporate and public sector. The Board of Trustees is dedicated to providing complementary value for the organization while carrying out its primary task of oversight. The individual focus and expertise areas of the Board of Trustees result in a collectively strong, diverse, complementary skill set: In May 2019, the General Assembly appointed Mirella Visser to a second term of four-years until May 2023. ▶

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

KNCV in 2020

During 2020 KNCV will be completing its transition to a fit-for-the-future organization, focused on its technical core strengths and stepping up its role in innovation. The ways of working in partnership with KNCV country offices will transform, seeking synergies and further defining complementary strengths. Donor trends from centralized funding to country-level funding we expect will continue to unfold. This will require a focus on continuing to harness opportunities and meet challenges such as shorter funding cycles, greater uncertainty and rapid adaptation of activities to fluctuating levels of funding.

Early 2020 Executive Director Kitty van Weezenbeek announced her departure from the organization to assume the position as WHO Director Surveillance, Prevention and Control of AMR, per 1 May 2020. The Board of Trustees expresses its sincere gratitude to Kitty van Weezenbeek for her exceptional contribution to the KNCV mission and organization.

The Board of Trustees has appointed Mustapha Gidado as Acting Executive Director per 1 May. Gidado has served as Director Challenge TB and been with the organization since 2012. The Board of Trustees is confident that the arrangements with a strong management team under the leadership of Gidado will assure continuity and expedient implementation of the Strategic Plan 2020 - 2025. Board of Trustees expects to appoint a definitive successor Executive Director later in the year following an open recruitment process which is underway.

At the writing of the KNCV Annual Report the world is starting to face the effects of the COVID-19 crisis, affecting KNCV's work at the respective offices and in the field around the world. Public health conditions in particular will be profoundly affected for the months and the year ahead. The Board of Trustees is on stand-by for monitoring KNCV's response and for consultation. We express our confidence in the organization's ability to contribute its expertise and insight to support public health systems meet these challenging times and to stay a steady course in the trying times ahead.

The Board of Trustees is proud of the achievements in fulfillment of the KNCV mission in the year under review. We greatly appreciate the strong dedication of all KNCV staff, overseas and in The Hague, while facing organizational uncertainty which impacted personal life of staff and their families.

Board of Trustees,

Chair
Mirella Visser

Vice-Chair
Ton van Dijk

Photo: Habiba Bello

A TB patient together with his wife in Nigeria

GOVERNANCE AND ORGANIZATIONAL REPORT

Statutory name, legal state and place of residency

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

The latest version of the Articles of Association passed the notary deed on 23 August 2012 and can be found on our website. The central office is located in The Hague, the Netherlands. Through 2019 KNCV operated 13 country (branch) offices. Following the close-out of our Challenge TB agreement, KNCV closed five offices in 2019, and continues to operate seven branch offices worldwide. As part of our strategy to establish a network of affiliated KNCV partners four offices registered an independent local entity governed by a (predominantly) local Board. KNCV is establishing governance and quality standards which are up-held to warrant the brand value of the KNCV network. For an overview of all branch and affiliated offices, please see the contact list on page 91.

The members are:

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

Honorary Members

Honorary members of KNCV are individuals who made a significant contribution to TB control and/or to KNCV as an organization. In May 2019 Dr. Wim Waal's decennia long commitment to TB control in The Hague is acknowledged by bestowing a honorary membership. KNCV currently has two honorary members: Dr. H.B. van Wijk (former Chair of the KNCV Board of Trustees) and Dr. Wim Waal.

General Assembly

The objective of the General Assembly is to ensure that KNCV's activities make the best possible contribution to the statutory mission. The General Assembly has a supervisory and advisory role in this respect. The primary responsibility of the General Assembly is supervisory governance, as described in the KNCV Governance and Management Framework *Applying 'Good Governance' at KNCV.*

The General Assembly is authorized to:

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

In 2019, the General Assembly's Annual Meeting took place on 8 May 2019. The General Assembly granted discharge to the Board of Trustees for the supervision performed and to the Executive Director for the management of the organization for the year 2018. Additionally, an informal briefing for KNCV Member organizations was convened on November 26. Purpose was to provide an update following the re-organization and a pre-view into the KNCV Strategic Plan 2020 – 2025 as adopted by the Board of Trustees on the same day.

Board of Trustees

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

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

Three permanent sub-committees have been established with the following preparatory tasks:

- An Agenda Committee to prepare the board agenda, in consultation with the Executive Director;
- An Audit Committee to assess in detail the annual plan and budget, annual financial report, and the findings of the independent auditor;
- A Remuneration and Assessment committee to assess the performance of the Executive Director.

Temporary committees can be established on ad hoc basis.

The Board of Trustees consists of the following members:

Member	Appointed	Expiring
Mirella Visser (Chair)	May 2019 (2nd term)	2023
Ton van Dijk (Vice-Chair)	May 2017 (2st term)	2021
Maria van der Sluijs-Plantz (Chair Audit Committee)	May 2018 (2nd term)	2021 --
Jan Hendrik Richardus	May 2018 (2nd term)	2021
Wieneke Meijer	December 2016 (1st term)	2020, eligible for 2nd term
Rolph van der Hoeven	July 2017 (1st term)	2021, eligible for 2nd term
Johan van 't Hag (Member Audit Committee)	July 2017 (1st term)	2021, eligible for 2nd term --

Supervisory governance during 2019

For an extensive description on the supervisory governance during 2019, please see the Board of Trustees Report prior to this chapter.

January 2019, Chair and member Wieneke Meijer visited KNCV's operations in Indonesia in January. They debriefed Board of Trustees in meeting on 19 February.

At the General Assembly in May 2019, Mirella Visser was re-appointed for a second term, 2019 – 2023.

The annual self-assessment was conducted in preparation of the Board of Trustees meeting in February 2020. On 18 February 2020 the Board of Trustees completed its discussion of the annual self- assessment covering 2019 and reviewed its effectiveness and composition.

A delegation of the Board of Trustees attended a meeting between Works Council and Executive Director this year on November 26, 2019.

In 2019, six Board of Trustees meetings were held on the following dates: 19 February, 16 April, 8 May, 24 September and 5 and 26 November. Two additional meetings, on 8 May and 5 November, were convened in respect of the re-organization and development of the Strategic Plan 2020 -2025 respectively. Audit Committee meetings were held on 9 April and 21 November. The annual retreat with senior KNCV management took place on 12 July.

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

Mirella Visser	Founder and Managing Director of the Center for Inclusive Leadership. She is a Member of the European Integration Committee (CEI) of the Advisory Council for International Affairs (AIV) of the Dutch Ministry of Foreign Affairs. Mirella also serves on the supervisory boards of Royal Swets & Zeitlinger and Pension Fund MPO (PNO Media), and chairs the supervisory board of PSI-Europe.
Ton van Dijk	Recently retired as Regional Director of Public Health and Regional Director of Medical Disaster Management of The Hague and the Region of The Hague (Haaglanden) .
Maria van der Sluijs-Plantz	Member State council for Saint Maarten for the Council of State of the Netherlands; Non-Executive Board Member Telefonica Europe B.V; Industry Specialist M&A of JZ International
Jan Hendrik Richardus	Professor Infectious Diseases and Public Health at the Department of Public Health of Erasmus MC, University Medical Center Rotterdam. He is a member of many scientific advisory committees in the Netherlands and overseas, including membership of the Technical Advisory Group for Leprosy of the World Health Organization. He is primary investigator of several national and international research projects, and serves on numerous technical and academic steering groups.
Wieneke Meijer	Medical doctor, Head Tuberculosis Department of the Municipal Public Health Service (GGD) in Amsterdam. She chairs the Committee for Practical TB Control Netherlands (CPT).
Rolph van der Hoeven	Professor Emeritus Institute of Social Studies (ISS, Erasmus University); Member of the Committee Development Cooperation (COS) of the Advisory Council for International Affairs (AIV) of the Dutch Ministry of Foreign Affairs; Member of the United Nations Economic and Social Council's (ECOSOC) Committee for Development Policy. Earlier functions include Chief Economist at the United Nations Children Fund (UNICEF) and Director for Policy Coherence at the International Labour Organisation (ILO).
Johan van 't Hag	Finance professional, having served as CFO at several participations of NPM (private equity fund) in health care. These participations were 'Arts en Zorg' (Health care centers with first line care activities) and Mentaal Beter (Mental Healthcare). He was previously employed at Unilever in various senior financial and international management positions in Rotterdam, Stockholm and Hamburg.

Executive Director

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

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

The Executive Director (ED) is supported in decision-making by the Management Team. Following the re-organization (effective October 1, 2019) the Management Team continues to be composed of the Executive Director and two division directors of KNCV (Technical Division, Finance and Operations Division) and was expanded to include the Manager TD, Heads of HRM, Communication, Resource Mobilization and Senior Advisor Public Affairs.
An Executive Committee, composed of the ED, Directors TD and F&O, Manager TD supports the ED in respect of statutory decision-making. The organizational structure of KNCV includes a non-statutory Deputy Director who is part of the Management Team and Executive Committee. The incumbent as non-statutory Deputy Director, Lucian Roeters, will be succeeded ad interim by Diana Numan as of 1 April 2020.
The performance of the Executive Director is assessed by the Remuneration and Assessment committee of the Board of Trustees. The committee reports their findings to the Board of Trustees.

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

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

Works Council Year Report 2019

As Works Council we want to be the eyes and ears of the organization and represent the interests of all employees. We strive to maintain a good balance between looking at employees' wellbeing, interests and working conditions on the one hand, and the organizational interests on the other.
Elections were held in November. The composition of the Works Council did not change till the elections in November 2019. New members started effectively January 1st 2020.
It was a busy year for the Works Council and we discussed and advised on important topics that concerned the whole organization. The chair of the Works Council participated in the management team (MT) retreats.
Main topics discussed were the salary house, the reorganization and new office housing. Monitoring workload and remained an important topic on the a genda especially in light of the reorganization.
During 2019 we had a training and updated our policy paper and discussed our focus for the coming year(s).
We gave consent to a new salary house to be prepared for the future.
The Works Council said goodbye to Danella Zuidema as the secretary of the Works Council after a short period of six months. The recruitment of a new secretary started December 2019. ▶

At the end of December 2019, the Works Council members were:

Member	Appointed	Expiring
Ineke Huitema	2014 (3nd term)	2019, leaving the WC January 1st 2020
Job van Rest (Chair)	2016 (3nd term)	2022
Edine Tiemersma (Vice Chair)	2014 (3nd term)	2021
Stephanie Borsboom	2017 (2nd term)	2019, leaving the WC January 1st 2020
Harmen Bijster	2017 (2nd term)	2023
Rachel Powers	2019 (1st term)	2023
Andrii Slyzkyi	2019 (1st term)	2023

Quality Control

KNCV considers quality an essential hallmark of all the work we do. In 2019, to ensure quality in our activities, deliverables and results the organization relied on and assured compliance to processes that support standardized, high-quality performance. This includes standards of excellence and review processes for key KNCV technical functions, such as short-term technical assistance through consultancies at country-level and developing high-quality work plans and reports. KNCV tracks and reports on the outcomes of short-term technical assistance as well as provides systematic technical quality review for deliverables generated for all donor-funded projects.

To ensure that KNCV staff are up-to-date on the latest technical developments in TB control and elimination, the Technical Division organizes quarterly meetings when key technical staff gather in technical discussions on innovations in alignment with the priorities as set out in the Strategic Plan and the periodically updated Theory of Change.

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

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

Risk Management

We are aware of the fact that as an organization we are exposed to risks. The Executive Director reports on risks to the Board of Trustees on a regular basis. Once a year a comprehensive risk analysis is done, assessing risks, controls, and mitigating actions. This assessment involves senior management and the report is discussed in the Management Team meeting. The internal risk analysis and significant changes and/or improvements in internal controls are reviewed with the Audit Committee and the full Board of Trustees.

Information security

KNCV adheres to the new policy on the obligation to report data leaks "meldplicht datalekken in de Wet bescherming persoonsgegevens (Wbp)" introduced on 1 January 2016 and the "Europese Algemene verordening gegevensbescherming (AVG)".
KNCV has a data security policy and a procedure on how to report data leaks in place. This includes an inventory

of types of sensitive information within KNCV, drafting of 'bewerkersovereenkomsten' with suppliers and preparing a checklist with action points. KNCV has appointed a data security officer. In 2018 all staff were trained on security. A privacy policy and privacy statement were drafted, and the website was made compliant to AVG requirements. All data processing processes have been inventoried and checked against AVG requirements.

In 2019 one incident has been evaluated. After evaluation no report was made to the Autoriteit Persoonsbeveiliging, because the incident was not considered a data leak. The incidents have helped us in developing our policy and will be included in training materials for all staff.

Codes of Conduct

KNCV has a number of codes of conduct which guide the ethical behavior of staff and protect their employment with the organization. These are:
- General Code of Conduct;
- Code of Conduct for the use of e-mail, social media, internet and telephone facilities;
- Policy and protocol for undesirable behavior at work;
- Policy on fraud, money laundering and trafficking in persons;
- Whistle-blower policy.

In 2019, no incidents have been reported to the external confidential counsellor related to undesirable behavior of others. During 2019 our integrity policy as updated in 2018 remained unchanged. In 2020, Head of HRM and or the Director Operations will follow new workshops on Integrity, organized by Goede Doelen Nederland. We hereby assure that integrity is continuously on the agenda and that we make optimal use of available tools to operationalize this on different levels in the organization. For example, the online integrity tool developed by Goede Doelen Nederland will be introduced to the whole organization during a lunch meeting and then implemented in all offices. Furthermore based on experiences and recently developed guidelines of Goede Doelen Nederland, KNCV's Code of Conduct will be reviewed and adjusted.

During 2019, two reports were made of (attempted) fraudulent activity in our office in Malawi. One incident was related to copies of fuel cards being handed out to fuel stations for possible future benefit. The other related to the theft of three laptops from the storage room. Both incidents have been reported to the donor.

Additionally, an integrity workshop has been conducted in four country offices. Head HRM and Director Operations followed three workshops on Integrity, organized by Goede Doelen Nederland. Based on the experiences and recent developed guidelines of Goede Doelen Nederland, KNCV's Code of Conduct will be reviewed and strengthened in 2020.

Media Policy

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

Social Responsibility and sustainable development goals

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

External Quality Hallmarks

Since the transition to the 'Erkenningsregeling' in 2016 KNCV has been acknowledged as a CBF recognized charity, based on a self-assessment that was performed in 2016. A new evaluation has taken place in 2019 and based on that KNCV continues to be a CBF recognized charity.

The document "Management and governance at KNCV – the code for Good Governance Code application" describes our governance structure, management procedures and regulations in detail. A summary of the accountability report, outlined below, is sent to the CBF annually. ▸

Summary of the CBF accountability requirements

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

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

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

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

This Annual Report contains a summary of the accountability report.

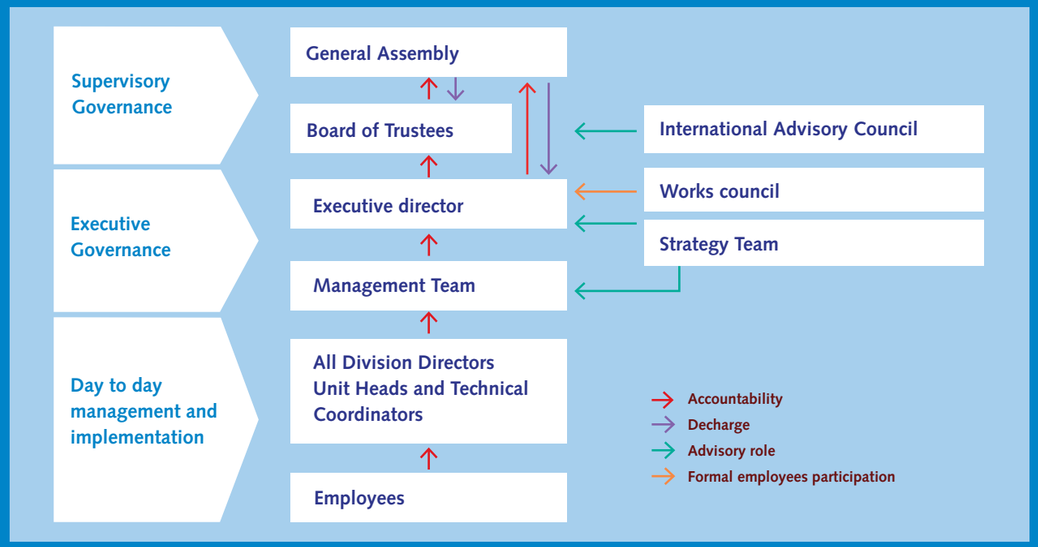
Ad 1. Division of tasks in governance, management and operations

KNCV has described its governance and management structure in the document: 'Management and governance at KNCV - the code for Good Governance Code application'.

Through the development, management, and maintenance of this document, we seek to achieve the following:

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

Figure 7: KNCV model for governance and management



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

In addition to the articles of association, the operational modalities of all governance structures are described in the following regulations and documents, available upon request:

- Rules and Regulations for the General Assembly;
- Rules and Regulations for the Board of Trustees;
- Rules and Regulations for the Audit Committee;
- Rules and Regulations for the Remuneration and Assessment Committee;
- Rules and Regulations for the Executive Director;
- Rules and Regulations for the Management Team;
- Rules and regulations with regard to the relation between the Works Council and the Executive Director.

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

KNCV has developed and implemented a set of mechanisms to continuously and coherently strive for improvement in its operations, especially in terms of efficiency and effectiveness. These include:

- A planning, monitoring and evaluating process composed of a strategic long-term plan and an annual planning and control cycle, for mission related goals, for resource allocation and enabling environment. Performance indicators are used to assess the progress in reaching strategic and organizational goals.
- A procedure for assessing new projects and/or acquisition proposal development.
- Monitoring and evaluation systems at project and institutional level.

Ad 3. Optimizing the communication and relationships with stakeholders

KNCV is part of a large partner network of public and private organizations and individuals, all contributing to the realization of our mission. The structure and composition of our network is outlined in figure 8.

Creating and maintaining support (both material and immaterial), transparency, and accountability in all our processes, is the focus of our communication with all stakeholders. The overall goal of our corporate communication is to support our mission by creating, maintaining, and protecting KNCV's reputation, prestige, and image. Our communication with stakeholders is based on the following principles:

- We are transparent and report on our successes and lessons learned;
- We communicate pro-actively, where possible;
- We communicate through unambiguous and consistent key messages;
- We tailor our communication messages and media to reach our key audiences and target groups.

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

We encourage all stakeholders, including private donors, to share their opinions, ideas and complaints with us by telephone, e-mail or post. The responsible unit head or officer will address the issue and communicate directly with the sender. Complaints are formally registered and monitored.
In addition to our continuous operational engagement with key stakeholders, including TB-affected populations at country, regional and global level, KNCV also ensures that a diversity of perspectives is reflected in our governance structures and processes. In addition to International Advisory Council meetings, the organization also seeks stakeholder participation at other important moments, for example:

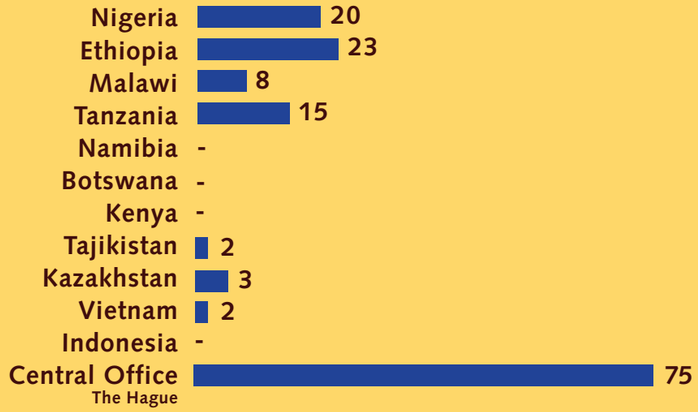
- During the strategy development process every five years;
- By participating in knowledge exchange forums;
- By monitoring and evaluating (e.g., donor satisfaction survey);
- By inviting ideas and complaints through the website.

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

Figure 8: KNCV model for governance and management

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 INDICATORS AND MONITORING DATA

The year 2019 marks the last year of implementation of the successful USAID-funded Challenge TB project, with a resulting overall decrease in income and activities for KNCV. Anticipating this decrease a reorganization was carried out in 2019, making the organization fit for a future with a lower funding level, but a more diversified funding base, focusing on KNCV's areas of technical expertise. The period 2019-2021 is a transition period, in which some additional measures will be taken to adjust the organizations cost level to its new income level. An example is the move to a new office in May 2020. Financial plans show a surplus in the budget for 2021 onwards, with an income level ranging between 17 and 21 million.

The financial results for 2019 show a positive development. The income decreased compared to 2018, because of a decrease in income from government grants, related to the close out of the Challenge TB project.

KNCV Tuberculosis Foundation is pleased with the income from lotteries, which is only slightly lower than the level of 2018. The lottery contribution is invaluable as unearmarked funding in achieving our mission and goals.

Income from legacies is highly unpredictable and showed a decrease in 2019 compared to 2018, due to receipt of some larger legacies in 2018. Income from endowment funds decreased in 2019 and is at its normal level, after an additional grant in 2018 in support of the KNCV activities for the 49th Union World Conference on Lung Health. Income from other non-profit organizations increased again due to project grants from Unitaid, TB Alliance, Bill and Melinda Gates Foundation and others. From the perspective of diversification of funding, we are pleased to see this part of our income continue to grow.

Income from government grants, the largest income component contributing to 91% of the annual income, decreased compared to 2018. This is mainly related to the fact that activities for the five-year USAID-funded Challenge TB project have decreased because of the planned end of in country activities in August. A no-cost extension was received for a number of countries. The projects financial close out will be in March 2020. 2019 was also the fifth year of activities for the five-year DGIS grant, that counts as cost share towards the Challenge TB project.
Income from investments increased due to positive stock market developments in 2019 (after the negative result in the last months of 2018), which resulted in an unrealized investment gain.

Total expenses in 2019 decreased to 64,1 million in 2019 (2018 93,3 million).

Expenses for TB control in low prevalence countries (mainly The Netherlands) have decreased compared to the level of 2018 and include, besides expenses for an annual project grant from the Ministry of health and expenses for a grant from ZonMW, a contribution to 'De gezonde generatie', a project funded by Lotto income and implemented though the Samenwerkende Gezondheidsfonden (SGF) as well as activities funded from earmarked reserves. The annual grant from the Ministry of health was higher in 2018 due to the bi-annual Wolfheze conference contribution.

Expenses for TB control in high prevalence countries decreased compared to 2018, related to the close out of Challenge TB. This drop in activities was partly compensated by new activities funded by Unitaid, Bill and Melinda Gates Foundation and others.

Expenses for research also decreased compared to 2018. Through the Challenge TB project KNCV is working on a large research project focused on Prevention, which is currently in its final year of implementation.

Expenses for education and awareness decreased in 2019 as was planned.
Expenses for private fundraising decreased in 2019 because of a reduction of staff and lower campaign costs.

Expenses for administration and control are at the same level as last year.

A proposal for allocation of the result 2019 is presented on page 105.

Financial data 2015-2019

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

Expenditures on the mission (R7)

Compared to total expenses, since 2010, over 95% of KNCV's budget is being spent on mission related activities. This indicator is closely monitored. Influences on the indicator can be due to (temporary) increases and decreases of expenditures for fundraising and for administration and control. Compared to last year the percentage decreased from 97,7% to 97,0%. Compared to the total income, expenditures on the mission (as a percentage) can differ from the previous indicator because in some years earmarked reserves and funds are used to cover the expenditures or there is a surplus occurring.

KNCV's policy for costs for fundraising (R8)

With regards to expenditures for fundraising, KNCV Tuberculosis Foundation has the policy that, calculated as an average over a 3-year period, the costs cannot be higher than 25% of the income from own fundraising activities (individuals and companies). Because of our ambitions and modest position in the private fundraising market, we have chosen to stay close to the possible maximum. Uncertain and unpredictable factors in this strategy are the level of success of using new fundraising methods and the income from legacies. KNCV's internal policy on level of costs for fundraising is that if, during a budget year, the results are not satisfactory, we adjust our budgets downwards to prevent a percentage above the 25% standard. Because of the unpredictability of legacy income the percentage fluctuates over the years. Because income in the RJ650 guideline is broken down in various income sources (individuals, companies, ▶

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)

and other non-profit organizations) this percentage is now calculated based on income from individuals and companies only. Expenses in 2019 are 21,9% of the income from own fundraising activities from individuals and companies, below the 25% maximum. The 3-year average is 22,2%. The three-year average based on 2018, 2019 and the budget for 2020 is 25,6%. This is higher than 25% because the budgeted fundraising income for 2020 does not include income from sponsoring and company grants. This is a conservative estimate and we expect the percentage to decrease in actuals. In the past, this percentage was calculated as a percentage of all fundraising income.

KNCV's policy for administration and control costs (R9)

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

- Our activities are funded by private, corporate and public donors, all of whom demand the highest level of transparency and accountability on what has been spent to the mission and the allocation to projects.

- We want to spend as much of our resources as possible in an efficient and effective manner to realize our mission. Smooth running of operations and adequate decision-making-, management- and control processes contribute to that.

- On the one hand, the costs for these processes cannot be so high without taking resources away from the mission, and on the other hand, they should not be too low because then the quality of our management control cannot be guaranteed. We therefore use a minimum and a maximum standard.

- Regarding determining a range between the minimum and maximum, we must also consider the widely fluctuating levels of activities within projects and contracts, funded by institutional donors. In the realization of plans, the organization depends on the available resources and implementation pace of third parties. The level of management and administrative efforts required, do not immediately respond in an equal way and at an equal pace. For this reason, also, the average rate over a period of several years is presented.

The range has been adjusted downwards in 2015 from 5-10%, because the volume of activities has increased due to the five-year Challenge TB award, allowing for an overall percentage reduction.
In 2019, the percentage of 1.8% is higher than 2018 and also higher than what was budgeted for 2019 (1.4%) due to reorganization costs. Now that the Challenge TB project is coming to an end and due to the decreased volume of activities from 2020 onwards the range will need to be reconsidered, keeping in mind the guidelines and recommendations of Goede Doelen Nederland.

Internal monitoring data

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

- The number of project days realized compared to planned days; In 2019, a total number of 17.659 project days were planned and 14.365 were realized, which is 81% of the planned days. This is caused by the fact that some vacancies were not filled or filled later than planned and by the fact that most activities for Challenge TB ended in August 2019. In 2018, this this percentage was 88%. Income related to direct project days decreased due to less direct days.
- Indirect costs compared to direct personnel costs made in The Hague, as an internal method;
  All project days in total represent an amount in direct personnel costs. All other personnel costs and costs for facilities are accounted for as indirect costs. In 2019, the planned percentage of indirect costs on direct costs was 79.17%, and realized is 79.74%. The increase in 2019 compared to the budget is due to a lower number of direct days and costs related to the reorganization.
- Indirect costs compared to total direct costs, in compliance with the USAID rules for accounting;
  Although the methodology does not differ drastically from our internal methodology, some cost categories and personnel categories included in our internal method must be excluded as indirect costs in the USAID method. According to the USAID calculation the percentage for 2019 is 17,57%, while 15.78% was planned. In 2018, the percentage was 13.35%.

Our long-term aim is to be more cost-effective and show a decrease in the indirect cost rate percentages The results of our internal key performance data ▶

Little girl with TB from Tajikistan.

show an increase in indirect cost rate, which was partly planned, but negatively affected by less direct project days and (incidental) reorganization costs.

Budget 2020 and possible risks

The full budget for 2020 is shown in the Statements of Income and Expenditure. The total income is budgeted on a consolidated level of € 16,8 million. Of that amount, € 2,7 million is compensation for implemented activities by coalition partners. The planned income is € 47,7 million lower than the actual for 2019. Out of this decline € 26,0 million relates to income for coalition partners in 2019 which is no longer applicable in 2020.

Income from government grants is budgeted to decrease significantly as a result of the end of Challenge TB.
Income from our share in third parties' activities (e.g., lottery income) is budgeted to decrease slightly as well. This is related to the fact that final income for 2018 was higher than the prudent estimate and only became known after the annual accounts were finalized. Again in 2020, 90% of the total amount of Lotto income will be contributed to an overall health campaign in the Netherlands through Samenwerkende Gezondheidsfondsen aimed at creating the healthiest generation ever. Investment income is budgeted conservatively at a slightly decreased level from the budget for 2019. No unrealized gains and losses on investments are budgeted.

The total level of consolidated expenditures amounts to € 18,2 million, which is € 45,9 million lower than the actual for 2019 (including € 26,0 million related to coalition partners). TB control in high prevalence countries is decreasing compared to 2019, related to the end of activities of the Challenge TB project, as mentioned above.

Several budgetary and control risks can be identified:
- Controlling the balance between direct and indirect days is crucial for the financial results.
- KNCV's functional currency is euro, but a large part of KNCV's income for personnel fees is in US dollars. We have included an exchange rate in the budget of USD 1.10 against EUR 1. Careful liquidity planning and making use of simple hedging techniques will be needed to further control the risk. A strong dollar improves our competitive position and cost effectiveness in USD. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US dollar. Foreign currency needed in our project countries is as much as possible purchased centrally while balances are kept to a minimum.
- A large part of the budget is for project costs in countries. There is a risk that costs are identified as unallowable for donors by independent auditors in countries or by the independent auditor who executes the overall audit.
- The income from legacies is budgeted at € 400,000. This is an average amount reached in past years, but this income is very difficult to estimate and the amount can be significantly higher or lower. The actual amount for 2019 was lower (€ 208.210).

A contingency budget of € 140,000 has been included to deal with unexpected fall backs or to react to valuable opportunities.
In March 2020 the worldwide impact of the COVID-19 pandemic became clear. 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. 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. 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.

Long-term financial plan

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

A reduction of income and expenditures has now been taken into account from 2020 onwards, taking into account the end of the Challenge TB project and the effect on the continuity reserve. ◄

LONG-TERM FINANCIAL PLAN 2020-2023

PROFIT & LOSS ACCOUNT	Budget 2020 In € 1 mln	Long-term forecast 2021 In € 1 mln	Long-term forecast 2022 In € 1 mln	Long-term forecast 2023 In € 1 mln
Organizational costs				
Personnel related costs	6,43	6,18	6,33	6,49
Other indirect costs	1,17	1,07	1,07	1,07
Subtotal organizational costs	7,60	7,25	7,40	7,56
Charged to projects	-7,02	-7,37	-7,74	-8,13
Total organizational costs not charged to projects	0,58	-0,12	-0,34	-0,57
Investment and general income	**0,08**	**0,08**	**0,08**	**0,08**
Net result organizational costs	**-0,50**	**0,20**	**0,42**	**0,65**
Activity costs				
Costs for fundraising	0,36	0,36	0,37	0,38
Other activity costs	0,07	0,07	0,07	0,07
Total Activity costs	**0,43**	**0,43**	**0,44**	**0,45**
Activity income				
Own fundraising	1,04	1,07	1,10	1,14
Lotteries	1,36	1,36	1,36	1,36
Total Activity income	2,40	2,43	2,46	2,49
Net result Activities	**1,97**	**2,00**	**2,02**	**2,04**
Project costs				
Charges organizational costs	7,02	7,37	7,74	8,13
Travel and accommodation	1,85	2,00	2,00	2,00
Other direct project costs	8,38	9,68	9,68	9,68
Total Project costs	**17,25**	**19,05**	**19,42**	**19,81**
Project income				
Funding donors - fee	4,81	5,05	5,56	5,83
Funding donors - travel and accommodation	1,70	1,85	1,85	1,85
Funding donors - other direct project costs	7,35	8,97	9,07	9,07
Endowment funds contribution	0,58	0,58	0,35	0,35
Total Project income	**14,44**	**16,45**	**16,83**	**17,11**
Net result Projects	**-2,80**	**-2,60**	**-2,59**	**-2,70**
General Result (minus is a deficit)	**-1,34**	**-0,40**	**-0,15**	**-0,01**
Covered by earmarked reserves / donated to earmarked reserves	**-0,52**	**-0,40**	**-0,30**	**-0,30**
Influence on/movements other reserves	**-0,82**	**0,00**	**0,15**	**0,29**

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	B1		172.627		328.167
Accounts Receivable	B2	7.308.251		32.495.695	
Investments					
-Shares	B3	1.744.882		1.581.358	
-Bonds	B3	3.754.451		4.022.834	
-Alternatives	B3	382.000		942.151	
Cash and Banks	B4	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	B5				
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	B6	379.789		394.580	
			379.789		394.580
Reserves and funds			11.530.074		11.693.083
Various short-term liabilities	B7				
-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	R1	1.040.000	1.175.000	717.189	1.135.517
- Income from companies	R2	-	-	477.307	562.199
- Income from lotteries	R3	1.356.100	1.300.000	1.381.209	1.435.757
- Income from government grants	R4	3.282.400	65.409.500	57.396.652	88.178.130
- Income from allied non-profit organizations	R5	577.200	305.400	273.564	526.463
- Income from other non-profit organizations	R6	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	R7	44.000	47.000	78.419	135.567
- Other income	R8	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	R9				
- 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	R10	7.755		8.224	
Total surplus		-160.569		-554.639	
Depreciation - Fixed Assets	B1	185.347		207.114	
Cash Flow from income and expenditure			24.778		-347.525
Accounts receivable	B2	25.187.444		-2.642.505	
Funds earmarked by third parties	B6	-2.441		26.892	
Non-current liabilities		-		-	
Current liabilities	B7	-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	B3	665.010		-420.263	
Disinvestments fixed assets	B1	896		675	
Investments fixed assets	B1	-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	B4		14.757.348		12.470.575
Cash and banks as at 31 December	B4		10.704.670		14.757.348
INCREASE/ (DECREASE) CASH ON HAND			**-4.052.678**		**2.286.773**

Main fluctuations compared to the budget for 2019 are caused by the fact that activities for the Challenge TB project have ended in September 2019 for most countries and new projects showed a delay in implementation start.. This is reflected in the lower office and general expenses, which includes expenses for in country activities like trainings and workshops. The contribution for Gezonde Generatie for 2019 was budgeted under Expenses share in fundraising with third parties under publicity and communication, but reported under TB Control in low prevalence countries and outsourced activities to better reflect the activity.

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

ACCOUNTING POLICIES

The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' with Chamber of commerce number 40408837 (KNCV, using the name KNCV Tuberculosis Foundation) resides at Benoordenhoutseweg 46 in The Hague, The Netherlands. Under its Articles of Association, KNCV

Tuberculosis Foundation has as its statutory objective: The promotion of the national and international control of Tuberculosis by, amongst other things:

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

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

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

Guideline 650
The financial statements are drawn up in accordance with the Reporting Guideline for Fundraising Institutions, guideline 650.

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

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

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 ▶

Photo: Ayora Ziyoyeva

Zarifa, a cured TB patient from Tajikistan

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.

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

Currency exchange effects
KNCV works with multiple currencies on a daily basis. Income is realized in euro and US dollar, while our expenditures are largely in euro and several project country currencies. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US dollar. Foreign currency needed in our project countries is as much as possible purchased centrally while balances are kept to a minimum. In 2019 KNCV did not use financial instruments to control currency risk on various foreign currencies.

Balance sheets of local KNCV representative offices
The balance sheets of KNCV representative offices are included in KNCV Tuberculosis Foundations' balance sheet per asset/liability group against the exchange rates as at 31 December 2019.
All legal entities that can be controlled, jointly controlled or significantly influenced are considered to be a related party. Also, entities which can control KNCV Tuberculosis Foundation are considered to be a related party. In addition, statutory directors, other key management of KNCV Tuberculosis Foundation and close relatives are regarded as related parties.

Transactions with related parties are disclosed in the notes insofar as they are not transacted under normal market conditions. The nature, extent and other information is disclosed if this is necessary in order to provide the required insight.

Accounting policies - assets and liabilities

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

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

Receivables concerning projects
Receivables concerning projects consist of received advances in behalf of various international projects.

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

Investments
With respect to investments, KNCV has setup an investment policy. The essence of the policy is to invest only when it concerns such an excess of liquidities that they cannot be used in the short-term for the main activities. As far as that is the case the derived objectives will be: risk avoiding investments and realizing as optimum as possible returns which will be durable for the duration. For that reason, KNCV is investing predominantly in bonds (2019 56,4%). The policy of the board will also be directed at hedging price risks by reserving unrealized exchange differences in the reserve 'unrealized gains/losses on investments'. Shares which are held for trading are carried at fair value Investments in bonds and bond funds are recognized at fair value. Unrealized capital gains will be accounted for in the reserve for 'unrealized gains/losses on investments'.

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

Cash and banks
Cash and bank balances are freely disposable, unless stated otherwise, and are accounted for at nominal value.

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

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

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

Accounting policies – Statement of Income and Expenditure

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

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

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

Photo: Berhan Teklehaimanot

Father brings his son to the hospital for a TB-test in Ethiopia.

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

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

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

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

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

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

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

Pension contribution
KNCV Tuberculosis Foundation's pension scheme qualifies as a defined benefit plan. The defined benefits are based on an average pay system. The pension scheme has been effectuated with the sector pension fund for health care (PFZW).
Under RJ 271.3 the liability or asset recognized in the balance sheet in respect of defined benefit pension plans represents the actual pension liability or receivable towards the pension fund or third-party pension insurance company. The pension expense in the profit and loss account represents the premiums paid during the year. In addition to the premium payments, there are no other obligations.
The pension funds coverage grade ultimo 2019 was 99,2%, which is an improvement compared to 2018. In their action plan "Actuariële en Bedrijfstechnische Nota 2017" the pension fund describes mitigating measures to avoid deficits.

Pension premiums compared to the previous year remained unchanged at 24.4% for retirement. The percentage for disability remained at a level of 0.4%.
Prepaid contributions are recognized as deferred assets if these lead to a refund or reduction of future payments. Contributions that are due but have not yet been paid are presented as liabilities.For foreign pension schemes which are not similar to the way the Dutch pension system is designed and operates, a best estimate is made of the obligation as at the balance sheet date. Monthly contributions are paid out to the employees for them to contribute to their pension scheme.

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

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

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

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

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

Accounting policies – cash flow statement
The cash flow statement is determined using the indirect method, presenting the cash flow separately as the sum of the shortage or surplus and the costs for depreciation.
Cash flows in foreign currencies are included using an average exchange rate. Currency fluctuations and income and expenses from interest are added to the cash flow from operational activities. Interest paid and received, dividends received and income taxes are included in cash from operating activities. Under investments (in property, plant and equipment) only those investments are included which were paid for in 2019. ◄

KNCV OFFICES

KNCV is represented in the countries listed below. Activities for these offices have been included in the annual report.

KNCV Tuberculosis Foundation
Benoordenhoutseweg 46
2596 BC The Hague, The Netherlands
*new address per 1 May 2020:
Maanweg 174,
2516 AB, The Hague, The Netherlands

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

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

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

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

KNCV Tuberculosis Foundation
in the Kyrgyz Republic
19 Razzakov str., office 403
720040, Bishkek, Kyrgyzstan

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

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

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

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

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

KNCV Tuberculosis Foundation
in Vietnam
130 Mai Anh Tuan Str.,
DongDa Dist.
Hanoi, Vietnam

KNCV Tuberculosis Foundation
Representative Office in Central Asia
62/2 Bogenbay batyr street
(corner Zverev str)
050010, Almaty, Kazakhstan

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

NOTES TO THE FINANCIAL STATEMENT

Guideline 650 for accounting and reporting

KNCV Tuberculosis Foundation is subject to the 650 Guideline for Annual Reporting by Fundraising organizations. In the following notes the composition of the Balance Sheet is analyzed and commented. Furthermore, significant deviations between the 2019 results and budget and between 2019 and 2018 as shown in the Statement of Income and Expenses are clarified.

KNCV Tuberculosis Foundation is the prime contractor of the United States Agency for International Development (USAID) funded Challenge TB project, which runs from 30 September 2014 up to 31 March 2020, including a no cost extension for a six-month period for limited activities and countries. The project is partly implemented by partners in the Tuberculosis Coalition for Technical Assistance (TBCTA). These implementation parts, the consequential current account positions and the contractual commitments towards the donor are considered in both the balance sheet and the statement of income and expenses of KNCV Tuberculosis Foundation. At the de-central level, where KNCV has a regional office and country offices, subaccounts are maintained for all local financial transactions. The subaccounts are fully included in both the balance sheet and the profit & loss statement.

BALANCE SHEET PER 31 DECEMBER 2019 - ASSETS

Movements in the tangible fixed assets are as follows:

B1 FIXED ASSETS	Office reconstruction work	Office inventory	Computers (including regional office)	Total
as at 1 January, 2019				
Cost	363.831	271.398	887.042	1.522.271
Accumulated depreciation	-287.468	-179.898	-726.738	-1.194.104
Book value	**76.363**	**91.500**	**160.304**	**328.167**
Increase / (Decrease) 2019				
Investments	-	985	29.718	30.703
Disinvestments	-358.690	-9.370	-51.549	-419.609
Depreciation	-76.363	-18.875	-90.109	-185.347
Depreciation on disinvestments	358.690	9.370	50.653	418.713
	-76.363	**-17.890**	**-61.287**	**-155.540**
as at 31 December, 2019				
Cost	5.141	263.013	865.211	1.133.365
Accumulated depreciation	-5.141	-189.403	-766.194	-960.738
Book value	**0**	**73.610**	**99.017**	**172.627**

The book value of fixed assets ultimo 2019 amounts to € 172.627, which is lower than 2018. All fixed assets are used for operational management of the organization, such as office inventory, office reconstructions and ICT equipment. Investments in new fixed assets for 2019 amounting to € 30.703 were mainly for ICT equipment. Total depreciation is calculated at € 185.347. Assets that are no longer in use have been divested for an amount of € 419.609. The part of their book value that was not depreciated yet is included in the depreciation for 2019. This includes an amount of € 18.803 for office reconstruction in the current offices due to the announced move to new offices in May 2020.

Tangible fixed assets are those assets needed to operationally manage the business. No assets have been included in the tangible fixed assets figures that have been directly used in the scope of the main activities.

Accounts Receivable (B2)

The balance of accounts to be received is € 7,3 million, which is € 25,2 million lower than in 2018. The bulk of the receivables amount consists of current account balances with projects, accounts receivables from donors, and the financial contractual relation with coalition partners. Overall, the annual level of activities executed influences this balance significantly. Acquiring more or less grants from institutional donors can lead to a structural and significant decrease or increase of the amount.

B2 ACCOUNTS RECEIVABLE	31-12-2019	31-12-2018
Interest (on bonds)	24.187	25.005
Lotteries	998.828	999.010
Current Accounts project countries	-	132
Debtors	1.406	80.526
Payments in advance general	118.663	936.164
Payments in advance projects	63.237	687.073
Legacies in process	203.072	620.147
Other receivables	1.164	118.716
Current account USAID	1.283.269	-
Accounts receivable USAID based on agreement	4.190.476	29.010.034
Receivables other donors	423.949	18.888
	7.308.251	**32.495.695**

The total account receivable from USAID for the Challenge TB project, based on approved project work plans, decreased from € 29,0 million to € 4,2 million. This amount is directly related to the work still to be performed for the Challenge TB project amounts under liabilities (B7). The receivable will be reimbursed based on implemented activities. The fair value approximates the book value. The receivables include an amount of € 0 in receivables that fall due in more than one year.

Investments (B3)

KNCV Tuberculosis Foundation follows a defensive investment risk profile: 70% fixed income securities (country bonds or bonds with at least an A-rating), 20% shares (in participatory funds or in high value equity) and 10% real estate and alternatives. Management of the portfolio is outsourced to ABN AMRO.
KNCV's objective is to optimize the return on investments, considering that:

- The risk of revaluation must be minimized and a sustainable result must be achieved by spreading tactics (allocation, time planning) and careful selection of new investments;
- Consistency in growth and composition of the portfolio, i.e. no significant fluctuations over time;
- Leading to a predictable cash flow, which supports the annual budget of the organization without being too dependent on its results;
- Maintaining the long-term value the of investments, i.e. the value of invested assets must keep pace with the evolution of inflation;
- The influence on the whole portfolio of yield reduction of individual segments is limited;
- For investments in equities and corporate bonds, ABN AMRO selects investment funds that employ a disciplined and well-defined sustainability screening process. This process must address the major topics that fall under the Environmental, Social and Governance themes. Topics to be addressed must include:
- Business ethics;
- Environment;
- Employees;
- Society & community;
- Clients & competitors;
- Supply chain management and
- Corporate governance ▶

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

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

ABN AMRO will not invest in funds that invest in companies that have a strategic involvement in the following products or services:
- Tobacco;
- Weapons production (including specifically designed components);
- Pornography;
- Mining;
- Controversial ways to gain energy such as drilling in arctic, shale gas extraction and oil extraction from tar sands;
- Addictive forms of gambling or;
- Production or processing of fur and specialty leather.

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

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

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

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

The composition and results of the portfolio is described below and depicted in Tables 3 to 6. As far as is relevant a comparison with 2018 is shown.

To determine the maximum level of investments, the level of the existing reserves and funds is used as a guiding target. In principle, 10% of total reserves are kept as liquidity, which leads to a maximum available level for investments of 90%. Calculations based on this principle show that as per 1 January 2019, € 10,3 million was available and as per 1 January 2020, € 10,1 million. The market value (€ 5.9 million) of the investments are below the maximum. Naturally, apart from this mathematical approach, an assessment of the situation on the market is also considered when transactions take place.

In Table 4 the allocation of assets according to the reporting of ABN AMRO is shown. Part of the bank balance is attached to the investment portfolio and is kept as revolving fund for transactions in investments. This amount is therefore considered in the table for analysis, but reported under cash. In 2019, this amount increased due to sale of bonds and stocks. Ultimo 2019 bonds are underweighted compared to the target in favor of cash. The total of shares, real estate and alternatives is underweighted. All asset categories stay within the range allowed according to the investment policy.

B3 INVESTMENTS	Shares	Bonds	Alternatives	Total
Balance as at 1 January, 2019	1.581.358	4.022.834	942.151	6.546.343
Purchases	354.406	1.869.815	-	2.224.221
Sales	-619.424	-2.215.614	-569.954	-3.404.992
Realized stock exchange result	108.532	61.861	18.954	189.347
Unrealized stock exchange result	320.010	15.555	-9.151	326.414
Balance as at 31 December, 2019	**1.744.882**	**3.754.451**	**382.000**	**5.881.333**

Table 3: Composition of the investment portfolio and historical value

FUND	Interest %	Nominal value	Historic purchase value	Value in balance sheet	Transactions in reporting year nominal		Transactions in reporting year in actualprices		Nominal value	Historic purchase value	Value in balance sheet
		1/12019	1/12019	1/12019	Purchased	Sold	Purchased	Sold	31/122019	31/122019	31/122019
Shares (00300)											
AA Dana US Sustain	-	-	153.736	142.218	-	-	17.526	60.321	-	119.362	141.259
AA Eden Tree European	-	-	172.083	158.243	-	-	14.689	78.204	-	113.672	123.424
AA Parnassus US Sustain	-	-	148.492	152.453	-	-	48.301	56.567	-	153.293	191.463
AA Global Sustainable Equities E	-	-	96.828	112.528	-	-	-	14.234	-	89.547	132.315
Amundi Index MSCI	-	-	-	-			120.428	-	-	120.428	123.903
ASN Duurzaam aandelenfonds	-	-	90.888	111.282	-	-	2.407	29.224	-	78.189	115.445
ASN Milieu en Waterfonds	-	-	77.130	102.082	-	-	976	23.153	-	67.413	113.375
AA Liontrust European Sustain	-	-	158.700	136.165	-	-	22.840	70.938	-	112.640	126.796
Calvert Equity I dis	-	-	-	-	-	-			-		
Celsius Sust Emerging Markets	-	-	149.362	151.318	-	-	40.267	54.292	-	143.410	165.148
BMO Responsible Global equity	-	-	76.175	103.278	-	-	816	14.192	-	71.728	123.627
Janus Henderson Global Sust	-	-	88.564	116.550	-	-	-	14.371	-	82.755	146.648
Kempen Sust small cap	-	-	78.514	74.873	-	-	1.055	86.060	-	-	-
Pictet eur Sustainable	-	-	107.117	110.710	-	-	-	15.931	-	95.001	124.170
Triodos Sustain Equity	-	-	91.336	109.659	-	-	2.347	19.181	-	85.002	117.310
Subtotal shares		**-**	**1.488.925**	**1.581.359**	**-**	**-**	**271.652**	**536.668**	**-**	**1.332.440**	**1.744.883**
Real estate/Alternatives (00305)											
Previum Sustainable Alternatives	-	-	911.976	942.151	-	-		569.954	-	360.976	382.000
Subtotal real estate/altern.		**-**	**911.976**	**942.151**	**-**	**-**	**-**	**569.954**	**-**	**360.976**	**382.000**
Bonds (00320)											
België 15-31	1,000	-	-	-	190.000	-	217.617	-	190.000	217.617	206.910
Duitsland 09-20	1,750	235.000	285.715	275.805	-	235.000	-	272.673	-	-	-
Ierland T bond 13-23	3,900	403.000	490.886	470.301	-	73.000	-	85.055	330.000	399.205	376.183
Ierland T bond 14-24	3,400	188.000	227.863	219.715	35.000	28.000	41.222	32.887	195.000	235.109	225.869
European Inv bank 15-23	0,500	220.000	223.568	225.786	45.000	30.000	47.204	31.110	235.000	240.364	243.389
European Inv bank 14-26	1,250	143.000	155.154	152.696	-	23.000	-	25.182	120.000	130.194	132.018
Kredit Wiederaufbau 17-25	0,250	200.000	199.200	200.930	40.000	40.000	41.816	40.982	200.000	201.176	205.440
Spanje 14-24	1,800	235.000	283.450	276.675	255.000	490.000	305.328	594.135	-	-	-
Spanje 10-25	4,650	-	-	-	170.000	-	216.505	-	170.000	216.505	213.609
Spanje 18-28	1,400	-	-	-	120.000	-	134.794	-	120.000	134.794	130.530
Spanje 17-33	0,700	-	-	-	200.000	200.000	239.926	242.865	-	-	-
SSGA euro sustainable corp bonds	perp	2.095.568	2.144.009	2.200.926	-	-	126.815	890.726	1.331.657	1.452.356	1.525.810
AA Robeco Quant Duration glb	n.a.	-	-	-	-	-	498.590	-	498.590	498.590	494.693
Subtotal bonds		**3.719.568**	**4.009.845**	**4.022.834**	**1.055.000**	**1.119.000**	**1.869.817**	**2.215.615**	**3.390.247**	**3.725.910**	**3.754.451**
Total		**3.719.568**	**6.410.746**	**6.546.344**	**1.055.000**	**1.119.000**	**2.141.469**	**3.322.237**	**3.390.247**	**5.419.326**	**5.881.333**

All investments are at the company's free disposal.

Table 4: Asset allocation ultimo 2019 compared to the policy

INVESTMENT	Investment policy		31 December 2018		31 December 2019	
	Range	Target	In € million	%	In € million	%
Bonds	80-50%	70%	4,02	56,8%	3,75	56,4%
Shares/Real Estate/Alternatives	0-50%	30%	2,52	35,6%	2,13	32,0%
Liquidities		0%	0,54	7,6%	0,77	11,6%
Total			**7,08**	**100,0%**	**6,65**	**100,0%**

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

Table 5: Maturity of bonds

RUNNING PERIOD REMAINING	2017	2018	2019
0 to 2 years	0%	7%	0%
2 to 5 years	8%	17%	17%
5 to 8 years	18%	12%	21%
> 8 years	5%	4%	9%
Bond funds	69%	60%	54%

An overall result of 8.33% (benchmark: 8.78%; 2018: -2.83%) is realized. Below, a comparison between our 2019 portfolio, the benchmark and the results for 2018 is shown per asset category:

- Bonds; 2019 3.74%, benchmark 3.15%[7], 2018 -0.87%
- Shares; 2019 29.8 %, benchmark 27.54%[8], 2018 -9.04%.
- Alternative assets; 2019 4.27%, benchmark 8.86%[9], 2018 1.81%.
- Liquidity available for investments; 2019 -3.18% (includes investment expenses), benchmark -0.25%[10], 2018 -4.42%.

In absolute terms and in comparison with the long-term expected result of 5% the portfolio overperformed. Compared to the benchmark it underperformed, mostly due to the allocation of investment expenses. The overweighing of the IT sector contributed positively to the result as well as the overweighing of the US. Bonds showed a slightly higher result compared to the benchmark due to overweighing in corporate bonds.

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

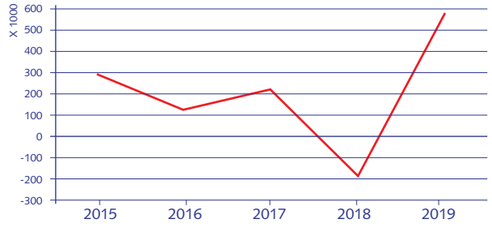
7 Bloomberg Barclays Euro aggregate bond index 1-10Y
8 50% MSCI Europe, 40% MSCI World ex-Europe, 10% MSCI Emerging Markets
9 Euribor 1 month + 2%.
10 Euribor 1 month.

Table 6: Investment results 2015-2019

Description	2015	2016	2017	2018	2019	5 year average
Bond income	64.538	33.687	51.010	54.888	50.225	40.825
Depreciation of amortization	-17.128	-	-	-	-	1.005
Dividend	48.736	46.248	26.461	31.989	22.153	68.556
Realized exchange results	246.851	152.180	230.524	112.084	189.347	213.610
Unrealized exchange results	7.735	-84.166	-56.908	-371.790	326.413	-96.391
Interest on cash on hand and deposits	18.985	23.070	20.426	8.224	23.176	136.404
Gross investment income	369.717	171.019	271.513	-164.605	611.314	364.009
Investment expenses	80.083	49.338	54.202	33.161	31.256	49.608
Net investment income	289.634	121.681	217.311	-197.766	580.058	314.401

Investment expenses include allocated organizational expenses.

Figure 10: Net investment income 2014-2019



The Executive Director confirms that all transactions in 2019 have been executed in compliance with the Investment Policy. This has been monitored by analyzing the monthly and quarterly reports of the investment bank and by discussing the results during periodical meetings.

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

Cash and banks (B4)

The balance of cash and banks decreased compared to 2018, with € 4.0 million to a level of € 10.7 million. Main reason is the lower cash balances for Challenge TB. Ultimo 2019 no deposits were available, because interest rates on deposits during 2019 were still not more beneficiary to the result than balances on savings accounts.
Part of the bank balance is still available for long-term investment in shares or bonds, once there are more positive developments in the global financial markets.

B4 CASH AND BANKS	31-12-2019	31-12-2018
Immediately available		
Petty cash	2.021	7.201
ING	77.793	71.105
ABN AMRO bank	539.619	1.189.954
ABN AMRO (USD account)	7.843.512	8.328.816
ABN AMRO investment account	1.766.891	536.568
ABN AMRO Challenge TB	28.679	2.814.097
Bank accounts country offices	446.155	1.809.607
	10.704.670	**14.757.348**

BALANCE SHEET PER 31 DECEMBER 2019 - LIABILITIES

Reserves and funds

Result appropriation

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

The Board of Trustees and the General Assembly, in their respective meetings of 21 April 2020 and 6 May 2020, have approved to appropriate the deficit of 2019 according to the following division:

	In €
Continuity reserve, withdrawal	-28.680
Decentralization reserve, withdrawal	-165.715
Earmarked project reserves, withdrawal	-79.311
Unrealized exchange differences on investments, addition	281.027
Fixed asset fund, withdrawal	-155.540
Third party earmarked funds, withdrawal	-12.350
	-160.569
	=======

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

Reserves (B5)

- Continuity reserve

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

We use 1 to 1.5 times the estimated and budgeted expenditures for the organization for one year as a reasonable maximum level of the reserve. Mission related activity expenditures are excluded of the calculation. Based on the budget for 2020 for organizational costs (€ 7.6 million) the continuity reserve's maximum is € 7.6 to € 11.4 million. The reserve ultimo 2019, € 8.6 million, stays well within the maximum (1.14 times the budget for organizational costs in 2020). The underlying risks to be covered by the continuity reserve are analyzed each year during the annual planning and budgeting process. At that point, possible risks are identified and, if possible, quantified to calculate the maximum amount needed in the continuity reserve. It is expected that the consequences of a reduction in income and activities due to the close out of Challenge TB the risk of discontinuity

CONTINUITY RESERVE	Balance as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2019
	8.648.513	-	-	-28.680	8.619.834

of (parts of the) organization and long-term commitments can be covered by the current level of the continuity reserve.

- Earmarked project reserves
Some parts of our equity have been earmarked by the Board to several specific objectives, with approval of the Board of Trustees. This gives the organization the possibility to either anticipate on unexpected opportunities or to give extra focus to strategic areas. In the coming years, parts of the reserves will be used for extra research activities in Nigeria and Ethiopia. In 2019, an amount of € 79.311 has been withdrawn from the earmarked project reserves for approved activities. The budget had an amount of € 352.100 planned to be deducted from the earmarked reserves. Due to prioritization of Challenge TB activities the actual deduction was lower. For 2020 € 250.000 is budgeted to be used.

	Balance as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2019
Reserve national policy planning	88.972	-	-	-38.430	50.542
Reserve international policy planning	91.124	-	-	-13.545	77.579
Reserve research policy planning	139.844	-	-	-5.605	134.239
Reserve special needs	131.077	-	-	-	131.077
Reserve capacity building	64.902	-	-	-13.442	51.460
Reserve monitoring tools	158.856	-	-	-8.289	150.567
Reserve advocacy	49.140	-	-	-	49.140
Reserve education center	490.428	-	-	-	490.428
Total earmarked by the board	**1.214.343**	**-**	**-**	**-79.311**	**1.135.032**

The reserves for policy planning and capacity building are intended for international projects that have a policy development and research component. The special needs reserve is intended for patient support. The reserve for monitoring tools is intended for investment in improving monitoring tools. The advocacy reserve is allocated for advocacy and awareness creation. The reserve for an educational center is allocated for activities related to setting up KNCV educational activities.

- Decentralization reserve
The Decentralization Reserve is the portion of reserves which is dedicated by the Board of Trustees to serve as a buffer for expenses related to the planned decentralization of organizational tasks, focusing on decentralized resource mobilization through implementation of pilot projects. In 2019, the decentralization reserve was allocated towards expenses to be incurred for the capacity building of country office staff. In 2019, the amount of € 165.715 was withdrawn from this reserve. For 2020, an amount of € 250,000 is planned to be withdrawn.

DECENTRALIZATION RESERVE	Balance as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2019
	872.472	-	-	-165.715	706.757

- Reserve unrealized results on investments
This reserve serves as a revolving fund for unrealized results on investments, which are not available for mission related activities until they are realized. In compliance with Guideline 650, unrealized results are accounted for in the Statement of Income and Expenditure and are therefore part of the surplus or deficit in the annual accounts. Ultimo 2019 the reserve contains € 516.035, which is a significant increase from 2018, due to unrealized positive stock exchange results at the end of 2019. The movement in the reserve is as follows:

TOTAL REVALUATION RESERVE	as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	as at 31-12-2019
	235.008			281.027	516.035

- Fixed Assets reserve
KNCV Tuberculosis Foundation separates equity, needed to finance the remaining value of fixed assets, which is allowed by Guideline 650. In 2019, the reserve decreased to an amount of € 172.627.

TOTAL REVALUATION RESERVE	Balance as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2019
	328.167			-155.540	172.627

Funds (B6)
In the past, some resources received from third parties have not been used in full and still have a spending purpose earmarked. In the coming years, parts of these funds will be used for international and research activities. Most of the funds do not have spending deadlines. Use of the funds is budgeted according to the activity plans. In 2019, an amount of € 12.350 is used.

	Balance as at 01-01-2019	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31-12-2019
Fund TSRU	105.705		-	-12.350	93.355
Fund Special Needs	255.610		-	-	255.610
Jakob and Carolina fund	6.373			-	6.373
Young Talent Scolarship	-		-	-	-
Fund Wessel	26.892		-2.441	-	24.451
	394.580	**0**	**-2.441**	**-12.350**	**379.789**

Fund Tuberculosis Surveillance and Research Unit (TSRU)
In 1993, the financial management of the TSRU was transferred to KNCV Tuberculosis Foundation, as one of the members of the TSRU. KNCV Tuberculosis Foundation henceforth became responsible for the funds transferred to it, its corresponding financial management and reporting to the steering Committee of the TSRU. The utilization of these funds has no time limit. The withdrawal in 2019 of € 12.350 is the costs related to the annual conference.

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

Jacob and Carolina Fund
By way of farewell gift, departing Board of Trustees' chair Dina Boonstra, has created a fund under the umbrella of KNCV Tuberculosis Foundation, the Jakob & Carolina Fund. This was announced during the General Assembly 2017. The fund will support the training of people who give support to TB patients during their lengthy and difficult treatment. There were no activities in 2019 in anticipation of new project proposals in 2020.

Wessel
This fund relates to commitments taken over from Wessel Foundation, dissolved in 2019. All rights and responsibilities to these funds were given to KNCV Tuberculosis Foundation to be utilized for the continuation of the dissolved foundation's work.

Various short-term liabilities (B7)
The total of various liabilities has decreased from € 40,8 million in 2018 to € 11,6 million in 2019 and includes under Other liabilities € 1,7 million of contractual committed projects still to be executed for USAID and € 2,9 million value of sub-agreements with coalition partners. As clarified on the Accounts receivable side, the level of projects and activities agreed in grants is the main cause for fluctuation in the liabilities. The liability will be paid out based on implemented activities. The liability to other donors is related to advances received during 2019 for activities to be implemented in 2020. The fair value approximates the book value. A large part of Other Liabilities and Accrued Expenses is taken up by a provision for leave hours, which have not been used by employees up to now. The level of the amount for this provision at the end of 2019 is € 291.975, which is lower than the amount in 2018, because non statutory leave from 2014 cancelled at the end of 2019 and leave for staff that left as a result of the reorganization was either taken or paid out. The other liabilities also include an amount of € 585.181 that has been accrued out of prudence for indirect costs yet to be approved by USAID for reorganization costs. ▸

B7 VARIOUS SHORT-TERM LIABILITIES	31-12-2019	31-12-2018
Taxes and social premiums		
Income taxcountry offices and VAT	405.765	570.728
Social premiums	10.459	25.255
Pension premiums	2.204	3.779
	418.428	**599.762**
Accounts payable	**503.030**	**972.290**
Other liabilities and accrued expenses		
Provision for holiday pay	265.363	338.320
Provision for annual leave	291.975	506.363
Declarations from staff	31.357	18.611
Audit fees	80.115	58.334
Accruals project countries	233.799	368.911
Current accounts sub awardees	185.934	793.477
Current account - Dutch Ministeries	-	757.027
Other donors	4.615.915	2.410.445
Other liabilities	727.595	380.671
Project payables KNCV country offices	142.929	1.753.091
Payable USAID Challenge TB	248.759	127.529
Current account USAID	-	3.206.672
Endowment funds	124.621	31.376
Other	15.525	147
Accruals TBCTA partners balance	74.761	412.647
Projects to be executed under Challenge TB	1.711.159	12.047.774
Accounts payable TBCTA coalition partners	2.865.544	17.651.023
	11.615.349	**40.862.418**

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

Liabilities not included in the balance sheet

Office rental contract
In 2015 a rental contract was signed by KNCV Tuberculosis Foundation with a third-party lessor for offices on Benoordenhoutseweg 46 in the Hague (Van Bylandthuis). The rental contract is for 5 years, ending on 31 May 2020. The annual rent is € 246.445 including maintenance fee and VAT. A € 62.092 bank guarantee has been issued in favor of the lessor. The rent agreement has been terminated per 31 May 2020.
In 2019 a rental contract was entered into with a third-party lessor for offices on Maanweg 174 in The Hague from 1 June 2020 onwards. The rental contract is for 6 years, ending on 31 May 2026. The annual rent is € 138.420 including maintenance fee and VAT.
A € 17.519 bank guarantee has been issued in favor of the lessor.

The obligations from operational leases at the end of the reporting period can be specified as follows:
(x € 1,000)

Obligations to pay:	
No later than 1 year	166.409
Later than 1 year and no later than 5 years	420.473
Later than 5 years	93.438

During the reporting period the following amounts are included in the income statement with respect to leases:
(x € 1,000)

Minimum lease payments	261.713
Conditional lease payments	0

Conditional commitments Challenge TB
On 30 September 2014 KNCV Tuberculosis Foundation signed a cooperative agreement with USAID for a five-year program with a ceiling of US$ 524,754,500 and a cost share of US$ 36,732,815. Until 31 December 2019 the declared cost share is US$ 56,1 mio, which exceeds the commitment made. In 2019 the agreement was extended with a no cost extension until 31 March 2020. The audit according to the USAID guidelines of the 5th year of Challenge TB still has to be conducted. As a consequence, the indemnities of the related project expenditures have not been finalized. Their costs and revenues are accounted for in the profit and loss statement for 2019. For this uncertainty, which is based on currently known data, the financial impact cannot be estimated.

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

Multi-year contracts
In 2019 we entered into several multi-year contracts with institutional donors, including:
A grant agreement for US$ 1.677.379 with Bill and Melinda Gates Foundation for the period May 2019 to May 2021;
A grant agreement with Unitaid for US$ 13.998.007 for the period July 2019 to December 2022;
A grant agreement with WHO for US$ 638.238 for the period 2019;
Grants agreements with TB Reach for US$ 681.696 for the period 2019 to March 2021.

Table 7: Total income

TOTAL INCOME	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
Own share	40,00	37,41	47,09	-6%	-21%
Coalition partners share	31,90	26,00	45,83	-18%	-43%
Total	**71,90**	**63,41**	**92,92**	**-12%**	**-32%**

The biggest decrease was realized in income from government grants. The biggest increase was realized in income from other nonprofit donors.

Table 8: Income from individuals (R1)

INCOME FROM INDIVIDUALS	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	1,18	0,72	1,14	-39%	-37%

Income from individuals was 39% lower than planned and 37% lower than last year, mostly due to lower legacy income.

R1 INCOME FROM INDIVIDUALS	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Donations and gifts				
Direct marketing activities	640.000	775.000	503.189	564.373
Gifts- other	-	-	5.790	5.639
Total donations and gifts	**640.000**	**775.000**	**508.979**	**570.012**
Legacies and endowments	400.000	400.000	208.210	565.505
Total income from individuals	**1.040.000**	**1.175.000**	**717.189**	**1.135.517**

Table 9: Income from companies (R2)

INCOME FROM COMPANIES	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	-	0,48	0,56		-14%

Income from companies decreased compared to 2018 due to an in-kind contribution from Sanofi and Qiagen for a prevention study, represented under sponsoring in 2018 and not in 2019. Because there was no agreement on a contract for Cepheid 2020 at the time the budget was drafted, no budget has been included for 2020. A new contract has now been agreed for 2020.

R2 INCOME FROM COMPANIES	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Various companies through fundraising campaigns	-	-	10.944	25.306
Cepheid	-	-	466.363	423.765
Sponsoring	-	-	-	113.128
Total income from companies	**-**	**-**	**477.307**	**562.199**

Table 10: Income from lotteries (R3)

INCOME FROM LOTTERIES	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	1,30	1,38	1,44	6%	-4%

Income from lotteries increased by 6% compared to budget, and decreased by 4% compared to 2018, due to an income from the Lotto for 2018 that was higher than estimated.
The income from third party campaigns consists of contributions from three Dutch lottery organizations: The Nationale Postcode Loterij, VriendenLoterij and de Nederlandse Loterij. The amount consists of general participation in the lotteries, earmarked lottery tickets sold and settlements from previous years. The latter is due to the fact that each year at the time of the closing date, the contribution from The Nederlandse Loterij is not yet announced and is therefore based on an estimate. Deviations from this estimate are accounted for as settlements from previous years. Income from the lotteries is recognized at the time of the allocation. The proceeds from the lotteries are based on multi-year contracts. 90% of the contribution from The Nederlandse Loterij is paid to Samenwerkende Gezondheidsfondsen for project "Gezonde Generatie" as part of a three-year agreement.

R3 INCOME FROM LOTTERIES	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Settlement previous years	-	-	20.698	125.546
Vriendenloterij	100.000	100.000	84.542	101.189
Nationale Postcode Loterij	900.000	900.000	900.000	900.000
The Nederlandse Loterij	356.100	300.000	375.969	309.022
Total from fundraising third parties	**1.356.100**	**1.300.000**	**1.381.209**	**1.435.757**

Table 11: Income from government grants (R4)

INCOME FROM GOVERNMENT GRANTS	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
Own share	33,50	31,40	42,35	-6%	-26%
Coalition partners share	31,90	26,00	45,83	-18%	-43%
Total	**65,40**	**57,40**	**88,18**	**-12%**	**-35%**

KNCV's 2019 share in the USAID-funded Challenge TB project, with € 52,5 million, amounts to 91% of the total figure for government grants. The DGIS income for 2019 was € 1,1 million. This income counts as cost share towards the USAID-funded Challenge TB project.
The contribution to TB control in The Netherlands from the CIb has increased to € 0,45 million in 2019.

In 2019 this included a project subsidy for the biannual Wolfheze conference, which explains the increase. From a large group of other government donors, a total of € 1,9 million was received, which is lower than the budgeted amount, due to delays in the implementation of some projects. For 2019, government grants determined 91% of KNCV's budget.

R4 GOVERNMENT GRANTS	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Center for disease control	416.100	500.500	447.281	410.615
DGIS	-	710.000	1.106.709	1.625.293
USAID	872.800	30.412.400	26.497.755	38.830.912
WHO			428.675	139.103
Global Fund/GFATM			1.000.855	265.133
Other Donors	1.993.500	1.911.600	1.915.066	1.073.979
Subtotal	**3.282.400**	**33.534.500**	**31.396.341**	**42.345.035**
USAID grants coalition partners	**-**	**31.875.000**	**26.000.311**	**45.833.095**
Total government grants	**3.282.400**	**65.409.500**	**57.396.652**	**88.178.130**

Table 12: Income from allied non-profit organizations

INCOME FROM ALLIED NON-PROFIT ORGANIZATIONS	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	0,31	0,27	0,56	-12%	-51%

Income from allied non-profit organizations includes the annual contribution to KNCV's activities. This is a decreased compared to 2018, because of an additional contribution in 2018 for the Union world conference on lung health in The Hague, for which KNCV and the city of The Hague were co-hosts.

R5 INCOME FROM ALLIED NON-PROFIT ORGANIZATIONS	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Contributions by association members	200	400	240	300
Sonnevanck Foundation	22.000	25.000	22.000	22.000
Mr. Willem Bakhuijs Roozeboom Foundation	15.000	10.000	23.140	10.000
Dr. C. de Langen Foundation for global Tuberculosis	420.000	210.000	191.131	384.163
's-Gravenhaagse stichting tot steun aan de bestrijding der tuberculose	120.000	60.000	32.356	110.000
Other	-	-	4.697	-
Total income from allied non-profit organizations	**577.200**	**305.400**	**273.564**	**526.463**

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

INCOME FROM OTHER NON-PROFIT ORGANIZATIONS	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	3,70	3,10	0,94	-16%	230%

Income from other non-profit organizations increased compared to 2018 and includes contributions from Bill and Melinda Gates Foundation, Unitaid and TB Alliance.

Income from other non-profit organizations is an increasingly important part of KNCV's funding base, important to achieve our long term goal of diversification of funding sources.

R6 INCOME OTHER NON-PROFIT ORGANIZATIONS	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Eli Lilly	-	-	3.746	85.994
Bill and Melinda Gates Foundation	804.000	343.700	667.045	342.111
Unitaid	7.428.800	3.168.700	1.677.609	234.278
TB Alliance	-	-	651.010	146.833
Dr Wessel stichting	-	-	96.000	106.094
Other	2.312.800	143.400	2.746	20.648
Total income other non-profit organizations	**10.545.600**	**3.655.800**	**3.098.156**	**935.958**

Table 14: Income for supply of services

INCOME FOR SUPPLY OF SERVICES	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 i n € million	% difference budget	% difference last year
	0,05	0,08	0,14	67%	-44%

Income for supply of services decreased due to income in 2018 from partners for their part of the Holland Pavilion stand during the 49th Union World Conference on Lung Health.

R7 INCOME FOR SUPPLY OF SERVICES	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Endowment funds fee on administration & control costs	7.000	7.000	6.198	4.959
Trainings	37.000	40.000	72.221	73.060
Contributions Union conference	-	-	-	57.548
Total income for supply of services	**44.000**	**47.000**	**78.419**	**135.567**

Table 15: Other income

OTHER INCOME	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	0,01	-0,02	0,01	-262%	-298%

Other income decreased due to lower income from TSRU members. ▶

Expenditure

Total expenditures in 2019 were € 64,1 million, which is € 10,41 million lower than budgeted. The decrease is caused by lower expenditures in the category "TB in high prevalence countries" due to close out of the Challenge TB project. Expenditures in the category "fundraising" also showed a decrease compared to budget, due to reorganization.

In Table 16 the total expenses for 2019 are compared with the budget and with 2018. In the tables that follow each income category is further clarified.

Table 16: Total expenditure

TOTAL EXPENDITURE	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
Own share	42,70	38,11	47,43	-11%	-20%
Coalition partners share	31,90	26,00	45,83	-18%	-43%
Total	**74,60**	**64,11**	**93,26**	**-14%**	**-31%**

Table 17: Expenses to mission related goals (R9)

EXPENSES TO MISSION RELATED GOALS	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
Own share	40,10	36,16	45,30	-10%	-20%
Coalition partners share	31,90	26,00	45,83	-18%	-43%
Total	**72,00**	**62,16**	**91,13**	**-14%**	**-32%**

In 2019, 97% of all expenses were spent on mission related activities. This is the same level as 2018. The activities in low prevalence countries took 1% of the total amount, high prevalence countries 90%, research activities 7% and education/awareness 2%.

Currency exchange effects

In 2019 an amount of €182.119 in positive currency exchange effects was taken into account (2018 € 33.874).

R 9 EXPENSES TO MISSION RELATED GOALS	Budget 2020	Budget 2019	Actual 2019	Actual 2018
- TB control in low prevalence countries	846.400	757.400	961.248	1.232.053
- TB control in high prevalence countries				
-- executed by KNCV	13.017.600	33.091.500	30.062.895	36.947.650
-- executed by Challenge TB coalition partners	-	31.875.000	26.000.311	45.833.095
- 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
Total expenses to the mission	**16.325.600**	**72.034.400**	**62.156.837**	**91.131.600**
Specification - per country, independent from nature of the project	**Budget 2020**	**Budget 2019**	**Actual 2019**	**Actual 2018**
Netherlands	1.306.300	1.055.700	950.250	1.226.221
Africa				
- Botswana	-	954.800	690.728	922.858
- Congo	-	27.800	3.506	6.565
- Ethiopia	2.110.200	3.090.900	3.765.237	4.676.848
- Ghana	-	66.200	1.242	21.981
- Kenya	-	219.079	652.289	652.533
- Malawi	462.700	2.747.500	2.720.902	3.170.732
- Mozambique	-	-	125.798	198.396
- Namibia	-	752.800	645.273	1.270.637
- Nigeria	351.000	5.731.500	8.210.431	7.193.120
- South Africa	639.800	4.140.700	3.920.215	4.682.133
- Swaziland	-	143.500	106.377	293.692
- Tanzania	996.100	4.833.600	2.303.116	3.916.350
- Zambia	-	22.600	24.998	14.938
- Zimbabwe	-	5.300	1.315	18.045
Subtotal Africa	4.559.800	22.736.279	23.171.427	27.038.828
Asia				
- Bangladesh	-	7.500	18.642	6.335
- Cambodia	-	11.200	35.135	103.965
- India	-	282.100	162.669	347.819
- Indonesia	233.100	3.874.300	4.008.835	5.305.622
- Myanmar	-	29.400	49.851	136.965
- Nepal	-	67.200	93.788	153.258
- Papua New Guinea	-	7.900	9.074	17.805
- Philipinnes	501.600	273.500	327.597	296.893
- Vietnam	-	479.900	809.050	658.556
- Noord Korea	-	-	20.512	-
Subtotal Asia	734.700	5.033.000	5.535.153	7.027.218
Eastern Europe				
- Regional office	-	-	-	38.881
- Kazakhstan	-	100.700	700.311	883.540
- Kyrgyzstan	7.300	760.300	795.424	1.151.386
- Mongolia	-	7.900	9.185	-
- Ukraine	802.700	23.800	68.256	74.572
- Uzbekistan	-	114.000	83.984	155.157
- Tajikistan	243.900	700.600	671.055	1.265.243
- Turkmenistan	-	32.600	102.078	28.456
Subtotal Eastern Europe	1.053.900	1.739.900	2.430.293	3.597.235
Non-country or region related projects	11.096.900	8.746.321	5.471.311	7.830.911
Challenge TB coalition partners	-	31.875.000	26.000.311	45.833.095
Expenses charged to other expenditure categories 3)	-2.426.000	848.200	-1.401.908	-1.421.908
Total expenses to the mission	**16.325.600**	**72.034.400**	**62.156.837**	**91.131.600**

5) This specification is based on the method KNCV Tuberculosis Foundation applies for costs to donor projects and contracts to be allocated, what is needed for internal management and external accountability project. To reconcile with the allocation to the four main objectives as reported in the format of Guideline 650 for annual reporting of fundraising organizations a separate line is included.
The Challenge TB Coalition partner expenses are lower than planned due to the fact that the requested no cost extension which was included in the budget 2019 was not approved for all countries and partners. ▶

Table 18: Expenses to fundraising

EXPENSES TO FUNDRAISING	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	1,35	0,79	0,96	-42%	-18%

In all categories of fundraising and acquisition activities, including those for private fundraising, € 0,79 million was spent. This was lower than the budget, due to the fact that the expenses for the "Gezonde generatie" project have been reported under TB control in low prevalence countries. For income from fundraising from individual private and company donors a percentage of 22,2% of the income has been spent as costs. This is below the CBF maximum percentage.

Table 19: Expenses administration and control

EXPENSES TO ADMINISTRATION AND CONTROL	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	1,17	1,16	1,16	0%	0%

Costs for administration and control include incidental Reorganization costs for an amount of € 643.263.

PERSONNEL EXPENSES	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Salaries	4.837.300	6.614.300	8.198.175	9.059.468
Accrued annual leave	-45.000	60.000	-40.804	20.569
Social security premiums	551.900	742.600	857.608	858.123
Pension premiums	429.500	554.700	619.784	539.045
External staff/temporary staff	249.500	242.100	305.624	646.740
Expenses regional offices	-	227.400	105.823	29.885
Reorganiation costs	-	1.671.000	643.263	-
Sub total	**6.023.200**	**3.497.800**	**10.689.473**	**11.153.830**
Salaries KNCV country offices	-	6.422.600	7.184.005	9.970.873
Sub total	**6.023.200**	**16.534.700**	**17.873.478**	**21.124.703**
Additional staff expenses				
Commuting allowances	85.500	131.100	160.009	134.985
Representation	2.000	4.000	1.177	13.791
Social event	3.700	6.900	6.891	9.184
Congresses and conferences	25.900	51.300	7.618	32.275
International contacts	57.600	54.000	46.596	66.856
Training & Education	97.000	131.500	55.831	114.747
Recruitment	5.000	15.000	22.869	60.061
Insurance personnel	27.800	46.500	43.333	46.319
Catering	12.300	23.000	16.035	19.346
Works council	12.900	23.500	19.358	16.889
Expenses regional offices	-	8.300	9.182	21.134
Other	167.000	550.900	157.877	181.786
Allocated to investment income	-9.000	-	-	-17.137
Sub total	**487.700**	**1.046.000**	**546.776**	**700.236**
Other human resource management costs				
Development of tools	6.000	10.000	5.022	20.537
Safety training	51.900	81.300	60.932	72.105
Sub total	**57.900**	**91.300**	**65.954**	**92.642**
Total personnel expenses	**6.568.800**	**17.672.000**	**18.486.208**	**21.917.580**

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

	Total headcount per end Q1 2019	Total headcount per end Q2 2019	Total headcount per end Q3 2019	Total headcount per end Q4 2019
Netherlands	106	100	81	75
Nigeria	116	83	67	20
Ethiopia	55	28	16	23
Malawi	35	12	8	8
Tanzania	30	17	10	15
Namibia	9	7	7	0
Botswana	4	4	1	0
Kyrgyzstan	14	4	1	1
Phillipines	2	2	3	4
Tajikistan	18	7	1	2
Kazakhstan	8	8	5	3
Uzbekistan	1	1	1	1
Vietnam	6	5	3	2
Indonesia	160	144	-	-
Kenya	2	2	-	-
TOTAL	**566**	**424**	**204**	**154**

HOUSING EXPENSES	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Rent	120.400	175.000	197.959	170.735
Repairs and maintenance	1.300	7.000	2.780	4.842
Cleaning expenses	23.000	37.000	35.339	34.387
Utilities	38.500	56.000	63.754	59.537
Insurance and taxes	8.700	6.000	5.423	7.438
Plants and decorations	13.000	12.500	33.388	7.624
Housing expenses regional offices	-	18.200	1.708	-2.654
Total housing expenses	**204.900**	**311.700**	**340.351**	**281.909**
Office and general expenses				
General office supplies	4.000	7.500	4.525	7.853
Telephone	21.000	32.000	26.555	27.345
Postage	4.300	8.000	6.851	6.883
Copying expenses	10.000	16.000	18.263	19.525
Maintenance - machines, furniture	500	1.000	188	-
Professional documentation	2.000	3.000	2.408	2.746
IT costs	161.100	237.500	208.393	192.031
Audit fees	115.000	125.000	110.754	122.053
Board of Trustees	5.000	7.500	10.757	7.397
Consultancy	45.000	45.000	40.837	78.154
Bank charges	25.000	30.000	35.679	33.017
Other	-3.000	110.200	48.062	27.006
Office and general expenses regional and country offices	2.818.400	5.803.000	4.397.909	4.919.396
Total office and general expenses	**3.208.300**	**6.425.700**	**4.911.181**	**5.443.406**
Depreciation and interest				
Office reconstruction work	30.800	55.000	76.363	60.779
Office inventory	13.000	14.100	18.875	14.754
Computers	70.000	145.000	90.109	132.871
Regional offices	-	400	961	740
Allocated to investment income	-9.200	-8.200	-21.441	-249
Total depreciation and interest	**104.600**	**206.300**	**164.867**	**208.895**

Main fluctuations compared to the budget for 2019 are caused by the fact that activities for the Challenge TB project have decreased in 2019, which was budgeted to continue until the end of 2019. This is reflected in the lower office and general expenses, which includes expenses for in country activities like trainings and workshops. ▶

The audit expenses charged by PriceWaterhouse Coopers can be broken down in various categories:

AUDIT COSTS	Budget 2020	Actual 2019	Actual 2018
Audit of the annual accounts	90.000	97.405	100.000
Project audits PwC*	25.000	58.815	28.000
Other audit assignments	-	-	-
Tax advice	-	-	-
Costs related to previous years	-	-	-
Total	**115.000**	**156.220**	**128.000**

This includes Namibia and Malawi. All other project audit costs are charged by local US approved auditors. Audit costs are charged to the year to which they relate. Project audit costs, when allowable under donor conditions, are reported under expenses to mission related goals.

Net investment income
With the investment portfolio and interest on bank balances we earned an amount of € 0,27 million as realized income and made a profit of € 0,33 million as unrealized exchange differences. The exchange differences were not budgeted for, which explains the difference with the budget. In 2018, the unrealized exchange differences were a loss of € 0,37 million. The increase in total investment income compared to 2018 is caused by the positive stock market developments in 2019.

Table 20: Net investment income (R10)

NET INVESTMENT INCOME	Budget 2019 in € million	Actual 2019 in € million	Actual 2018 in € million	% difference budget	% difference last year
	0,06	0,54	-0,22	805%	349%

R10 INVESTMENT INCOME	Budget 2020	Budget 2019	Actual 2019	Actual 2018
Dividends	35.000	35.000	22.153	31.989
Bond earnings	35.000	35.000	32.225	36.888
Bond earnings on behalf of Fund Special Needs	18.000	18.000	18.000	18.000
Realized exchange gains	-	-	189.347	112.084
Unrealized exchange results	-	-	326.413	-371.790
Interest on cash on hand and deposits	7.500	7.500	7.755	8.224
Total from investments	**95.500**	**95.500**	**595.893**	**-164.605**
Total out of pocket costs investments	25.000	25.000	31.256	33.161
Allocated costs	9.300	13.700	21.441	18.077
Net investment income	**61.200**	**56.800**	**543.197**	**-215.843**

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

Operating result
The balance between income and costs is a deficit of € 0,16 million, while a deficit of € 2,59 million was planned. The main causes of the difference with the budgeted figures are incidental: lower income from legacies and lower incidental reorganization costs due to the fact that staff contracts were terminated at a point in time that the notice period was still covered by project activities and project funding, but also positive exchange rate differences, positive investment income, less expenditures on projects funded from earmarked reserves and lower organizational costs. Also, a contingency amount in the budget of € 0.2 million for unexpected unrecoverable costs was not needed. A proposal for appropriation of the result is presented as part of the annual report, on page 105.

Cash flow statement
The decrease in cash and banks in 2019 is caused by a positive cash flow from income and expenses and a negative cash flow resulting from the decrease in project liabilities compared to project receivables. This is caused by the fact that less funds are kept as buffer for payments to partners, due to careful cash flow planning. This results in a negative cash flow from operational activities and a positive cash flow from tangible fixed assets.

EXECUTIVE REMUNERATION	In compliance with standard reporting form of GDN	
Name	C.S.B. van Weezenbeek	
Position in the board	Executive Director	
Contract		
Legal status	Indefinite	
Number of hours	40	
FTE	100%	
Period for reporting year	1/1 - 31/12	
Remuneration		
Annual income		
Gross salary	128.880	
Holiday allowance	11.169	
Extra month	10.740	
Variable/performance allowance	-	
Subtotal		150.789
Social securities, employers part	10.209	
Taxable allowances	816	
Pension premium, employers part	11.571	
Pension compenzation	-	
Other allowance, long-term	-	
Payment in relation to beginning of end of contract	-	
		22.596
Total remuneration 2019		**173.385**
Total remuneration 2018		171.998

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

Notes on the remuneration of the management
The Board of Trustees has, upon the recommendation of the Remuneration Committee, determined the amount of the management remuneration and additional benefits to be paid to management. The remuneration policy is regularly reviewed, most recently in September 2017. In determining the remuneration policy and remuneration, KNCV Tuberculosis Foundation adheres to Goede Doelen Nederland's advisory scheme for the remuneration of the management of charitable organizations ("Adviesregeling Beloning Directeuren van Goede Doelen"), which finds its base in the 'Wet Normering Topinkomens' (WNT) and the code of governance for charitable organizations ("Code Wijffels"; see www.goededoelennederland.nl).

Under the advisory scheme , a maximum annual remuneration is determined on the basis of weighted criteria. At KNCV Tuberculosis Foundation, this weighting was performed by the Remuneration Committee. This resulted in a so-called basic score for management positions ("Basis Score voor Directiefuncties" - BSD) of 580 points (J) and a maximum annual remuneration of 100% of € for 1 FTE in 12 months for the statutory director.
In 2019, the actual incomes of management for the purposes of assessment of compliance with Goede Doelen Nederland's maximum annual remuneration were as follows:

K. van Weezenbeek € 150.789 (1 FTE/ 12 months)
The Executive Director is contracted for a 40-hour workweek.

The annual income for the Executive Director is within the limit of € 156.754/12 months according to the Regeling beloning directeuren van goede doelen ten behoeve van besturen en raden van toezicht. The total remuneration 2019 (gross income, taxable allowances, employer's contribution to pension premiums and pension compensation, and other allowances) is below the maximum.

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

EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There have been no material post balance sheet events that would require adjustments to KNCV Tuberculosis Foundation's Financial Statements per 31 December 2019.

In February it was announced that by May 1st, Executive Director Kitty van Weezenbeek, will leave the organization to take a position with WHO Headquarters in Geneva. The Board of Trustees, in consultation with the Management Team, has appointed Dr Mustapha Gidado (MD, PhD) as acting Executive Director pending the recruitment of a new executive Director. Dr Gidado brings 17 years of public health and TB expert experience, of which 6 years working with the KNCV organization, both at country and Headquarters level. All measures were taken to facilitate an adequate and timely transfer of responsibilities to Dr Gidado in order to ensure continuity of executive functions.
In March 2020 the worldwide impact of the COVID-19 pandemic became clear. Measures taken by various governments to contain the virus have affected economic activity. 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).

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.
We also refer to e measures taken to warrant going concern as described in the section Accounting Policies (p. 88)

Mirella Visser
Chair of the Board of Trustees

Ton van Dijk
Vice chair of the Board of Trustees

Mustapha Gidado
Executive Director

Other information
According to article 17 of the articles of association the approval of the annual accounts and the annual report, including result appropriation, will take place during the general members meeting.

Photo: Berhan Tekle Amado

Almaz, a former TB-patient, and her son Issayas who was also diagnosed with TB. The mother and son live on the outskirts of Addis Ababa, Ethiopia.

Independent auditor's report

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

Report on the financial statements 2019

Our opinion

In our opinion, the financial statements of KNCV Tuberculosis Foundation ('the Foundation') give a true and fair view of the financial position of the Foundation as at 31 December 2019, and of its result for the year then ended in accordance with the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

What we have audited

We have audited the accompanying financial statements 2019 of KNCV Tuberculosis Foundation.

The financial statements comprise:

- the balance sheet as at 31 December 2019;
- the statement of income and expenditure for the year then ended; and
- the notes, comprising the accounting policies and other explanatory information.

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

The basis for our opinion

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

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

Independence

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

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Emphasis of matter - uncertainty related to the effects of the coronavirus (COVID-19)

We draw attention to the note "Accounting policies - Implications of COVID-19 on the organisation" in the 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.

Report on the other information included in the annual report

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

- board report;
- other information;
- policy bodies in which KNCV was active in 2019;
- KNCV partners 2019;
- abbreviations.

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

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

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

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

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

Responsibilities for the financial statements and the audit

Responsibilities of management and the supervisory board for the financial statements

Management is responsible for:

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

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

The supervisory board is responsible for overseeing the Foundation's financial reporting process.

Our responsibilities for the audit of the financial statements

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

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

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

Amsterdam, 11 May 2020
PricewaterhouseCoopers Accountants N.V.

Original has been signed by M. van Dijk RA

Appendix to our auditor's report on the financial statements 2019 of Koninklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose (KNCV)

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

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

We have exercised professional judgement and have maintained professional scepticism throughout the audit in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit consisted, among other things of the following:

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

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

POLICY BODIES IN WHICH KNCV WAS ACTIVE IN 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

Discomforted by rules, "I always had to wear a mask when I went to hospital to avoid spreading the disease." Photographer: Uwem Ge

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

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