

TUBERCULOSIS FOUNDATION ANNUAL REPORT 2024

AT A GLANCE

KNCV TB|PLUS

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1. EXECUTIVE DIRECTOR'S MESSAGE

Efficiency, Responsiveness, and Impact: Navigating 2024 Together

KNCV continues to strengthen multi-level collaboration with all TB stakeholders to accelerate TB recovery efforts, ensuring the early uptake and optimization of new tools while generating and sharing critical evidence and best practices. However, progress toward the 2027 UNHLM targets remains off track and is now further threatened by a growing funding crisis and increasing fragility in high TB burden countries. We call on all partners to remain steadfast, as people affected by TB and their families need our commitment now more than ever.

Under the overarching theme of "Efficiency and Responsiveness", KNCV strengthened internal processes, fostered collaboration, and remained a trusted technical partner in TB prevention and care. Our journey in 2024 focused on results-driven leadership, a culture of continuous improvement, and enhanced team cohesion. This has laid a strong foundation for the year ahead, enabling us to improve our internal structures, strengthen partnerships, and ensure effective project implementation.

Despite global challenges, KNCV delivered on its key performance indicators, achieving:

- Technical leadership in scaling up innovative solutions through strategic collaboration with partners and national TB programs, and through evidence generation, with over 50 manuscripts published.
- Financial stability with a balanced operational result

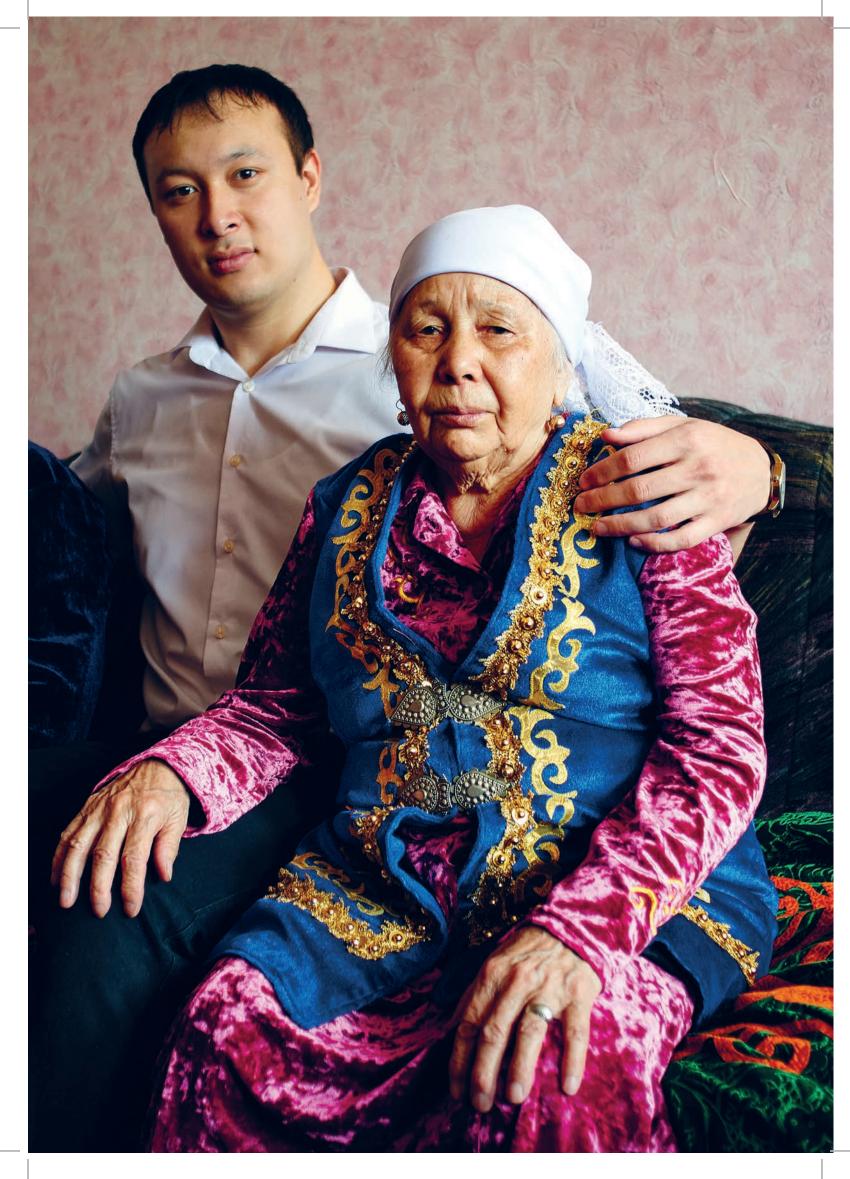
- for 2024 and at least 70% financial commitment secured for the 2025 annual plan.
- Operational excellence, with more than 90% of all projects successfully implemented and reported on time.
- Global leadership, with active participation in international platforms shaping TB policies, guidelines, and strategies.
- Stronger collaboration and enhanced engagement among management, staff, and key stakeholders, ensuring a unified approach.

The achievements of 2024 would not have been possible without the dedication of our field teams, partners, donors, and the Board of Trustees. To our donors, including private individuals and other key supporters: thank you for your unwavering commitment to the global effort to end TB. To our staff: your passion and expertise drive our mission forward, and I am deeply grateful for your hard work.

As we navigate the financial challenges ahead, KNCV is developing a new Strategic Plan (2026–2030) to strengthen its role among stakeholders, with a focus on introducing innovations and delivering targeted, need-driven technical assistance. We will also explore innovative financing mechanisms and build a strong business case, turning today's challenges into opportunities.



Mustapha Gidado, Executive Director KNCV Tuberculosis Foundation





2. KNCV AT A GLANCE

Who we are

KNCV is an international non-profit organization dedicated to the fight against tuberculosis (TB), TB related health problems and Antimicrobial Resistance (AMR).

Mission

Our mission is to end human suffering from TB through the global elimination of TB, TB related health conditions and AMR.

Vision

Our vision is to save lives and accelerate the decline of the TB epidemic through the implementation of effective, efficient, and sustainable situation specific strategies that combine patient-centeredness with epidemiological impact and government leadership.

How

KNCV is guided by its strategic plan, which aligns with global targets; KNCV collaborates and coordinates with both national and international, public and private, partners, working with National TB Programs (NTPs) and Ministries of Health (MoH) strengthening national health care systems.



3 Global Health Challenges

- TB and TB related health problems
- AMR
- Pandemics



3 Sources of Inspiration:

- Engagement with affected communities, putting people first
- Global movement for social justice and collaboration
- Role of technology and the digital environment



What? - 3 Strategic Approaches:

- Evidence generation
- Policy development and strategic planning
- The development of supportive systems



How? - 3 Implementation Approaches:

- Research and Innovation
- Technical assistance
- Capacity building



KNCV Global with branch offices

in Ethiopia, Kazakhstan, Nigeria, Tanzania, Vietnam and Philippines.

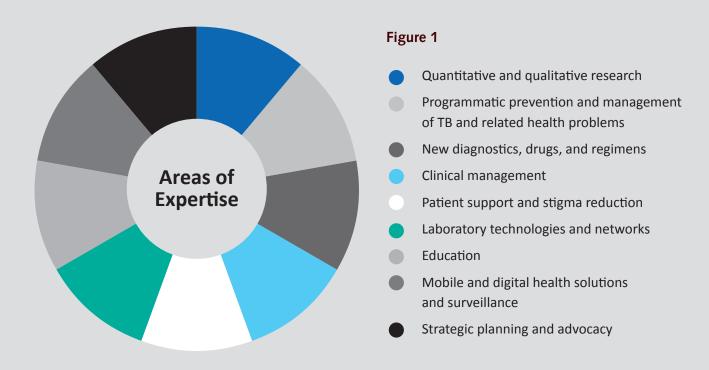
Affiliated national entities in Indonesia, Nigeria, Kenya, Ethiopia, Kyrgyzstan and Tajikistan.

> 41 ongoing research projects

3. KNCV'S TECHNICAL ROLE WITHIN GLOBAL CONTEXT

Introduction

KNCV Tuberculosis Foundation continues to be a global leader in elimination of TB and related health issues and health system innovations. Its multidisciplinary team consists 29 passionate professionals covering a broad range of expertise.



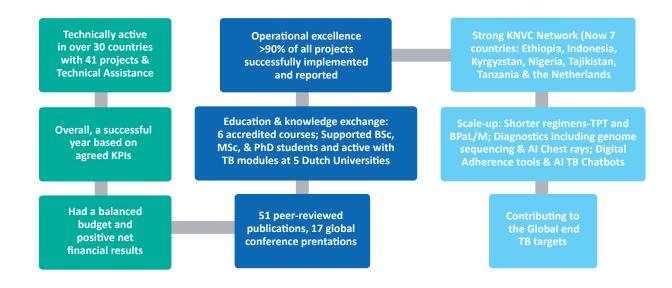
In 2024 KNCV advanced efforts across more than 30 countries, focusing on rapid uptake and scale-up of evidence-based effective solutions to end TB, through operational research, technical assistance in planning, policy development, building supportive systems, and capacity building. The KNCV network produced 51 scientific publications in peer-reviewed journals.

Diabetes and other health conditions COVID HIV AMR TB in children and adolescents Access to post-TB care Access to short, safe, effective treatment for TB disease, with patient support close to home Access to rapid diagnosis, at any point of care Access to TB services, including screening, and short preventive treatment Access to TB vaccines IPC & emergency preparedness and response Optimized digital and electronic info systems supporting people-centred care Achieving zero-TB stigma Strong health systems for people-centred comprehensive services Improved scientific methods, models for optimized intervention packages to End TB 0 2 4 6 8 10 12 14

Figure 2: Number of KNCV publications 2024 per priority area, total 51.

In addition, the KNCV network made 17 presentations/ sessions in the 55th World Conference on Tuberculosis and Lung Health.

Figure 3: KNCV Tuberculosis Foundation - 2024 Impact Snapshot.



KNCV staff participated in the following global forum meetings.

Table 1: KNCV participation in global forum meetings.

Global DAT Task Force

WHO STAG-TB

TB MAC Steering committee

WHO Guideline Development Group on Ethics, Equity, Human Rights, & Gender

UNION Ethics working group

UNION Migration working group

Global Fund/ WHO Joint Working Group

WHO Programme evaluation Guidance WG

PRIME-TB workshop (WHO & KNCV)

DR-TB African Regional workshop (WHO & KNCV)

African Digital Health Summit

European Laboratory Initiative (ELI), core group member

Global Laboratory Initiative (GLI), core group member

GLI partners meeting

WHO Screening Target Product Profile working group

ICT4D Conference

DHIS2 Annual Conference

WHO Guideline Development Group on new DR TB treatment (observer)

Unitaid Forum on market shaping

4. KNCV'S TECHNICAL HIGHLIGHTS IN 2024

KNCV refined its ten innovation pathways in 2024 to better support countries in adopting and scaling up TB innovations and strategies. This included using Artificial Intelligence (AI), genome sequencing, and real-time surveillance systems. These innovations were reinforced by technical meetings, trainings, webinars, and mentoring sessions. KNCV further strengthened its role as a knowledge hub and trusted advisor to National TB Programs and ministries of health globally.

Activities in the Netherlands and Europe

In the Netherlands, KNCV supported policies on TB nursing, diagnostics, and screening, and facilitated cross-border care and workforce training. Patient support was enhanced through peer projects and a special needs fund. Stigma reduction included hospital sessions and the PhotoVoices exhibition. Research with UMC Groningen and RIVM addressed post-TB challenges, and a new study on unmet patient needs began in 2024. KNCV also identified financial care barriers, advocated policy solutions, reviewed TB departments, and published Tegen de Tuberculose online.

Collaborations with AMR Global and the Collaborating Health Funds (SGF) addressed broader health challenges, including antimicrobial resistance (AMR).

In Europe, KNCV contributed to policy development on tuberculosis and migrant health and conducted research across Europe on migrant health and TB infection. KNCV started preparing for international courses due in 2025. Technical assistance, including the introduction of new treatment regimens, digital health, surveillance, and AI solutions, focused on countries in Central and Eastern Europe and Central Asia.

KNCV knowledge center (KC) on practical TB elimination

KNCV expanded its education offerings with four Dutch and two international accredited courses. At the same time, emphasis was placed on internal capacity building, strengthening the KNCV Ethics Review Board, and forming academic partnerships. In addition, KNCV supported bachelor, master, and PhD students during their internships, field research and publications. KNCV staff also functioned as faculty members on TB and related health

problems at five universities in the Netherlands.

Research & Surveillance Innovations

KNCV led innovative studies on TB elimination and aided to refine WHO's TB Prevalence Survey Guide. KNCV built national capacities in data use, mixed method study design and scientific writing and continued refining the END-TB model for (sub)national epidemiological modeling and scenario planning.

Qualitative studies evaluated KNCV-led stigma reduction programs in healthcare settings and led to a more sensitive evaluation tool. Reviews of Global Fund applications will help inform 2025 plans to address stigma. Initiatives such as PhotoVoices and peer support were rolled out for healthcare providers and TB survivors.

People-Centered Health Systems

KNCV focused on building systems that prioritize people's needs and data-driven planning. In Nigeria and Vietnam, pilots started on subnational applications of the People-Centered Framework (PCF). Technical support was extended to countries implementing Digital Adherence Technologies (DATs), particularly for drug-resistant TB regimens. Tools were developed to integrate DATs with national digital health information systems (DHIS) like "DHIS2", used by many countries.

Al & Digital Health

KNCV explored AI applications such as chatbots to aid access to TB care and treatment adherence. Projects are in place to expand these innovations in 2025.

Vaccine Preparedness

With promising TB vaccines on the horizon, KNCV worked with partners to prepare countries for vaccine introduction through evidence reviews, acceptability studies, and strategy workshops. KNCV and collaborators published scoping reviews and launched an online repository of adult/adolescent novel TB vaccine preparedness projects.

Preventive Treatment

KNCV supported the rollout of shorter TB preventive treatment (TPT) regimens across four countries and contributed to three major clinical trials on TPT. In the Netherlands, evidence from the KNCV-led TB ENDPoint

project led to policy changes for TB screening among asylum seekers.

The Opt4TPT study in Ethiopia provided insights into tailoring TPT services for people living with HIV. KNCV also advocated for child-friendly and short TPT regimens and access to novel treatments in Europe.

Diagnostics

Efforts continued to improve and evaluate diagnostic innovations and updated screening tools. KNCV investigated the usefulness of stool and tongue swab-based testing in various countries. Nanopore sequencing for the detection of drug-resistant TB was validated in three countries and prospective studies using this technology in routine settings were initiated. Training on sequencing was provided for national reference level-and decentralized laboratories, and for other infectious diseases.

AMR and Global Health

KNCV's work on AMR included development of a portable technology for selective sequencing of AMR genes to be used for AMR surveillance, including advancement of protocols for DNA extraction from sputum.

KNCV participated in the Global Health Hub in the Netherlands and provided teaching in academic courses on Global Health.

Shortened TB Treatment & Post-TB Health

KNCV supported implementation of shorter regimens for drug-resistant TB, which led to a fast uptake in Global Drug Facility (GDF) priority countries,

implementing BPaLM (see figure 4). KNCV refined its ten innovation pathways to support the adoption and scale-up of new tools, including artificial intelligence (AI), genome sequencing, and real-time surveillance systems. These were reinforced through trainings, mentoring, and technical support, cementing KNCV's role as a global knowledge hub. In the Netherlands, KNCV supported TB policy development, cross-border care, and professional education. Peer group projects and a special needs fund improved patient support.

In addition, KNCV began integrating post-TB care into broader health systems. In Kyrgyzstan, Ethiopia, and the Netherlands, KNCV explored the long-term effects of TB and the unmet needs of TB survivors. A participatory project with TB survivors was initiated to shape future research and services.

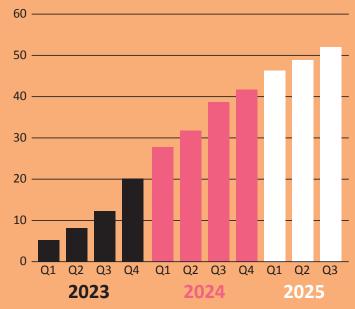
Technical Assistance for Children & Adolescents

Using its AID (Assess, Identify, Design) approach, KNCV helped countries pinpoint gaps in pediatric TB services. This support involved the use of benchmarking tools and the supporting development of updated policies and strategies for TB in young populations.

Infection Prevention & Emergency Response

KNCV extended infection prevention and control efforts in Malawi and attended a consultation on TB in prisons in Paraguay with very high-risk settings for TB. A focus was placed on building internal expertise and planning with humanitarian aid stakeholders to ensure TB services remain resilient during emergencies.

Figure 4: Fast uptake in GDF priority countries, implementing BPaLM.



5. KNCV NETWORK

At the start of 2024, the KNCV Network consisted of the following organizations: Yayasan KNCV Indonesia, KNCV Kenya, KNCV Kyrgyzstan, KNCV Nigeria, KNCV Tajikistan and KNCV Global (including the KNCV Branch Offices).

In 2024, KNCV (Knocking out TB by a Network of Community Visionaries) Ethiopia was established and registered as a national entity. The newly established organization was supported with the development of the necessary documents, policies, and SOPs when the organization became fully operational. Former KNCV

colleagues in Tanzania also decided to file for the registration of KNCV (Knowledge, Networking and Care Ventures) Tanzania, as national entity.

In 2025, the KNCV Network will be further strengthened. Based on the renewed partnership agreement, different organizations can become members of the KNCV Network. This will be included in the new KNCV Strategic Plan. The general theme of 2025 is the focus on quality improvement of branch office management and strengthened collaboration between the network partners.

Figure 5. Map KNCV Network



1 KNCV Global

KNCV Branch offices

- 2 KNCV Kazakhstan
- 3 KNCV Vietnam
- 4 KNCV Philippines
 5 KNCV Nigeria
- 5 KINCV INIGELIA
- 6 KNCV Tanzania
- 7 KNCV Ethiopia

KNCV National entities

- 8 Yayasan KNCV Indonesia
- 9 KNCV Kenya
- 10 KNCV Nigeria
- 11 KNCV Ethiopia
- 12 KNCV Kyrgyzstan

6. KNCV DIVISIONS SUMMARY

TB Elimination & Health Systems Innovations

This division comprises a large group of multidisciplinary professionals working in seven teams: six with an international focus and one focused on the Netherlands. The teams lead innovation pathways in research, vaccines, prevention, diagnostics, treatment, post-TB health, community systems strengthening, AI, and digital health. Over 2024 the division provided high-quality capacity building and technical assistance and engaged in proposal development and partnerships. Internally the division optimized its use of milestones for project monitoring, making sure all KNCV-led research was approved by the KNCV Ethical Review Board (ERB) and ensuring knowledge exchange across the KNCV network.

Institutional Fundraising

Following leadership changes, the department was restructured into two units: Institutional Fundraising and Private Fundraising & Communications. In 2024, 36 proposals were submitted to different funding institutions, with a 34% success rate, reflecting quality in a competitive funding environment. Key improvements include using Microsoft Teams for coordination, proposal tracking tools, and dynamic overviews. U.S. policy shifts have disrupted major USAID opportunities, particularly those involving European donors, Middle Eastern foundations, development banks, and private philanthropy. Plans for next year include CRM implementation and AI integration for proposal writing.

Communications & Private Fundraising

KNCV enhanced TB awareness via impactful video content, digital campaigns, and rebranding efforts. A bilingual TB poster and school outreach pilot received

strong responses. KNCV will be supported by new ambassadors, including TB survivor Paulina Siniatkina and triathlete Lucas Muijtjens. Social media presence grew, especially on Instagram (+99%) and LinkedIn (+24%). Transitioned from X to BlueSky. Despite a slight donor decline, private fundraising remained stable. A new digital fundraising strategy was initiated to attract a broader donor base.

Advocacy

KNCV advanced TB, AMR, and global health innovation on the Dutch policy agenda through coalitions with DGHA, Aidsfonds, Cordaid, and others. These efforts helped establish Global Health as a priority in Dutch development policy. KNCV also strengthened its role as a knowledge institute and contributor to the Dutch Global Health Hub.

Finance & Administration

The division improved financial processes, IT infrastructure, and HR policies. Financial closings neared the 15-day target, and cost savings were achieved. Cloud migration, domain management, and phased automation of payroll began. HR modernization included updated policies and hybrid work improvements. E-learning replaced team-specific onboarding.

Operations

Managing 41 projects, the division ensured quality implementation, proposal development, and timely reporting (93% on time). Revised SOPs, supported branch offices, and handled crisis management effectively. Key challenges include adapting to changing regulations and limited budget for overarching branch office issues. In 2025, the focus will remain on high-quality grant and project management.

7. FINANCIAL STATEMENTS

Comments on financial result 2024.

We have achieved a surplus of €623,000 which exceeded the original budget. The expenditure of the earmarked reserve projects is €368,000. The net investment income is €593,000. The following table below shows the differences between the actuals in 2024 and the budget as well as the actuals in 2023. The budgeted financial result for 2024 equals €379,000 negative. This includes an amount of €440,000 of expenditure in the projects that are funded from the earmarked reserves. The budgeted net investment income is €42,000 positive.

The total income is €15,476,000 and this is €255,000 higher than budget and €1.4 million more than last year. The income from lotteries is higher than budget, in particular the income from De Lotto. This higher income is passed on to the Samenwerkende Gezondheidsfondsen (SGF) which is visible under contributions to allied organizations. Nationale Postcode Loterij increased their contribution to €1.0 million in 2024. Income from private donors increased compared to last year but not as much as was anticipated in the budget for 2024. We

received a significant legacy in 2024 of €95,000. Income from projects was slightly lower than budgeted as we had some delays in the execution of our Dreamfund project that is funded by the Nationale Postcodeloterij. Other income is €290,000 due to positive exchange rate gains.

The total expenditure is €195,000 lower than budget. Personnel costs are lower than budgeted and also considerably lower than last year. This has to do with a lower headcount and the fact that in some projects local staff members are directly hired as consultants (part of outsourced activities). Purchases and acquisitions are lower than budget because of the delay mentioned in the Dreamfund project. The equipment that was supposed to be procured at the end of 2024 will now be procured in 2025. In Publicity and Communications, we were able to save costs compared to last year and budget.

The net investment income is high compared to the budget with high (unrealized) gains on the investment portfolio and interest earned on bank balances.

BALANCE SHEET PER 31 DECEMBER 2024

In euro, after result appropriation

Assets		31/12	2/2024	31/12	2/2023
Office construction work		2.264		8.585	
Office inventory (including regional office)		16.345		27.354	
Computers		31.313		33.392	
Tangible fixed assets	B1		49.921		69.33
Accounts Receivable	B2	3.018.060		2.511.124	
Investments					
-Shares	В3	2.369.475		2.112.053	
-Bonds	В3	4.414.484		4.193.256	
-Alternatives	В3	391.440		417.934	
Cash and Banks	B4	10.446.256		14.242.554	
Current Assets			20.639.715		23.476.92
Total			20.689.636		23.546.25
Liabilities		31/12	2/2024	31/12	2/2023
Reserves and funds					
- Reserves	B5				
Continuity reserve		7.318.312		6.755.638	
Decentralization reserve		568.009		602.147	
Earmarked project reserves		1.620.125		1.688.172	
Unrealized gains on investments		379.962		129.738	
Fixed Assets reserve		49.921		69.331	

- Funds					
Earmarked by third parties	В6	865.531		934.088	
			865.531		934.088
Reserves and funds			10.801.860		10.179.114
Long term liabilities	В7		609.975		4.960.766
Various short-term liabilities	B8				
-Taxes and social premiums		583.902		510.964	
-Accounts payable		1.092.062		480.230	
-Other liabilities and accrued expenses		1.016.873		1.094.553	
-Current accounts		6.584.962		6.320.625	
			9.277.801		8.406.372
Total			20.689.636		23.546.252

STATEMENT OF INCOME AND EXPENDITURE 2024

In euro

		Budget	Actual	Actual
		2024	2024	2023
ncome				
Income from individuals	R1	550.000	496.782	447.291
Income from companies	R2	32.118	750.232	809.991
Income from lotteries	R3	5.012.988	4.681.361	2.751.410
- Income from government grants	R4	4.971.032	2.986.204	3.551.395
Income from allied non-profit organizations	R5	504.961	673.376	365.508
Income from other non-profi			.360.532	6.090.177
Total fundraising income			.948.486	14.015.772
Income for supply of services	R7	206.200	237.898	244.889
Other income	R8	0	289.822	-144.926
Total income	6.4	15.221.010	15.476.207	14.115.735

CONTINUATION STATEMENT OF INCOME AND EXPENDITURE 2024

In euro

Expenses to mission related goals	R9			
-TB control in low prevalence countries	N.S	247.170	84.207	33.640
		12.513.886	13.136.233	12.765.505
- TB control in high prevalence countries				
Research		760.645	233.217	229.296
- Education and awareness		371.076	293.064	13.513.166
Consessed to foundations		13.892.777	13.746.721	13.513.160
Expenses to fundraising		226 512	270 270	210 005
- Expenses private fundraising		326.512	278.279	219.895
Expenses share in fundraising with third parties		330.716	507.096	470.613
- Expenses for institutional grants		450.451	407.585	427.814
		1.107.679	1.192.961	1.118.322
Administration and control		2500000	93500 (A)	355-55-22
Expenses administration and control		641.662	507.252	417.851
Total Expenses		15.642.117	15.446.934	15.049.339
Net investment income	R10	42.475	593.474	671.955
Surplus / Deficit		-378.633	622.746	-261.650
Spent on mission compared to total expenses		88,8%	89,0%	89,8%
Spent on mission compared to total income		91,3%	88,8%	95,7%
Spent on fundraising compared to total fundraising income		7,4%	8,0%	8,0%
Spent on administration and control compared to total expenses		4,1%	3,3%	2,8%
Result appropriation				
Surplus / Deficit appropriated as follows				
Continuity reserve		61.696	862.674	-195.429
Decentralization reserve		0	-34.138	0
Earmarked project reserves		-440.329	-368.047	-161.923
Unrealized gains on investments		0	250.224	129.738
Fixed assets reserve		0	-19.410	-14.319
Earmarked by third parties		0	-68.556	-19.716
		-378.633	622.746	-261.650

CASH FLOW STATEMENT 2024

In euro

	-	Actual 2	2024	Actual 2023	
Deficit / Surplus excluding interest		417.595		-462.864	
Interest paid / received	R10	205.151		201.214	
Total deficit / surplus		622.746		-261.650	
Depreciation of fixed Assets	B1	40.364		34.597	
Cash Flow from income and expenditure	-	x	663.111		-227.05
Change in accounts receivable	B2	-506.936		-814.992	
Change in funds earmarked by third parties	В6	0		0	
Change in long term liabilities	В7	-4.350.791		-2.915.200	
Change in various short-term liabilities	B8	871.428		816.006	
Increase/ Decrease in net working capital	-		-3.986.298	·	-2.914.18
Cash flow from operational activities			-3.323.187		-3.141.23
Change in investment portfolio	В3	-452.156		-422.017	
Disinvestments fixed assets	B1	0		0	
Investments fixed assets	B1	-20.955		-20.278	
Cash flow from investments fixed assets			-473.111	2 	-442.29
Net <u>cash flow</u>		_	-3.796.298	_	-3.583.53
Cash and banks as of 1 January	В4		14.242.554		17.826.08
Cash and banks as of 31 December	B4	_	10.446.256		14.242.55
Increase/ Decrease Cash on hand			-3.796.298		-3.583.53

The level of cash and banks decreased by ≤ 3.8 million in 2024. There are three major reasons for this:

- A decrease in the long- and short-term liabilities (€3.9 million).
 Many projects, among which the Dream Fund project funded by the Nationale Postcode Loterij, are funded in advance. In 2024, the funds were used to cover the expenditure.
- Unrealized gains on the investment portfolio (€0.5 million). The positive result did not lead to cash flow.
- The surplus from income and expenditure led to an increase in cash and banks of €568,375.

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AT A GLANCE

