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The triumph over the tragedy of tuberculosis, a disease that attacks not only the immunological defences of the body but society as a whole, that causes those who suffer from it to be discriminated against, marginalised and stigmatised, is one of the greatest challenges of this hour for humanity. Tuberculosis is a curable disease, yet every year more than two million people die from it.

The International Union Against Tuberculosis and Lung Disease (IUATLD) appeals to governments, voluntary associations and the scientific community worldwide to join with it in the fight against tuberculosis and to help alleviate the suffering caused by the disease.

**A Union that is delivering**

The main priority of the IUATLD remains the prevention and control of tuberculosis in low income countries. This report provides detailed information of the IUATLD activities during the 12-month period from 1 July 2000 to 30 June 2001. These include the following:

- The IUATLD is providing extensive technical support for the National Tuberculosis Programmes of Benin, Bolivia, Congo, Democratic Republic of Congo, Honduras, Malawi, Nepal, Pakistan, Senegal, South Africa and Sudan. Other forms of technical support have been given to Angola, Australia, Burkina Faso, Cameroon, China, Costa Rica, Ivory Coast, Djibouti, Finland, France, Iraq, Nepal, Russia, South Africa, Sudan and Zimbabwe.

- The IUATLD and its members, such as the KNCV, JATA, the ALA and the ATS, have played a major role in setting up the Stop TB Partnership.

- New initiatives such as the Global Fund to fight AIDS, Tuberculosis and Malaria, initiated by UN Secretary General Kofi Anan, are new opportunities for the Stop TB Partnership to benefit from additional funds available to combat tuberculosis, HIV and related health issues.

- The IUATLD has provided active support for the Stop TB Partnership in organising advocacy events and preparations for World TB Days 2001 and 2002, and through publications such as the Stop TB Newsletter.

- The IUATLD is also committed to providing technical assistance to several high burden countries such as Pakistan, Brazil, South Africa, Democratic Republic of Congo, Zimbabwe, Nigeria, Uganda and Myanmar.

The IUATLD continues to advocate for the need to develop political will and to increase the financial and scientific resources that are the essential elements for tuberculosis control around the world. This is all the more urgent in the light of the increasing HIV/AIDS epidemic, which continues to spread widely. Tuberculosis is one of the leading causes of death among HIV-infected individuals, and it has taken a long time to develop the necessary unity to address this problem effectively.
A first historic landmark

It is also important to mention that 2001 marked the centenary of the conception of the Bureau for the Prevention of Tuberculosis—the predecessor of the IUAT, and then the IUATLD— during the 1901 congress held in London. A year later, during the 1902 congress held in Berlin, it was decided to establish the Bureau’s headquarters there, where it functioned until the end of World War I in 1918. The Bureau was later re-established in Paris in 1920.

The IUATLD was the first non-governmental organisation to be officially recognised by the World Health Organization (WHO) when it was founded in 1948. Since then, the IUATLD has worked very closely with the WHO, assisting in field activities and participating in advisory committees and technical review groups. Several publications and statements regarding tuberculosis have been issued jointly by the IUATLD and the WHO.

We have a historic opportunity

The IUATLD was founded on a promise and a dream — to fight tuberculosis and to standardise anti-tuberculosis measures around the world. All the distance travelled since then has been travelled trying to perfect that promise and that dream. We pay tribute to the exceptional foresight of those who established the IUATLD: we owe this group of scientists an immortal lesson, that of their love for science and their recognition of the diversity that enriches the IUATLD today. By organising conferences to share their knowledge and their determination to fight tuberculosis and alleviate suffering in the world, they founded an organisation that is in tune with the health challenges afflicting the world today — a democratic, independent organisation, responsible for its own destiny, daily conscious of the need to defend what Cervantes defined, in Don Quijote, as “the most precious gift that the heavens gave mankind: liberty.”

With the encouragement of our founders, with the support of our donors and benefactors, with the hard work of our members, staff and consultants, with all the problems it encounters in the field, the IUATLD is an organisation that has made enormous progress against formidable challenges. It is an organisation that accomplishes a tremendous amount of work with very limited resources. It is an organisation that has advanced the knowledge of tuberculosis in the world for more than 80 years. It is an organisation that is highly respected throughout the world for the high quality of its scientific activities, its creativity and its efficient management. As we take note of the many achievements of the past, the strength of our programmes, and our solid commitment to serve humanity, the IUATLD is well prepared to address the complex challenges of the future in the battle against tuberculosis and lung disease.

Nils E. Billo, MD, MPH
Executive Director, IUATLD
The International Union Against Tuberculosis and Lung Disease (IUATLD) is one of the oldest non-governmental organisations dealing with tuberculosis and lung disease. There are over 130 constituent and organisational members, grouped into six IUATLD regions (Africa, Eastern, Europe, Latin America, Middle East, North America), which organise regular regional conferences. There are also over 3000 members and contacts who receive regular information about tuberculosis and lung diseases and related lung health issues through our own journal, the International Journal of Tuberculosis and Lung Disease, manuals, reports and other written material.

The focus of the IUATLD’s activities is in low income countries, providing technical assistance, organising training courses and doing collaborative research projects.

The aim of the IUATLD is to promote national autonomy within the framework of the priorities of each country by developing, implementing and assessing anti-tuberculosis and respiratory health programmes, namely:

- to gather and to disseminate knowledge on all aspects of tuberculosis and lung disease, as well as on the resulting community health problems;
- to alert doctors, decision makers, leaders of opinion and the general public to the dangers presented by tuberculosis and lung disease, as well as the community health problems associated with them;
- to co-ordinate, assist and promote the work of its constituent members throughout the world;
- to establish and maintain close links with the World Health Organization, other United Nations organisations, and government and non-government institutions in the sectors of health and development.

This activity report covers the period 1 July 2000 to 30 June 2001, and provides more details than previous activity reports about the many different projects and activities of the IUATLD. There are two main streams of activities within the organisation. On one hand we have the members (constituent, organisational, individual and benefactor members) who are responsible for the organisation and guidance of the Union through decisions at the General Assembly meetings, and on the other hand we have the IUATLD Secretariat, with its headquarters in Paris, responsible for the day-to-day work covering the areas of technical assistance, education and research activities, as mentioned above. The fiscal year has also been set from 1 July to 30 June to allow for a timely analysis of the financial situation of the IUATLD when the General Assembly meets in the last quarter of the year.

One of the main priorities I have defined as President of the IUATLD is the strengthening of the links between the different structures of the IUATLD, and above all the communication between the Regions, the IUATLD Secretariat and the Scientific Sections. A retreat with the participation of the Regions, the Board of Directors and the Secretariat will be held in early May 2002 to develop a plan of action to ensure good communication and coordination. It is important that we are able to build an identity for the IUATLD, to which all the Regions and all the members contribute with their very specific characteristics, without compromising our main goal — that of improving lung health for all worldwide.

Prof. Anne Fanning
President of the IUATLD
In early 1998, representatives from the American Lung Association, the American Thoracic Society, the IUATLD, KNCV and the WHO gathered in the headquarters of the IUATLD to discuss and develop a global plan to better coordinate our activities and to expand the partnership of those interested in participating in the fight against tuberculosis.

Over the last few years a solid Stop TB Partnership has been formed and considerable efforts have been made by many partners to improve DOTS implementation worldwide and to expand the strategy in all the regions of the world. With a dedicated Stop TB Secretariat hosted by the WHO, it has been possible to bring high burden countries, the WHO, the World Bank, donor agencies, foundations and many NGOs together to explore ways of substantially accelerating DOTS expansion and of better coordinating our efforts.

The majority of the Ministers of Health or Finance of the 22 high burden countries met in Amsterdam in March 2000 and committed themselves to providing a substantial contribution to DOTS expansion. In the past year, the Global Tuberculosis Drug Facility has emerged as an important instrument for getting anti-tuberculosis drugs to low income countries, guaranteeing the availability of good quality drugs and avoiding drug shortages.

At the end of October 2001, representatives of high burden countries and most of the partners of Stop TB met at the World Bank in Washington to discuss the progress since Amsterdam and to explore ways to accelerate DOTS expansion to achieve the goals as defined in Amsterdam.

The IUATLD and its members, such as the KNCV, JATA, the ALA and the ATS, have played a major role in getting this partnership going and are actively supporting it. New initiatives such as the Global Fund to fight AIDS, Tuberculosis and Malaria, initiated by UN Secretary General Kofi Anan, are new opportunities for the Stop TB Partnership to benefit from additional funds available to combat tuberculosis, HIV and related health issues.

The IUATLD has been active in supporting the Stop TB Partnership in organising advocacy events and preparations for World TB Days 2001 and 2002, and through publications such as the Stop TB Newsletter. It has also engaged to provide technical assistance to several high burden countries such as Pakistan, Brazil, South Africa, Democratic Republic of Congo, Zimbabwe, Nigeria, Uganda and Myanmar. The IUATLD is committed to this partnership and we are sure that only by joining forces will it be possible to reduce the burden inflicted by tuberculosis on so many people throughout the world.
International Union Against Tuberculosis and Lung Disease


AFRICA

Benin

The National Tuberculosis Programme (NTP) of Benin has received support from the IUATLD since the beginning of the 1980s, and is used as a model for the implementation of the new strategy against tuberculosis, currently known as DOTS. An annual visit is carried out alternately with one or the other of the two associations supporting the programme. One of the most striking elements observed during the last visit was the perception of the NTP by other health professionals in the country: they know the programme well, and call upon NTP officials as soon as a question arises; the NTP is well integrated in all the authorities and committees of the Ministry of Health. This is the consequence of a long process of discussion and exchange between the people in charge of the programme and their peers. The NTP accompanies the current reforms undertaken by the Ministry of Health, in particular decentralisation and the creation of “Health Zones”. These well led reforms can only be beneficial for the fight against tuberculosis and improve its efficiency, as the programme is itself part of the current process.

Another very positive element: the finances in Benin, and particularly those of the Ministry of Health, are improving. The Ministry itself is therefore increasingly able to finance tuberculosis control. In 1998, for the first time, Benin was able to buy some drugs from its own budget. One can hope that in 2001 the totality of the drugs and some equipment may be financed by the operational budget of the Ministry.

Congo

Just as the National Tuberculosis Programme (NTP), re-launched in April 1993, had succeeded in correctly restructuring, the wars that occurred in the Congo from June to October 1997 and then in December 1998 completely disorganised the case finding and treatment of tuberculosis patients. The medical centres were evacuated several times and a great deal of equipment was stolen. Drug supplies ceased throughout the country, and tuberculosis patients were no longer treated.

In October 1999, the programme was started again with financial support from the French Cooperation (for 3 years), participation by WHO, technical support from the IUATLD, and with the government of the Congo having to gradually deal with the purchase of drugs.

The number of tuberculosis patients under treatment doubled: this is explained by the size of the population displaced during the conflicts, their return to the cities in poor nutritional state, and the absence of medical care for several months. In spite of the remarkable dedication of the medical and ancillary personnel, the number of patients to be treated daily exceeded the capacities of the Tuberculosis Centres (CAT). The essential decentralisation of therapeutic management in various medical centres of Brazzaville and Pointe-Noire was launched, and was regularly supervised by doctors of the CAT themselves, with considerable success. This illustrates once again the great importance of supervision and the necessity for competent supervisors.

The supply of drugs is not yet secure, as neither the bilateral co-operations nor the European Union are ready to finance anti-tuberculosis drugs and they do not appear in the budget of the state. The Global Drug Facility (GDF) may be able to provide an urgent but temporary solution to this distressing question.
The National Tuberculosis Programme (NTP) in DRC was established in 1980 with the support of the Belgian Government. This support was stopped in 1990, and the NTP continued to progress with considerable support from a number of NGOs, particularly the Damien Foundation. In 1995, the DOTS strategy was adopted, and short course chemotherapy was progressively introduced.

DRC is a low-income country; its economic situation was aggravated for many years by war and conflicts, and the majority of the population lives in poverty. However, there is political commitment, the NTP is well structured and co-ordinated by a very competent central unit team, and in 2000, the DOTS strategy was implemented in 15 of the 18 regional administrations of the country.

After the first IUATLD visit, political commitment increased, a five-year plan was established and the NTP attracted new partners to extend the programme into the three regional administrations where the NTP was not yet established. In 2000, a total of 60,616 tuberculosis cases were reported to the NTP, more than 50% of whom were smear-positive pulmonary tuberculosis patients. The outcome of smear-positive patients treated in 1999 was recorded for new cases, failures, relapses and re-treatment after default. The success rates were respectively: 76%, 68%, 71% and 68%.

Unfortunately, the supply of drugs is not yet secure and represents the greatest problem for the expansion of DOTS in DRC. The Global Drug Facility (GDF) may be able to provide an urgent solution to this problem.

In September 2000 and March 2001, the Malawi Child Lung Health Project, with faculty from IUATLD and the Community Health Science Unit (CHSU), conducted the first two courses for In-patient Management of Childhood Lung Disease for the District Hospital staff. The purpose of the course is to introduce participants to standardised management of major childhood lung diseases; it therefore focused on severe and very severe pneumonia in children less than 59 months of age.

Ten participants came from each of the first and second five districts chosen to implement the Child Lung Health Project; the course is directed toward clinical practitioners and senior nurses. The adoption of the standard classification of pneumonia by degree of severity resulted in the use of standard antibiotics and supportive measures for treatment.

The technical rationale supporting the CLH project was that the standard case management of children with pneumonia by trained staff with a regular supply of effective antibiotics should result in a significant decline of deaths in district hospitals with a case fatality ranging from 15% to more than 30%. It was also foreseen that the impact would be detectable after some months of project implementation once the guidelines and procedures had been efficiently put into practice.

There appears to be a genuine impact on case fatality rates after the first 6 months of data collection, which showed an overall reduction of the hospitalised pneumonia case fatality rate of 52.5%. Hopefully this will continue through the continued implementation of such activities as regular supervision and in-service training.
The IUATLD began intensive technical assistance to South Africa in 1999 as part of its contribution to the STOP TB Collaboration and in cooperation with the World Health Organization and USAID. South Africa is one of the 22 high burden countries identified by STOP TB as containing the majority of TB patients in the world.

South Africa is a federal state with nine provinces. It enjoys a relatively high socio-economic level, although a high proportion of the population lives in very basic conditions. With the end of apartheid, the Government of South Africa prepared an international review of the National Tuberculosis Programme and adopted the DOTS Strategy. Demonstration and Training Districts were selected to begin implementation of DOTS in the country. The DOTS strategy was extended from these districts to cover 40 districts in 1998, 75 in 1999 and 124 by 2001, out of a total 176.

In the year 2000, a total of 155,403 patients were reported to the National Tuberculosis Programme. The majority of them (68%) were smear-positive cases of pulmonary tuberculosis. The majority of the patients were reported from four provinces, Gauteng, KwaZulu-Natal, Eastern Cape and Western Cape.

The outcome of treatment of a total of nearly 120,000 new cases with smear-positive pulmonary tuberculosis has been reported. Only 58% of these patients were recorded as being successfully treated. A high proportion (36%) of the patients were transferred to other facilities to continue treatment, or defaulted from treatment.

The National Tuberculosis Programme has recently undertaken a review of the institutions caring for tuberculosis patients as in-patients, and is currently working out a revision of its policies on in-patient care. In addition, in collaboration with the KNCV, the programme is developing a medium-term plan for tuberculosis control.

South Africa has developed services for the diagnosis and treatment of patients with multidrug-resistant tuberculosis. In addition, certain locations have been selected to pilot TB / HIV care, and other locations are beginning to participate in the WHO Adult Lung Health Initiative.
quickly confirmed that the national team could find its way back again to cohesion and collaborative, transparent activities.

The second important event was the conduct of an external review requested by the Ministry of Health and carried out in early 2001 under the leadership of the World Health Organization.

The conclusions of the preliminary report were welcomed, appreciated, and fully accepted by all partners. The report appreciated the dedication to the fight against tuberculosis by the central management team and many players at intermediate and peripheral levels, and recognised the existence of a secure and uninterrupted supply of high quality products for diagnosis and treatment. The report also clearly identified the major deficiencies of the programme, of which the failure to utilise directly observed therapy and the dismal treatment outcome result figured most prominently.

The Ministry of Health took serious note of the results of the review and as a matter of urgency has started to take steps to address the deficiencies observed and to commit itself to guaranteeing maintenance and extension of the identified strengths of the NTP.

Both donor and technical advisor are confident that the new leadership in the programme, along with the necessary support offered by the Ministry of Health, has the potential to address the deficiencies in the programme that have unfortunately made it the poorest performer in terms of treatment outcome among all of the IUATLD intensive collaborative programmes.

The IUATLD has worked in collaboration with the National Tuberculosis Programme, the World Health Organization and the Norwegian Heart and Lung Association (LHL) to support tuberculosis control efforts in Sudan since 1995.

Sudan is the largest country in Africa, and has been seriously affected by civil disturbances that have made health service delivery very difficult in large areas in the South and West of the country.

The DOTS Strategy has been adopted as the policy for tuberculosis control in the country and began to be implemented in Demonstration Sites in 1994. Since that time (as of mid 2000), 96% of accessible States, 74% of accessible Provinces and 48% of accessible basic management units have introduced DOTS into their health services. Treatment services have been steadily decentralised, which has made them increasingly accessible to the population. The result has been that an increasing number of women and children are being identified with tuberculosis.

Over the period of collaboration (up to mid 2000), a total of 132,398 patients have been reported, of whom the majority (55%) are patients with smear-positive pulmonary tuberculosis. By mid 1999, the outcome of treatment of just over 50,000 new smear-positive patients had been reported. The majority (72%) had been successfully treated. The proportion of patients transferring for continuation of care in other institutions was low (4%), but the number not completing treatment is higher (15%).

An external review of the National Tuberculosis Programme and of the collaboration between the partners was undertaken last year. The progress of the programme was noted, with special mention of the important achievements made under very difficult circumstances. Credit for these achievements lay with the Manager and her staff, who have worked very hard to develop the programme throughout the country.

As part of the capacity strengthening activities, the Manager and some of her staff have undertaken studies to obtain graduate (Masters and Doctoral) degrees.

As part of their studies, they have produced a series of scientific articles explaining the work they have been doing in the National Tuberculosis Programme.

The Manager, Dr El Sony, has been appointed Vice President of the IUATLD and President of the Middle East Region.
The National Tuberculosis Programme of Bolivia has made significant progress since the visits made by the IUATLD in 1996, 1997 and 2000. There are two visits planned for 2001 (26 August – 2 September, and 3 – 9 December). These visits are part of the collaboration agreement between the Ministry of Health and the IUATLD. The objectives are:
1) to evaluate the functioning of the NTP; 2) to analyse the changes that have taken place since the previous visits; 3) to conduct an Intensive Tuberculosis Course for intermediate NTP personnel (3-5 December), and 4) to sign a collaboration agreement between the IUATLD and the National Tuberculosis Programme.

The Bolivia NTP has many positive aspects, such as being implemented throughout the entire country with adequate distribution of health facilities and laboratories as well as adequate norms and documentation. It has a well trained and motivated Central Unit that is effectively connected to the network of laboratories. Among the most important achievements are the implementation of the DOTS Strategy, which started in 1998 and which has progressed significantly during the last year, specially in the Departments of La Paz and El Alto. These Departments have the largest burden of TB and the most problems. It is hoped that DOTS coverage will be extended to the entire country by the end of 2002. This has resulted in notable improvements in case detection and cure rates, as well as in training and supervision. Other positive aspects include the development of a 5-year work plan which is being implemented, the government is providing medicines, and the UK Department for International Development (DFID) is providing financial support.

The National Tuberculosis Programme of Honduras has also made significant progress since the visits made by the IUATLD in 1996 and 1997. In 2001, the IUATLD plans to conduct two visits (6-13 May and 22-26 August) as part of the agreement between the Ministry of Health and the IUATLD. The objectives of these visits are: 1) to evaluate the functioning of the NTP; 2) to analyse changes since the last visits; 3) to conduct an Intensive Tuberculosis Course for universities and medical school faculties (7-9 May); 4) to conduct an Intensive Tuberculosis Course for intermediate NTP personnel (24-25 August), and 5) to sign a collaboration agreement between the IUATLD, the National Tuberculosis Programme, and the Gorgas Memorial Institute of Alabama (USA).

The Honduras NTP has many positive aspects, such as being implemented throughout the entire country with adequate distribution of health facilities and laboratories as well as adequate norms and documentation. It has a well trained and motivated Central Unit that is effectively connected to the network of laboratories. Among the most important achievements are the implementation of the DOTS Strategy, which started in 1998. By the end of 1999, DOTS coverage had been extended to 33% of the country’s health facilities. DOTS coverage increased to 60% in the year 2000, and it is planned that it will be extended to the entire country by the end of 2001. This has resulted in notable improvements in case detection and cure rates, as well as improvements in training and supervision. Other positive aspects include the development of a 5-year work plan which is being implemented, the government is providing medicines, and United States Agency for International Development (USAID) has provided financial assistance during the last three years.
The IUATLD began cooperation with the National Tuberculosis Programme of Nepal, the World Health Organization and the Norwegian Heart and Lung Association (LHL) in 1995. Numerous other partners assist the programme, including IUATLD members, the Japan Anti-Tuberculosis Association and the Kuratorium Tuberkulose in der Welt (Germany). Nepal is a small country situated in the Himalaya region between India and China. It was closed to foreign visitors until the 1950s, and since that time has been developing the infrastructure of a modern state, including a health service. Remote locations present a particular challenge to health services delivery in the country.

Following a programme review sponsored by the World Health Organization, the Nepal National Tuberculosis Programme adopted the DOTS Strategy and has subsequently extended it to all districts in the country.

From 1994 until mid-1999, a total of just over 105,000 patients had been reported, 49% of whom were sputum smear-positive pulmonary cases. The outcome of treatment of nearly 29,000 new smear-positive patients with pulmonary tuberculosis from 1995 to mid-1998 has been reported, the majority (78%) of whom were successfully treated. A low proportion (2%) was transferred to continue treatment in another facility, but a higher proportion (15%) failed to complete their treatment. This proportion has declined from 20% in the earliest period to 12% in the most recent period.

Pakistan is a country with a very large population (140 million in 2000), and is one of the 22 heavily-burdened countries for tuberculosis.

Although some provinces (Balochistan and North West Frontier) had made progress in implementing the DOTS Strategy, it was only extended to the other provinces after the appointment of a full-time manager to the National Tuberculosis Programme in 2000. Presently, there are demonstration districts in each of the provinces in the country.

On the occasion of World TB Day 2001, the Chief Executive identified tuberculosis as a high priority for the country. Strategic plans for the implementation of the DOTS Strategy have been prepared and approved, and an Inter Agency Coordination Committee is undertaking the coordination of a variety of partners who are contributing to the expansion of DOTS.

The information system in the National Programme has not yet been implemented sufficiently to collate the regular reports of tuberculosis activities, so the results of case finding or of treatment outcome are not yet known at the district level.
Other technical assistance were provided for tuberculosis, asthma, child lung health and tobacco prevention in 16 countries. This consisted of review of technical documents, advice on research, participation in technical working groups, and advice to national programmes. The countries in which the support was carried out were: Angola, Australia, Burkina Faso, Cameroon, China, Costa Rica, Ivory Coast, Djibouti, Finland, France, Iraq, Nepal, Russia, South Africa, Sudan and Zimbabwe.

Advisory Committees

Technical staff of the IUATLD Secretariat participated in the activities of advisory committees for:

- Alliance Mondiale pour le Développement des Anti-tuberculeux
- Coopération française
- Euro-TB
- ISAAC
- No-TB-Baltic
- Wolfheze Conferences
- World Conference for Health Promotion and Education
- World Conference on Tobacco and Health
- World Federation of Public Health Associations
- World Health Organization, Eastern Mediterranean Region, European Region, Headquarters, and Western Pacific Region.
Participants in the “cours international sur la lutte antituberculeuse”, Cotonou, Bénin.

Education

Publications
- Guides
- Book
- IJTL D
- Newsletter

Courses
- Granada
- Mexico City
- Guatemala City
- Hanoi
- Cotonou
- Arusha
- Ottawa
- San Salvador
- Guatemala City
- Cape Town
- Tegucigalpa

Conferences
- Florence
- Guayaquil
- Chicago
- Manila

Other Education Activities

Advocacy
- Lobbying the European Union
- Fighting diseases of poverty
- World TB Day 2001
- Stop TB publications
- Tobacco advocacy
- Advocacy for TB
- TB and HIV
Guides

Management of Tuberculosis 5th Edition
English version: Published (8000 copies) and distributed (5000 copies) in 2000. French and Spanish versions: translated and printed in 2001 (2000 c. in French; 1000 c. in Spanish). Distributed in November 2001

Management of Asthma
This guide is being updated, incorporating experiences from low income countries during the last five years

Epidemiological Basis of Tuberculosis Control
The original version in English (1999) was translated into French and Spanish, published and distributed in 2000:
1000 c. in French;
500 c. in Spanish

Research Methods for Promotion of Lung Health
Published and distributed in 2001:
3000 c.

Book

The Second Edition of “Clinical Tuberculosis” by J. Crofton, N. Horne and F. Miller has been translated into French by the IUATLD.
Publications

Three editions of the Newsletter (July 2000, November 2000 and April 2001) were sent to our members and partners during the period.

This Newsletter is published in three languages: French, English and Spanish.

The English version is available on the IUATLD website: http://www.iuatld.org.

IJTLD

The International Journal of Tuberculosis and Lung Disease

Headed by Professor Michael D. Iseman, of Denver, Colorado, as Editor-in-chief, and aided by thirty-five Associate Editors, the International Journal of Tuberculosis and Lung Disease (IJTLD) is the official journal of the IUATLD. Its main aim is the continuing education of physicians and other health personnel, and the dissemination of the most up-to-date information in the field of tuberculosis and lung health. It publishes original articles and commissioned reviews on the clinical, biological, epidemiological and community aspects of fundamental research, and the elaboration, implementation and assessment of field projects and action programmes for tuberculosis control and the promotion of lung health.

The Journal underwent two important changes during the period 1 July 2000 – 30 June 2001:

In May 2000, a web-based manuscript tracking system, ManuscriptCentral, was launched, making it possible for authors, reviewers and editors to access and track articles from anywhere in the world, considerably speeding up response times.

The Journal went on-line from 1 June 2001 with ingenta, a UK-based company. Sponsored by the Sequella Foundation, the site includes articles from Volume 5 onward, and is accessible for all fully paid-up members of the IUATLD.

During the period 308 articles were submitted to the Journal — an average of 25/month. The acceptance rate remained at around 50%.

Education

This peer reviewed, monthly Journal welcomes articles on all aspects of lung health, including public health-related issues such as training programmes, cost-benefit analysis, legislation, epidemiology, intervention studies and health systems research.
World Conference

Since 1997 the IUATLD has organised its World Conference every year, instead of every 4 years, alternating between Paris and one of its member countries. The decision on the host countries and the dates of the conferences are made by the IUATLD General Assembly, based on the proposals of its Board of Directors. The representatives of the six IUATLD Regions (Africa, Eastern, Europe, Latin America, Middle-East and North America) receive proposals from their Constituent Members, and submit the proposals to the IUATLD Secretariat along with their own recommendations 3 years before the World Conference in question.

Regional Conferences

Each of the six Regions of the IUATLD (Africa, Eastern, Europe, Latin America, Middle-East and North America) generally organises one Regional Conference every 2 years. Venues and dates are chosen during the Regional Conference of each Region by their General Assembly. The 9th Conference of the Latin America Region was held in Guayaquil, Ecuador, in November 2000; the North American Region Conference held its 6th annual Conference in Chicago, USA, in March 2001; and the 21st Conference of the Eastern Region was held in Manila, Philippines, also in March 2001. The Europe, Africa and Middle-Eastern Regions did not hold their conferences during the period covered by the present Activity Report.
In September 2000, to mark the importance of lung health on the eve of the third millennium, the IUATLD combined its Annual Meeting with the World Congress on Lung Health, jointly hosted by the European Respiratory Society (ERS), the American Thoracic Society (ATS), the Asian Pacific Society of Respirology (APSR) and the IUATLD, in Florence, Italy. More than 12,000 participants were there to debate issues in all fields of lung health. The IUATLD’s priorities of tuberculosis, tobacco-related issues, asthma and child lung health featured prominently in the programme.

The IUATLD World Conference on Lung Health

Florence, ITALY, September 2000

There were about 450 participants from more than 20 countries at the IUATLD Latin America Region Conference in Guayaquil, Ecuador. The IUATLD sponsored three symposia: one on tuberculosis, one on asthma and one on the tobacco epidemic.

The tuberculosis situation in Latin America, including MDR-TB, the value of the Stop TB Partnership and its DOTS expansion plan were discussed. The local press reported on the congress and commented especially on MDR-TB and on the consequences of the tobacco epidemic.

9th Conference of the Latin America Region

Guayaquil, ECUADOR, 22-25 November 2000

The theme of the NAR-IUATLD meeting was a challenging one, but it has yielded renewed activity on many fronts. The 500 participants heard from Dr Larry Geiter, who steered the Institutes of Medicine (IOM) report entitled “Ending Neglect”. Many of the recommendations of the IOM report were addressed in the programme. Dr Rick O’Brien, who gave the Stephan Grzybowski Memorial Lecture, discussed the need for new TB drug development and the commitment of the global alliance to move that process forward. Dr Peter Barnes identified areas in which molecular technology can improve early diagnosis and inform contact follow-up.

Dr David Cohn addressed the challenges of treating latent TB infection and the obstacles to applying the proven strategies. Dr Solomon Benatar, Professor of Medicine and Director of the Bioethics Centre at the University of Cape Town, South Africa, challenged the audience in his opening address with a discussion of tuberculosis as an example of the paradox between scientific progress and global health. While North America examines strategies for moving closer to TB elimination, it has recommitted to addressing the global issues and to taking a leadership role in forging new partnerships and assuring new diagnostics, new drugs, and further research into a better vaccine in the fight for global TB control.

6th Conference of the North America Region

Chicago, USA, 1-3 March 2001

The theme of the NAR-IUATLD meeting was a challenging one, but it has yielded renewed activity on many fronts. The 500 participants heard from Dr Larry Geiter, who steered the Institutes of Medicine (IOM) report entitled “Ending Neglect”. Many of the recommendations of the IOM report were addressed in the programme. Dr Rick O’Brien, who gave the Stephan Grzybowski Memorial Lecture, discussed the need for new TB drug development and the commitment of the global alliance to move that process forward. Dr Peter Barnes identified areas in which molecular technology can improve early diagnosis and inform contact follow-up.

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Education

The Conferences of the IUATLD

21st Conference of the Eastern Region
Manila, Philippines, 6-9 March 2001

 controlling TB

The Manila Manifesto

The 21st IUATLD–ER Conference was held in Manila from March 6–9, 2001. Representatives of the 22 IUATLD–ER member countries strongly convey the compelling need for a resolute and concerted action against tuberculosis.

The Manifesto hereby declares the following:

I. We deplore that
● Tuberculosis affects 7 to 8 million people, mostly in the productive age group, killing about 2 million each year, including many children.
● Tuberculosis remains a global disease where 90% of all cases and over 95% of deaths occur in low-income countries.
● Of the 22 countries that constitute 80% of the incidence burden of TB worldwide, ten are in the Eastern Region.
● The 22 IUATLD-ER member countries account for about one-third of all reported TB cases in the world.
● The incidence of MDR-TB strains is increasing at an alarming rate, threatening to overwhelm current TB control programmes among member countries.

II. We profess that
● Tuberculosis is closely linked to poor domestic environment and indigent living conditions, such as in depressed urban areas.
● Socio-cultural factors continue to have a significant impact on TB control.
● Among health care interventions, a good TB control programme is the most cost-effective.
● DOTS is the internationally accepted National TB Control Strategy to confront the disease and prevent the emergence of drug resistance.
● DOTS must be properly implemented to be effective.
● Collaboration between the government and private sectors is imperative to be successful in the fight against tuberculosis.
● Effective advocacy is an important cornerstone of TB control.

III. We pledge to undertake the following
● To reinforce closer collaboration between the government and private sectors to improve the quality of DOTS implementation.
● To improve the quality of DOTS implementation and expand its coverage by 100% by the year 2005 and sustain it by ensuring the availability of human and financial resources.
● To promote the development of local, national and international partnerships or coalitions with all stakeholders in the society, including the government, private sectors, non-government volunteer organisations and the community.
● For non-governmental organizations, to apply political advocacy and lobby within the nation’s governmental structure for resources to optimise and sustain the national TB control programme.
● To enhance the cooperative efforts between the scientific and technical experts, government agencies and voluntary organisations.

IV. We call upon partners
● To extend unconditional support in the global effort to control TB, to develop and sustain effective control programmes, fund TB-related research and drug development, and implement effective monitoring and surveillance systems.
● To forge effective partnerships with government and private organisations in order to mobilise resources.
● Recognising the enormity of the task ahead and the huge amount of resources required, we call upon international development and funding partners and foundations to increase their support to the region’s tuberculosis control efforts and fund innovative approaches that aim to complement current programmes.
The International Union Against Tuberculosis and Lung Disease (IUATLD) has a long history in conducting or collaborating in international training courses on tuberculosis. In April 1990, the tuberculosis component of an international course on tuberculosis and leprosy control was moved from Addis Ababa, Ethiopia, to Arusha, Tanzania. This move was instigated because it was recognised that it needed to be held in a country that had adopted the principles of tuberculosis control developed by the IUATLD in its collaborative tuberculosis control programmes in low-income countries. This change of venue enabled course participants to obtain first-hand exposure to the principles of sound tuberculosis control policy and to appreciate both the potentials and the obstacles faced in a low-income setting. Since then, similar courses modelled on the Arusha course have been developed in Cotonou, Benin (in French) and Managua, Nicaragua (in Spanish).

The five core models start with a module on the bacteriological basis of tuberculosis control, to provide participants with a thorough knowledge of the etiological agent of tuberculosis. Once this background is understood, the clinical presentation and diagnosis of tuberculosis is exposed to review the impact of tuberculosis on the individual. The clinical presentation is limited to diagnostic tools and skills that are available in virtually every situation, i.e., history taking, clinical examination and the least sophisticated imaging technique, radiography. The next module deals with the impact of the etiological agent on the community, i.e., the epidemiological basis of tuberculosis.

When participants have acquired a theoretical knowledge of these three core modules, intervention strategies to reduce transmission, morbidity and mortality in the individual and the community are discussed. As each of the three major intervention strategies has its own advantages and shortcomings, they are presented in the context of applicability, availability of resources, and the objectives of specific control measures. Participants are finally taught how to apply these theoretical bases to the sound principles of tuberculosis control.

These five modules are embedded in two other modules: a participants’ module, where participants briefly report on aspects of tuberculosis in their country of work, and a field visit to the National Tuberculosis Programme of the host country in the final week, with a review of its operations and a critical appraisal of its accomplishments and impediments. Participants are expected to have responsibilities at the regional/provincial or national level of tuberculosis control, and to have a strong public health background, to be sufficiently academically interested in following the theoretical presentation, and to be willing and able to absorb a large amount of material.

Collaborators and faculty

The IUATLD Secretariat is responsible for the organisation and content of the courses, which are conducted in close coordination with the local National Tuberculosis Programmes. The principles underlying the selection of the faculty in all international courses of the IUATLD are essentially the same, and renowned international experts in their respective fields guarantee high scientific standards for the courses.

The international courses of the IUATLD offer opportunities for motivated and responsible individuals to gain a thorough understanding of the theoretical basis of tuberculosis control, in a low-income setting that attempts to put these principles into public health action. The courses also aim to strengthen the capacity of low-income countries to conduct health systems and services research that is adapted to local needs, and to identify individuals from low-income countries who would be suitable for careers in public health.

Eleven IUATLD courses were offered during this reporting period

Courses in 2000-2001

Between 1 July 2000 and 30 June 2001, four IUATLD courses for tuberculosis programme managers were held, in Spanish, French and English, in Nicaragua, Vietnam, Benin and Tanzania. Three tuberculosis specialists courses were held, one in Mexico and two in Guatemala, to encourage the participation of private physicians in the NTP; a course for laboratory specialists was held in Canada, a new course was launched in South Africa on the management of tuberculosis in children, and a course for university faculty was held in El Salvador.

The COURSES of the IUATLD
International Tuberculosis Control Course

Granada, NICARAGUA, 7-19 August 2000

The objective of this 2-week intensive course is to provide a theoretical background for the tuberculosis control strategy recommended by the IUATLD and the WHO/PAHO for low-income countries, and to provide practical exercises in the organisation and management of tuberculosis control services at the peripheral level as well as supervision of these services at intermediate level. The first part of the course consists of bacteriology, followed by epidemiology, intervention strategies and the organisation and management of a tuberculosis control programme. The second part consists of practical exercises and field visits.

More than 84 participants from 19 countries have been trained in this course since 1992. In August 2000 there were participants from eight countries: six from El Salvador, four from Nicaragua, two from Guatemala, two from the United States, and one each from Bolivia, Colombia, Honduras and Panama.

Tuberculosis Specialists Course

Mexico City, MEXICO, 23-27 August 2000

The objective of this intensive course of 25 hours is to improve the collaboration of specialist physicians with the National Tuberculosis Control Programme. Forty participants attended the course, which began with a presentation on the status of the tuberculosis control programme in Mexico by Dr Elizabeth Ferreira, Director of the NTP.

At the end of the course, the participants adopted a detailed agreement with the NTP to become involved in the diagnosis and treatment of tuberculosis cases according to WHO/IUATLD and NTP guidelines.

Tuberculosis Specialists Course

Guatemala City, GUATEMALA, 28-30 August 2000

Thirty participants attended this course, which began with a presentation on the status of the tuberculosis control programme in Guatemala by Dr Francisco Cerezo, Director of the NTP.
The Courses of the IUATLD

International Tuberculosis Course

Hanoi, VIETNAM, 28 August - 15 September 2000

In the mid-1990s, when the international courses were developed in Africa, several participants came from Asia, including some from Vietnam. It was then recognised that a course modelled along the same principles was needed to suit the specific needs of the South-East Asia region. The first course in Vietnam, held in 1997, was composed of 17 Vietnamese and four participants from other South-East Asian countries. In 2000, 26 participants from 12 countries attended the course.

Cours International sur la Lutte Antituberculeuse

Cotonou, BENIN, 11-29 September 2000

Begun in 1993, this is the eighth course to be held in Benin. A total of 160 people from French-speaking Africa, Madagascar, the Comores and Haiti have been trained since its inception. In 2000, 17 participants from 11 different countries attended the course: three from Burkina Faso, two each from the Ivory Coast, Senegal, Mali and Haiti, and one each from Cameroon, Mauritania, Democratic Republic of Congo, Central African Republic, Madagascar and Benin.

International Course on the Management of Tuberculosis Laboratory Networks in Low-Income Countries

Ottawa, CANADA, 2-13 October, 2000

This course aimed at providing trainees with the managerial and technical bases to enable senior level managers to plan, manage and evaluate tuberculosis diagnostic services and to deliver training, supervision and quality assurance programmes within their National Tuberculosis Control Programme. The training modules of this workshop use interactive methods of teaching that elicit active participation from the trainees. Once the module is read and discussed, the trainees test their understanding of the text by doing exercises. Group exercises supervised by the facilitators promote discussion and teamwork. Participants from 13 countries from all regions of the world attended this course.
**International Training Course on Tuberculosis Control**

**Arusha, TANZANIA, 30 October - 17 November 2000**

In 2000, 17 participants from seven different countries attended the course: six from Eritrea, four from Tanzania, two each from Sudan and Somalia, and one each from Malawi, South Africa and the USA.

**Management of Tuberculosis in Children**

**Cape Town, REPUBLIC OF SOUTH AFRICA, 25 November - 5 December 2000**

This course was one of a global network of courses provided by the IUATLD in collaboration with other organisations in Mexico, Chile, Brazil, Kenya, Turkey, South Africa, Malaysia, and China, to encourage researchers and clinicians involved in the promotion of lung health.

The objectives of this 9-day course are to provide individuals with a better understanding and techniques for the management of tuberculosis in children. The course was directed toward senior paediatric fellows as well as managers of National Tuberculosis Programmes. The course provided participants with experience in recognition, investigations and treatment of tuberculosis in children and helped them to understand its pathogenesis and epidemiology.

Course participants came from the African Region of the IUATLD and were selected from academic, clinical and public health settings. Faculty members were from the United States, Canada and South Africa. Twenty participants from 12 countries attended the course.

**Tuberculosis Course for University and Medical School Faculty**

**San Salvador, EL SALVADOR, 20-22 March 2001**

This course was intended for university and medical school faculty, with the aim of encouraging the inclusion of education about tuberculosis in the teaching programmes of university and medical students. Clinical, diagnostic and treatment aspects were covered in the course, with special emphasis on tuberculosis control. Thirty participants attended the course, which was introduced by Dr Julio Garay, Director of the NTP.

At the end of the course there was a discussion about the utility of the course and what each participant thought was lacking in education about tuberculosis in their own faculty. There was general agreement that little was taught about the NTP, that the information given to students was generally insufficient, and that training in tuberculosis control, the DOTS strategy and the guidelines of the NTP should be a priority for all medical and nursing students.
The Courses of the IUATLD

Other education activities

**Tuberculosis Specialists Course**

Guatemala City, GUATEMALA, 2-4 May 2001

The course conducted in August 2000 in Guatemala was repeated in May 2001 at the request of the NTP of Guatemala, so that doctors who had not been able to attend the previous course could benefit from it. Thirty participants attended the course.

**Tuberculosis Course for University and Medical School Faculty**

Tegucigalpa, HONDURAS, 7-9 May 2001

This course was intended for university and medical school faculty, with the aim of encouraging the inclusion of education about tuberculosis in the teaching programmes of university and medical students. Clinical, diagnostic and treatment aspects were covered in the course, with special emphasis on tuberculosis control. Thirty-four participants attended the course.

**Workshop of the IUATLD Asthma Division**

A workshop was organised in December 2000 to evaluate the Asthma Division’s activities and elaborate a 5-year plan. It was decided that the evaluation of the IUATLD Asthma Guide showed it to be a useful tool, and that it should be revised to include the management of children aged over 5 years. Several working groups were set up during this workshop.

**Lung Health Initiative in Morocco**

This initiative was established in collaboration with the WHO and the Ministry of Health of Morocco. The objective is to set up integrated management of tuberculosis, acute respiratory infection, asthma and COPD in the health services of Morocco. The drafts of two guides (one on primary health care and one on specialised health structures) have been written. A workshop with general practitioners and specialists was held to finalise the draft in May 2000.
Advocacy plays a leading role in the fight against lung diseases, and especially tuberculosis. This year, the IUATLD has been involved in many advocacy activities.

**Lobbying the European Union**

The IUATLD, together with the French Institut Pasteur and the German Max Plank Institute of Infection Biology, released a call to the European Commission to make tuberculosis control a priority. This call came as part of the European Commission Round Table on Communicable Diseases and Poverty Reduction – HIV/AIDS, Malaria and Tuberculosis, which was held in Brussels on 28 September 2000. The call was made public through the organisation of a press conference held at the Institut Pasteur in Paris.

**Fighting diseases of poverty**

Between 3 and 6 October 2000, an important IUATLD delegation was invited to the first “Massive Effort Advocacy Forum” in Winterthur, Switzerland. This meeting gathered together some 200 experts in advocacy and communications from all over the world, with the objective of building a social movement to fight the three leading preventable infections: Tuberculosis, HIV/AIDS and Malaria.

**World TB Day Pack 2001**

Each year, the IUATLD produces an information pack in the occasion of World Tuberculosis Day for its Constituent and Organisational Members. The objective of this pack is to provide background information on TB and some useful ideas on how to use the theme chosen for the year.

In 2001, the Stop TB Secretariat asked the IUATLD to prepare its World Tuberculosis Day 2001 information pack in English, French and Spanish. One full-time staff member of the Union was responsible for the definition of the conception, production and distribution of the pack in close collaboration with the Stop TB Secretariat. In order to illustrate the theme chosen by WHO (“DOTS, TB cure for all”), the idea was to focus the pack on TB patients, to give a face to the TB epidemic and to the neglect of their basic human rights and access to cure.

The pack has been widely distributed to more than 6000 contacts world-wide through the Union and WHO networks.

**Launch of World TB Day 2001**

Following the production of the World TB Day pack, the IUATLD decided to organise the launch of World TB Day 2001 in a high-burden country, South Africa.

The event brought together His Grace the Archbishop Desmond Tutu, the South Africa Health Minister, local Health and City Officials, the Tygerberg Faculty of Medicine of the University of Stellenbosch, the IUATLD, the WHO, the CEO of GlaxoSmithKline and community volunteers.

The event was primarily a community gathering for the opening of the Tyger Trade and Training Job Creation Centre in the township of Uitsig. This community has one of the highest TB incidences ever documented.

A cultural event was organised with the participation of primary school pupils. The gathering included both high level dignitaries and representatives of the community, and was well covered by national and international media.

The whole project was a perfect example of partnership between the public and private sectors, the community, religious institutions, universities, international organisations and NGOs.

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**Events**

**Fighting diseases of poverty**

- 3-6 October 2000: First “Massive Effort Advocacy Forum” in Winterthur, Switzerland.

**World TB Day Pack 2001**

- April 2001: Distributed to 6000 contacts worldwide through the Union and WHO networks.

**Launch of World TB Day 2001**

Stop TB publications

Given the success of the launch of World TB Day 2001, the Stop TB Secretariat in Geneva decided to ask the IUATLD to prepare and produce two editions of the Stop TB Newsletter, the Highlights of World TB Day 2001 and the World TB Day pack 2002.

Advocacy for TB

In the meantime, the IUATLD was invited to the first meeting of the Communications/Advocacy taskforce of the Stop TB Partnership held in Atlanta, Georgia, at the end of May 2001. The objective of this meeting, organised by the Child Survival Taskforce, was mainly to define a strategic plan for communication /advocacy of the Stop TB Partnership for 2005.

Tobacco Advocacy

The IUATLD has long been aware that the fight to change public opinion and social norms, and ultimately behaviour, does not come from making information available, but from bringing that information to the public and to decision-makers in a way that stimulates action and a sense of urgency. The laws that are the framework of tobacco control are enacted because of advocacy. In the period of this report, the Union saw its collaborative advocacy arm, INGCAT, the International Non Governmental Coalition Against Tobacco, move from the Paris office to an independent international status in Johannesburg. In addition to continuing support for this joint effort undertaken with other international organisations, the Union maintained its advocacy efforts in the initial negotiations of the Framework Convention for Tobacco Control, and in surveillance of and, where possible, response to tobacco industry tactics throughout the world.

TB and HIV

At the end of June 2001, the IUATLD was present at the United Nations General Assembly Special Session on HIV/AIDS through the organisation of a side event together with the Stop TB Partnership. During this side event, an official statement on TB and HIV/AIDS was released and made widely available to the official delegations and NGOs.

The International Union Against Tuberculosis and Lung Disease (IUATLD), on the occasion of the UN General Assembly Special Session on HIV/AIDS, commends the allocation of global funds for the care, treatment and prevention of HIV/AIDS, tuberculosis and other infectious diseases as a necessary response to the devastating health and economic burden that many low-income countries bear due to these diseases.

IUATLD statement on TB and HIV/AIDS

The IUATLD wishes to emphasise that:

- TB be specifically recognised as the most common opportunistic infection which has a major impact on the health and lives of people with HIV/AIDS yet can be cured at low cost.
- A "Global TB Drug Facility" has recently been launched by the Stop TB Partnership, a partnership hosted by WHO. It will facilitate access to TB drugs for countries with a high prevalence of TB.
- Undue pharmaceutical and trade interests should be excluded from these global commitments to provide access to treatment, which should be considered as a basic human right.

The IUATLD therefore requests that, in the Declaration of Commitment on HIV/AIDS:

- TB be specifically recognised as the most common opportunistic infection which has a major impact on the health and lives of people with HIV/AIDS yet can be cured at low cost.
- Expansion and improvement of the DOTS strategy for TB control, including the support of the Global TB Drug Facility, be acknowledged as an integral part of our efforts to confront the TB and AIDS epidemics and funds be allocated accordingly.
### Clinical trials

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<td>KATHMANDU</td>
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<td>COTONOU</td>
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<td>NEPALGANJ</td>
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<tr>
<td>TIANJIN</td>
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<td>39</td>
<td>April 2000</td>
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<tr>
<td>MOSHI</td>
<td>200</td>
<td>47</td>
<td>May 2000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1600</strong></td>
<td><strong>1252</strong></td>
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</tbody>
</table>
Twenty-four scientific articles were published during the year in peer-reviewed scientific journals, including: Acta Obstetrica Gynecologica Scandinavica, American Journal of Respiratory and Critical Care Medicine, Archive Bronconeumologica, Enfermedades Emergencia, British Journal of Obstetrics and Gynaecology, European Journal of Public Health, European Respiratory Journal, International Journal of Tuberculosis and Lung Disease, Lancet, Medical Clinics (Barcelona), Revu Patologica Respiratoria, New England Journal of Medicine, Scandinavian Journal of Infectious Disease, Scottish Medical Journal. Another 12 publications, including books, book chapters and communications, were published in non peer-reviewed journals during the year.

Other research activities

Tobacco Prevention Activities

The IUATLD has since 1986 augmented its anti-tuberculosis activities by fighting other factors affecting lung health. The activities of the Tobacco Prevention Division in 2000-2001 included the development of research protocols to extend the activities of health workers to include tobacco control, to investigate relationships between tobacco use and tuberculosis infection and cure rates, and to survey populations on knowledge, attitudes and behaviours related to tobacco use. Research activities also included reflection and consultation on the use of harm reduction strategies as a public health measure in tobacco control.

Asthma research

ISAAC Study phase III in Africa

Centres for phase III of the study were recruited in 14 French-speaking African countries.

The same centres as in phase I (Algeria, Morocco, Guinea and Tunisia) were recruited to analyse asthma trends, and the new centres (Cameroon, Ivory Coast, Congo, Mali, Morocco, Democratic Republic of Congo, Senegal, Tunisia, Togo and Sudan) were recruited for a first prevalence study. In phase III, in addition to the prevalence study, research into risk factors will be conducted in several centres using an environmental questionnaire.
I am pleased to submit the annual Report of the Treasurer of the International Union Against Tuberculosis and Lung Disease (IUATLD) for the fiscal year ended 30 June 2001. The financial statements and the accompanying notes of the IUATLD include all funds and accounts for which the Board of Directors has responsibility.

The auditor, KPMG, provides an independent opinion regarding the fair presentation in the financial statements of the IUATLD’s financial position. Their opinion appears on page 34. Their examination was made in accordance with generally accepted auditing standards and included a review of the system of internal accounting controls to the extent they considered necessary to determine the audit procedures required to support their opinion.

Financial overview

The IUATLD operated within the framework of a balanced budget, donors continued their generous commitment to our programmes, and our balance sheet experienced favourable financial results for the fiscal year that ended 30 June 2001. Through careful fiscal management, our operating budget finished the year with a surplus of 77,543 € (US$ 65,710).

We continue to finance a significant portion of our major activities and budget requirements through grants and gifts. Grants and managed funds, as a percentage of total revenue, represent 68 percent of total revenue. Grant revenue is expected to increase significantly, over the next few years, as a result of increased funding for tuberculosis control by many development agencies.

Three additional factors, although not as obvious as the above, play key roles in supporting the IUATLD’s financial position. They are: conservative use of unrestricted income, controlled spending of operational resources, and investments in human resources.

A critical question for any organisation is whether revenues exceed expenditures. If they do, the organisation will be able to retain a portion of revenues for use in future years when needs may exceed resources.

Financial statements

This report describes the financial position of the IUATLD. The document in the following pages consists of the audited financial statements for Fiscal Year 2001 audited by KPMG.

The audited financial statements present a snapshot of the IUATLD’s entire resources and obligations at the close of the fiscal year. Because the period of time of Fiscal Year 2000 was six months only, it will not be possible to make comparisons with previous fiscal years. The presentation of these financial statements permits a meaningful interpretation of the financial health of the IUATLD. A complete Audit Report, including detailed comments and notes to supplement the Balance Sheet and the Income and Expenditure Accounts, is available upon request.

We have also presented the accounts in Euros and US dollars in order to facilitate comparison of accounts.

I would like to thank all our members and our donor agencies for their support; their financial contributions make the work of the IUATLD possible.

Thank you.

Louis-James de Viel Castel, Treasurer
**Fiscal Year 2001 (1 July 2000 - 30 June 2001)**

**IUATLD Budget**
- **Revenues**
- **Expenditures**

**Financial Year 2001 Expenditure**

- **$ 4,912,722**
  - Courses
  - Managed Funds
  - Administration
  - Publications
  - Conferences
  - Technical Assistance
  - Travel
  - Other

**Financial Year 2001 Sources of Revenues**

- **$ 4,978,432**
  - Membership
  - Grants and Gifts
  - Managed Funds
  - Conferences
  - Courses
  - Other income

*Budget plan*
## Balance Sheet

### Assets

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<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
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<tr>
<td></td>
<td>€</td>
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<tr>
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<tr>
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<td>Fixtures and equipment</td>
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<td>Other tangible assets</td>
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<td><strong>Mutual assistance</strong></td>
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<td>Receivables from French Cooperation</td>
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<td>2 703 413</td>
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<td>Cash and bank</td>
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<td><strong>Total</strong></td>
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<td><strong>Transitory assets</strong></td>
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<tr>
<td>Prepaid expenses</td>
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<td><strong>Total assets</strong></td>
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<td>5 881 674</td>
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</table>

* six months only

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* FY 2000: 1 US$ = 0.9545 €
* FY 2001: 1 US$ = 0.8474 €

Source: Federal Reserve Bank of the United States of America
# Finances

1 July 2000 – 30 June 2001

## Liabilities

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<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
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<td>Loss brought forward</td>
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<td>(12 792)</td>
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<td><strong>Investment grant</strong></td>
<td>2 433</td>
<td>2 322</td>
</tr>
<tr>
<td><strong>Dedicated funds</strong></td>
<td>271 563</td>
<td>259 207</td>
</tr>
<tr>
<td><strong>Debts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowing from credit institutions</td>
<td>807 886</td>
<td>771 127</td>
</tr>
<tr>
<td>Trade creditors and similar accounts</td>
<td>223 282</td>
<td>213 123</td>
</tr>
<tr>
<td>Tax and social security</td>
<td>164 331</td>
<td>156 854</td>
</tr>
<tr>
<td>Debts to funds managed by the IUATLD</td>
<td>523 835</td>
<td>500 001</td>
</tr>
<tr>
<td>Other debts</td>
<td>204 035</td>
<td>194 751</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 923 369</strong></td>
<td><strong>1 835 856</strong></td>
</tr>
<tr>
<td><strong>Transitory liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next year's individual members and constituent members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other deferred</td>
<td>3 510 107</td>
<td>3 350 397</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>6 162 047</strong></td>
<td><strong>5 881 674</strong></td>
</tr>
</tbody>
</table>

* six months only
### Operating income

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Contributions</td>
<td>481,400</td>
<td>459,496</td>
</tr>
<tr>
<td>Operating grant</td>
<td>123,572</td>
<td>117,949</td>
</tr>
<tr>
<td>Grants and gifts</td>
<td>1,840,159</td>
<td>1,756,432</td>
</tr>
<tr>
<td>Write back of provisions and transferred charges</td>
<td>83,467</td>
<td>79,669</td>
</tr>
<tr>
<td>Write back of dedicated funds</td>
<td>228,095</td>
<td>217,717</td>
</tr>
<tr>
<td>Other income</td>
<td>38,516</td>
<td>36,764</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,795,209</strong></td>
<td><strong>2,668,027</strong></td>
</tr>
</tbody>
</table>

### Operating expenses

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>External charges</td>
<td>866,699</td>
<td>827,264</td>
</tr>
<tr>
<td>Taxes</td>
<td>50,897</td>
<td>48,581</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>303,224</td>
<td>289,427</td>
</tr>
<tr>
<td>Social contributions</td>
<td>190,754</td>
<td>182,075</td>
</tr>
<tr>
<td>Depreciation charges and addition to provisions</td>
<td>98,143</td>
<td>93,677</td>
</tr>
<tr>
<td>Obligations for specific projects</td>
<td>147,763</td>
<td>141,040</td>
</tr>
<tr>
<td>Obligations for other projects</td>
<td>3,896</td>
<td>3,719</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1,104,943</td>
<td>1,054,668</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,766,319</strong></td>
<td><strong>2,640,451</strong></td>
</tr>
</tbody>
</table>

**Operating result**

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td></td>
<td>28,800</td>
<td>27,490</td>
</tr>
</tbody>
</table>

* six months only
## Financial Income

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Interest and similar income</td>
<td>1 974</td>
<td>1 884</td>
</tr>
<tr>
<td>Financial income from securities</td>
<td>657</td>
<td>627</td>
</tr>
<tr>
<td>Foreign exchange profits</td>
<td>29 478</td>
<td>28 137</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32 109</strong></td>
<td><strong>30 648</strong></td>
</tr>
</tbody>
</table>

## Financial Expenses

<table>
<thead>
<tr>
<th></th>
<th>Financial Year 2000*</th>
<th>Financial Year 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>US$</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>15 551</td>
<td>14 843</td>
</tr>
<tr>
<td>Losses related to financial assets</td>
<td>1 573</td>
<td>1 501</td>
</tr>
<tr>
<td>Discount on libraries</td>
<td>1 774</td>
<td>1 693</td>
</tr>
<tr>
<td>Foreign exchange losses</td>
<td>3 665</td>
<td>3 498</td>
</tr>
<tr>
<td>Addition to provisions against financial assets</td>
<td>189</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22 752</strong></td>
<td><strong>21 717</strong></td>
</tr>
</tbody>
</table>

## Net Financial Income

<table>
<thead>
<tr>
<th></th>
<th>€</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Financial Income</strong></td>
<td><strong>9 357</strong></td>
<td><strong>8 931</strong></td>
</tr>
<tr>
<td><strong>Result on ordinary operations</strong></td>
<td><strong>38 157</strong></td>
<td><strong>36 421</strong></td>
</tr>
<tr>
<td><strong>Net result for the financial year</strong></td>
<td><strong>38 157</strong></td>
<td><strong>36 421</strong></td>
</tr>
</tbody>
</table>

* six months only
Acknowledgements

Finances

The work summarised in this Activity Report would not have been possible without the assistance of our donors and supporters. We would like to express our gratitude to the following organisations for their financial support during the past year:

Bill and Melinda Gates Foundation
British Columbia Lung Association
Centers for Disease Control and Prevention, USA
Chest Heart and Stroke Scotland (CHSS)
Conrad Hilton Foundation
Department for International Development (DFID), UK
Fogarty Foundation
French Ministry of Foreign Affairs
Global Alliance for TB Drug Development
International Asthma Council
International Tuberculosis Foundation (ITF)
Misereor
Norwegian Agency for Development Cooperation
Norwegian Heart and Lung Association (HLH)
Pan American Health Organization
Royal Ministry of Foreign Affairs, Norway
Sequella Global Tuberculosis Foundation
Swiss Agency for Development Cooperation
TB Alert
United States Agency for International Development (USAID)
World Health Organization / STOP TB Partnership

We would also like to express our sincere thanks to the following people who were Benefactor Members of the IUATLD in 2001:

William Beckett (USA)
Margaret R Becklake (Canada)
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The team of 23 hard working, energetic consultants and staff at the Paris Secretariat enables the IUATLD to fulfil its mandate to improve lung health in low-income countries. IUATLD staff are guided by the organisation’s core values: technical ability—benefiting our partners with our imagination and execution and our members with the quality of our support and services; accountability—meeting our far-reaching obligations to the scientific community, to our members, and to the communities we serve; and commitment—providing our services with the utmost dedication to quality.

The Secretariat is headed by Dr Nils E Billo, the Executive Director. It is composed of three departments and a separate unit:

The Department of Scientific Activities, headed by Professor Donald Enarson, is composed of the Tuberculosis Division, the Child Lung Health Division, the Tobacco Prevention Division and the Asthma Division.

The Department of Finance and Development is composed of Accounts, Communications and Fundraising, Membership and Logistics.

The Department of Education and Conferences, headed by Dr Raul Diaz, is responsible for the organisation of the IUATLD’s conferences, courses and publications, and includes the Annik Rouillon Documentation Centre.

A Health Policy Unit was created to focus on national and global health policy issues in lung health.

The Editorial Office of the International Journal of Tuberculosis and Lung Disease is housed at the IUATLD headquarters. The Editor-in-Chief is Dr Michael Iseman, in Denver, Colorado.

Dr Paula Fujiwara joined the IUATLD in April 2001 as Deputy Executive Director.

Further changes are planned in the organisation of the Secretariat for the next fiscal year, and will be outlined in the next Activity Report.

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IUATLD Members, organisations and individuals throughout the world, are dedicated to the prevention and control of tuberculosis, lung diseases and related community health problems. Membership benefits include The International Journal Against Tuberculosis and Lung Disease, the Newsletter, the technical guides, the opportunity to join any of the seven Scientific Sections, and discounts on the registration fee when attending IUATLD Conferences.

The IUATLD has more than 140 constituent and organisational members worldwide. Their contact information can be found on the IUATLD website: www.iuatld.org.

**IUATLD Members**

**IUATLD Individual Membership by Region**

- Europe: 30%
- Africa: 20%
- Asia: 20%
- North America: 17%
- Latin America: 9%
- Middle East: 3%
INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE
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