

The Union

THEUNION.ORG

100

1920 — 2020
**CELEBRATING
A CENTURY OF
LEADERSHIP IN
LUNG HEALTH**

BUILT ON STRONG FOUNDATIONS

One hundred years ago, representatives from 31 countries, recognising that a global health crisis – tuberculosis (TB) – could not be defeated without international collaboration and knowledge sharing, came together and founded The Union. Today, as the world struggles to confront a new infectious respiratory disease – COVID-19 – our founders’ vision remains as relevant as ever.

It is remarkable to think that our founders were convening around a common ethos of global collaboration to develop methods to treat, cure, and end TB in 1920, at the same time that world governments had only just realised these principles themselves in establishing the League of Nations, the first worldwide intergovernmental organisation.

Throughout our centennial year, and beyond, we pay tribute to their exceptional foresight, their principles and their determination to fight TB as well as for shaping the beginnings of the strong, democratic and driven organisation that The Union is today.

Since those humble beginnings we, as a global health community, have made immense progress against the formidable challenge that is TB. There have been successes along the way: the development of the BCG vaccine in 1921; the discovery of streptomycin in 1943; the development of the DOTS strategy in the 70s and 80s; shortened treatment regimens for multidrug-resistant TB (MDR-TB) in the past decade; improved TB preventive therapies and a concerted effort towards a strategy of prevention as an essential component of ending TB; and, recently, a potential new vaccine on the horizon.

We have seen significant progress against tobacco use and lung disease as well – from the establishment of the World Health Organization’s Framework Convention on Tobacco Control (WHO FCTC), the first-ever global health treaty, and an

increased focus on non-communicable diseases (NCDs) and tobacco’s role in causing them, to greater understanding of the interrelatedness of diseases like TB and diabetes, and increased political will around health issues with United Nations High-Level Meetings on TB, NCDs and universal health coverage taking place over the past decade.

The Union has supported and contributed to these efforts with the experience gathered from working on the frontlines of public health and with the evidence we generate through scientific research, using it as the basis for influencing public health priorities at the highest levels and for shaping the agenda for solving some of the world’s most urgent global health issues.

But despite this progress, there is still much more to be done. TB causes more deaths each year than any other infectious disease in the world, tobacco use is a leading cause of NCDs and the tobacco industry’s sights remain set on developing novel products to addict a new generation of users. The air we breathe is posing a growing threat to lung health and we’re seeing an increasing prevalence of asthma and other chronic respiratory diseases. And the ongoing coronavirus pandemic poses new challenges to lung health and threatens the immense progress we have made.

A UNITED MOVEMENT FOR LUNG HEALTH

One of the unique features of The Union – and one that marks it out amongst the many international organisations and agencies working to promote health – is the fact that it remains a membership organisation, today with individual and organisational members in 129 countries around the world.

The Union is its members – from the 31 countries that came together to establish our organisation in 1920, to the dedicated members of our Board

of Directors who provide guidance and strategic leadership, to those on the Coordinating Committee of Scientific Activities (CCSA) who shape and develop the scientific programme of the Union World Conference on Lung Health, and the affected community members and civil society who volunteer their time on The Union's Community Advisory Panel to ensure all voices are heard in our movement for lung health.

Our members donate their time in support of our strategic direction but also in support of common goals and priorities for lung health. Through The Union, they come together across seven regions to tackle issues ranging from TB in prisons and tobacco industry interference, to clean air and child lung health.

It is thanks to the dedication of our members, and others like them in the global health community, who have tirelessly pushed for progress against TB and lung disease, despite what at times appeared to be waning attention, funding and political will, that public health achievements have been won.

The global fight against TB had been gaining ground in recent years, with ambitious targets set by the Sustainable Development Goals, WHO's End TB strategy and the Global Plan to End TB.

At the UN High Level Meeting on TB in 2018, those who have been working in TB for decades saw, for the first time, world leaders come together not only to acknowledge the scale of the problem but to commit to clear, measurable targets.

The Union has provided the platform and leadership in the face of these challenges – providing support and technical guidance to TB programmes over our long history, conducting research into new and shorter treatment regimens, advocating for increased funding into research and development, and supporting TB survivors and advocates to gain a seat at the table.

The Union has worked to raise awareness of the neglect of children in the TB response, and to ensure that a target for TB prevention for children, people living with HIV, and others at-risk of developing TB, was included in the HLM

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commitments agreed by the resulting political declaration. The launch of a white paper calling out the silent epidemic of child TB, and collaboration with WHO and other partners to develop a roadmap towards ending TB in children and adolescents, paved the way to this moment.

To support national TB programmes and governments to implement prevention programmes, The Union's Child and Adolescent TB Centre of Excellence was established to develop, strengthen and support regional networks. The Union has developed proven models for prevention and provides technical assistance, guidance and research in support of global targets.




RESPONDING TO NEW THREATS

Our work has also provided a framework for integrated TB-HIV care through a history of success in Myanmar. The Union's Integrated HIV Care (IHC) Programme grew from small beginnings – treating 190 people in 2005 – to become a key component of Myanmar's national HIV strategy. There, we have built a strong support network for people living with HIV and provide antiretroviral therapy to more than 3 3,000 people throughout the country.

Despite significant progress against HIV around the world, TB remains one of the leading causes of death among people living with HIV. With COVID-19 further threatening the health of this at-risk population, our global health community must ensure that HLM targets towards preventive measures and better integrated health services are met.

UN High-Level Meetings on NCDs – three in the past decade – declared NCDs “one of the major challenges for development in the twenty-first century.” The global rise in NCDs – exacerbated by tobacco use globally – means diabetes and TB are increasingly working together.

The Union and the WHO began developing guidance for addressing TB and diabetes in 2009 with the launch of the Collaborative Framework for Care and Control of TB and Diabetes, which sparked actions on several fronts and stimulated pilot projects, national policy dialogue, and new research. In 2014, a report co-authored by The Union and the World Diabetes Foundation (WDF) warned of a ‘Looming Co-epidemic of TB-Diabetes’, and 100 public health officials, leading researchers and civil society gathered in Bali to call for coordinated TB-diabetes treatment at all levels of the healthcare system. In 2019, The Union and WDF published a technical guide for the co-management of diabetes and TB, providing essential information for frontline health professionals managing and caring for people with both diseases.



Treatment is very, very hard. But I am persevering because of my son.

Esther, 23, was born with HIV and tested positive for TB while pregnant with her son, now four months old. Through The Union's DETECT Child TB project, Esther began TB treatment just after giving birth and her son was placed on preventive therapy.

DETECT Child TB is a Union pilot project that decentralises health services to detect and treat TB in children and conducts household contact tracing to ensure those at-risk receive TB preventive therapy.

With Union support, Shenzhen became one of the first cities in China to ban e-cigarette use in all indoor and some outdoor public places where cigarette smoking is already banned, under the city's smokefree law established in 2014.

**本区域
全面禁止吸烟**
This area is smoke-free
(含电子烟)
(Including E-cigarettes)



违者罚款50-500元
Penalty for violation is ¥50-500
深圳市人民政府监督投诉电话 12345
Complaint hotline 12345

GLOBAL LEADERSHIP IN TOBACCO CONTROL

Union leadership in reducing tobacco use – both a leading risk-factor for developing NCDs and a complicating factor for people with TB – dates back to 1994 when The Union helped to found the International Non-governmental Coalition Against Tobacco (INGCAT). When the WHO FCTC was initiated in 1996, INGCAT provided a voice for its members in the development of this first public health treaty.

With a focus on supporting low- and middle-income countries against targeting by the tobacco industry, The Union's network has supported the development of practical strategies for tobacco control in these high-burden settings. It's technical guide, published in 1998, was the first to address tobacco control issues from the perspective of these countries.

As the tobacco industry has looked to novel products like e-cigarettes to skirt regulations and addict new and younger users across the world, The Union is one of the few voices providing leadership on how to protect populations in low- and middle-income contexts.

With our support, and working in partnership with our powerful network of partners, grantee organisations, government and members, many governments have since achieved 100 percent smoke free environments, have improved their tobacco control legislation and are investing in training public health professionals.

SCIENTIFIC COLLABORATION ON A GLOBAL SCALE

The Union World Conference on Lung Health and our region conferences – organised in partnership with our member organisations – attract a diverse community of people from across the world working to improve lung health. Our conferences and events are in many ways The Union's first activities. The Union, then named the 'International Union Against Tuberculosis' (IUAT), convened its first international conference on TB at the Sorbonne in Paris in 1920 – though we trace our roots to gatherings held as far back as 1867. Our two scientific peer-reviewed journals, the International Journal of Tuberculosis and Lung Disease (IJTLD) – whose history dates to 1923 when the first issue of the IUAT Bulletin was published – and Public Health Action publish the latest scientific research from across the field.

The interconnected nature of lung diseases and respiratory issues means The Union's vast network creates connections and inspires research across specific disease fields, and leads to better and more inclusive health solutions.

We have set ambitious goals and today continue to strive to meet global health targets, to end TB, improve treatments for chronic lung disease, implement strong tobacco control policies and better integrate health services to ensure we treat people rather than individual health issues.

The achievements listed here are only a few of the many we have made throughout the past century. We have come far, but there is far more to be done to ensure health solutions for all those in need.

Roulatou, three years old, was photographed at a TB clinic in Benin with her mother as she waited for her first visit with the nurse as part of The Union's TITI study into preventive TB therapy for children.

APPLYING OUR FOUNDING PRINCIPLES TO CHALLENGES NEW AND OLD

Progress towards building a stronger and more united response to lung health is now threatened by COVID-19.

COVID-19 has underscored what we have long known in The Union – that while no one is immune from illness and disease, inequalities exacerbate health challenges and, all too often, it is those in lower economic strata who suffer the greatest consequences of disease.

We have been inspired to see our members and partners coming together once again to embrace our founding principles in order to secure the progress we have made against TB, tobacco use and lung disease, and ensure accessible solutions in the face of this new global health crisis. Our community has mobilised against the threat of COVID-19, working to quickly consolidate guidance, share observations from the field,

and facilitate open discussion through various channels, including fast-tracked research to the IJTLD and a series of online discussion sessions and webinars.

As the world frantically searches for a vaccine, it also brings home to us how important prevention, as well treatment, is in the battle against illness and disease.

Advancing prevention – the theme of this year’s 51st Union World Conference on Lung Health, and our first-ever virtual event – could not be more fitting as across the world public health responses are relying on prevention in the face of a disease for which we do not yet have effective treatments or a vaccine.

Preventing TB, lung disease and the uptake of tobacco products is more important than ever, where clear guidance and evidence about pre-existing conditions, new co-morbidities and potential outcomes is still lacking.

The data are still emerging, but evidence already demonstrates the negative impact of tobacco use on lung health and its causal association with a large range of respiratory diseases, including COVID-19. Smoking weakens the immune system and its responsiveness to infections, making smokers more vulnerable to infectious diseases.

People who have recovered from TB often suffer lasting lung damage that may place them at greater risk of developing severe strains of COVID-19. And TB programmes and other health services are threatened by a potential diversion of resources to confront a new health challenge, with some models warning of a set-back in the fight against TB of at least five years.

And as levels of air pollution grow, leading to a rise in asthma and chronic respiratory diseases, lung

disease is quickly becoming an issue for everyone who breathes.

Yet we are increasingly identifying the interconnectedness of disease, not only in realising the interactions of one disease on another, but also the effects of disease on the economy, productivity, social structures and equality, and moving towards a more holistic approach to health.

Universal health coverage is gaining momentum, and we are learning to invest in our specialists and develop areas of expertise while aiming to provide each individual person with health services that better recognise their needs.

It took a pandemic to drive our point home – but public health is now clearly cemented as a multi-sectoral issue which demands a coordinated global response and political will at the highest levels.

It is with these lessons in mind that we move into our next century. Our founding vision will serve us well as we strive for greater collaboration to prevent the suffering caused by lung diseases new and old.

We thank you for your support over the years and look forward to progress yet to be made.

José Luis Castro

José Luis Castro
Executive Director

Guy Marks

Prof Guy Marks
President

1920–2020 A CENTURY OF LEADERSHIP IN LUNG HEALTH

Over the course of its first 100 years, The International Union Against Tuberculosis and Lung Disease has seen two World Wars, countless scientific advances in the fight against TB and other lung diseases, the emergence of new global pandemics and the first fully virtual Union World Conference on Lung Health.

“It is a necessity for all countries wishing to eradicate tuberculosis to agree among themselves on the methods of fighting it, to agree on the most effective weapons, and to forge... them jointly against the common enemy. It is in this spirit and for these ends that we wish to create an International Union Against Tuberculosis.”

PROF LEON BÉRNARD, FRENCH NATIONAL COMMITTEE
17 OCTOBER 1920, PARIS, FRANCE



1920

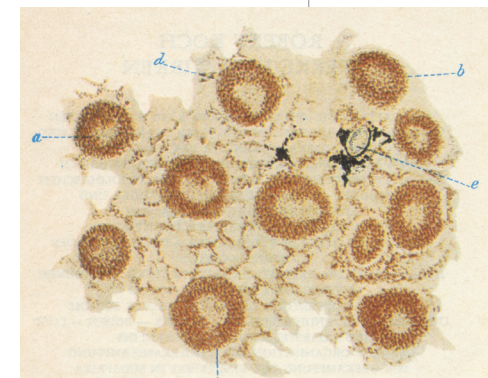
At the first post-war conference, held in Paris in 1920, 31 nations founded the International Union Against Tuberculosis (IUAT).

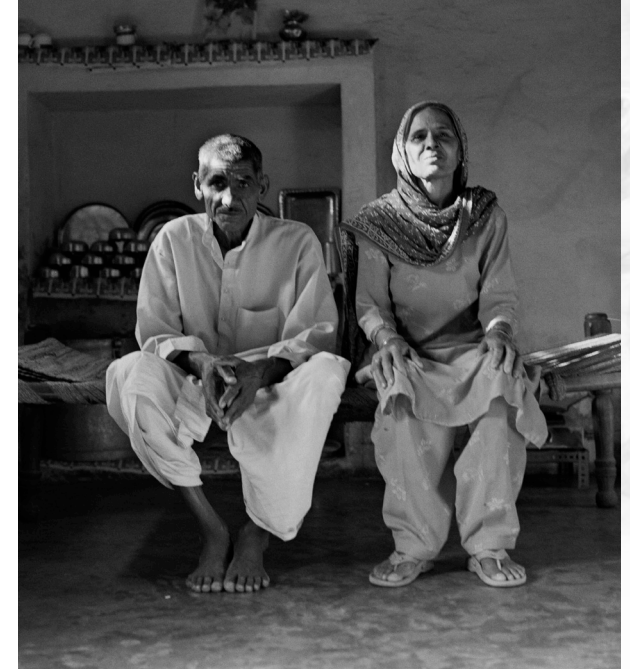
1921

Albert Calmette and Camille Guérin, active IUAT members, develop the BCG vaccine against TB first used in humans.

1923

The first issue of the quarterly IAUT Bulletin is published. The Union’s International Journal of Tuberculosis and Lung Disease (IJTLD) traces its roots to this Bulletin.





1930s

10 international conferences held between 1920 and 1939 focus on the fundamental, biological, clinical and social aspects of TB.

1946

The World Health Organization is created. The IUAT is the first NGO to be officially recognised by WHO.

1948

First trial of streptomycin reveals both the efficacy of the drug against TB and bacterial drug resistance.

1950

Link between smoking and lung cancer established.

1957

Sir John Crofton, IUAT member and later chair of the organisation, treats TB with a combination of antibiotics, making it curable for the first time.

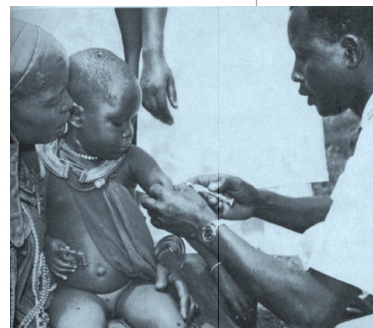


1960s

The IUAT plays a central role in international clinical trials to determine the best ways to use the new tools for TB treatment.

1961

The IUAT launches the Tuberculosis Mutual Assistance Programme to encourage transfer of technology, resources and information from industrialised nations to developing countries through national lung associations.



1965

The IUAT co-founds the Tuberculosis Surveillance Research Unit (TSRU), an international research body with Dr Karel Styblo as Principal Investigator and Director.

1969

The International Union Against Tuberculosis publishes its first technical guide and contributes to annual international courses on TB control sponsored by the WHO.

1970s

The Union develops a multi-faceted TB control model based on government commitment, diagnosis by microscopy, standardised treatment, uninterrupted drug supplies and recording/reporting of outcomes.

1978

Nine high-burden, low-income countries pilot the strategy, which proves both effective and cost-effective.

1981

The HIV/AIDS epidemic begins and creates a new crisis for TB control.

1982

World TB Day is established on 24 March to raise awareness about the disease.

1986

The IUAT publishes the Tuberculosis Guide for High Prevalence Countries – today known as The Union's popular 'Orange Guide', now in its seventh edition.

US Surgeon General reports second-hand smoke can cause disease and death.

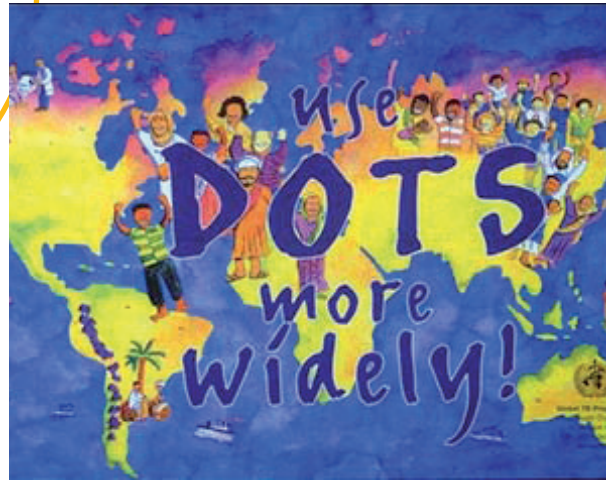


THE RISK OF TB IS
**16–27 TIMES
GREATER**
IN PEOPLE LIVING
WITH HIV



30,000,000

PREDICTED TB DEATHS
WITHOUT URGENT ACTION



On 20 October 1920, public health pioneers from 31 nations gathered in Paris, establishing The Union's foundations to combat a TB epidemic even more deadly and widespread than it is today. They succeeded in developing the first TB treatments and other public health practices that have saved millions of lives.

THE UNION'S
TOBACCO CONTROL
WORK HAS IMPACTED

3.69 BILLION

PEOPLE IN 37
COUNTRIES THROUGH
SMOKEFREE LAWS



1987

IUATLD delegation to WHO expresses fears about the impact of AIDS on TB control.

1992

More than 100 years after Koch's discovery, TB resurges in the US.

1993

WHO declares TB a global emergency and predicts 30 million people would die over the next decade without immediate action.

1995

WHO brands The Union model "DOTS" – directly observed treatment, short course – and adopts it as the global strategy for TB control.

The Union expands focus to include asthma, child lung health and tobacco control.

1996

The Union establishes the Tobacco Prevention Division to develop practical strategies for tobacco control in low-income countries.

1997

The first volume of The Union's peer-reviewed journal, International Journal of Tuberculosis and Lung Disease (IJTLD) is published.

2002

Global Fund to Fight AIDS, TB and Malaria approves first grants.

2003

WHO Framework Convention on Tobacco Control – the world's first public health treaty – passes into law.

2005

The Union's Integrated HIV Care (IHC) Programme for people living with HIV/AIDS works with national TB and AIDS programmes to integrate TB and HIV services in Myanmar, Benin, Zimbabwe, Uganda and DR Congo.

2006

The Union is named co-manager of the Bloomberg Initiative to Reduce Tobacco Use Grants Programme.

Global Plan to Stop TB 2006–2015 is announced. DOTS is the basis of the Stop TB Strategy.

2007

Outbreak of extensively drug-resistant (XDR) TB in South Africa raises fears about incurable TB.

2008

TREAT TB Initiative is launched to contribute to new knowledge through field evaluations of diagnostic tools, clinical trials and operational research benefiting TB control through a cooperative agreement with USAID.

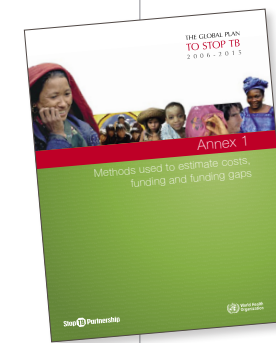
2011

The Union enters into a strategic collaboration with the International Study of Asthma and Allergies in Childhood (ISAAC) and creates the Global Asthma Network.

2013

E-cigarette boom requires effective regulation, says official Union statement advocating further research.

Two studies are investigating a nine-month regimen for MDR-TB: the STREAM Stage 1 clinical trial and a Union observational study in nine countries in Francophone Africa.





2014

Parliamentarians from five continents form the Global TB Caucus and sign on to the Barcelona Declaration, with commitments for sustained action and significant investment for TB.

2015

The Union’s DETECT Child TB project sees child TB detection rates double in Uganda with simple, scalable model.

With support from The Union, Uganda passes law in line with some of the strongest tobacco control policies around the world.

Following a report warning of a looming co-epidemic of TB and diabetes issued by The Union and the World Diabetes Foundation, health experts convene to sign the Bali Declaration, uniting the health community behind a global campaign to fight this twin scourge.

Union research calls for integration of tobacco control into TB and HIV care as a critical missed opportunity.

2016

Union launches Index of Tobacco Control Sustainability to assist countries to assess and guide national tobacco control programmes

STREAM Stage 2 clinical trial will test an all-oral nine-month treatment regimen for MDR-TB.



2017

The first-ever roadmap to combat transmission of bovine and zoonotic TB launched by Union and partners.

2018

The Union calls for urgent action to protect children from TB in new report ‘Silent Epidemic’.

The United Nations convenes the first-ever High-Level Meeting on TB, and sees world leaders commit to concrete, measurable actions for ending the epidemic.

The Centre for Operational Research publishes its 1,000th research paper.

Bloomberg Philanthropies announce The Union as a leader in a new US\$20 million global tobacco industry watchdog, called STOP.

2019

STREAM Stage 1 clinical trial results prove that a nine-month treatment regimen for MDR-TB is as effective as the 20-month regimen.

The first Survivors Summit takes place during the 50th Union World Conference on Lung Health with the aim of harnessing the power of community to build a more coordinated global advocacy movement.

2020

The Union commemorates its Centennial with friends and partners during the 51st Union World Conference on Lung Health, and the first-ever virtual conference in The Union’s history.

