

Annual Report 2020

The Union is a scientific, technical and membership organisation. Established in 1920, The Union strives to end suffering due to tuberculosis and lung diseases, old and new, by advancing better prevention and care. We seek to achieve this by the generation, dissemination and implementation of knowledge into policy and practice. We aim to ensure that no-one is left behind, people are treated equally and we have a focus on vulnerable and marginalised populations and communities.

This annual report provides a summary of The Union's activities during 2020.

Message from the President

2020 marked the beginning of The Union's Centennial year, and while this was an opportunity to celebrate our historic achievements, it also marked the beginning of a new era for The Union.

On 20 October 1920, public health pioneers from 31 nations gathered in Paris to establish the International Union Against Tuberculosis, an organisation determined to combat a TB epidemic that was even more deadly and widespread than it is today. They succeeded in developing the BCG vaccine, the DOTS strategy, the first TB treatments and other public health practices that have saved millions of lives.



An urgent mission inspired our founders. In 2020, we were met with an equally urgent need to act – the COVID-19 pandemic.

As The Union had in the past, we had a responsibility to respond to this global crisis. We did so in three ways. Firstly, by ensuring the safety of our staff and organisation, secondly, by protecting and caring for the people who rely on us, and thirdly, by contributing in every way possible to solving the crisis.

The pandemic created huge challenges for all our projects across the world, as we strived to deliver care to those in need safely and within the control constraints. However, challenges are nothing new to an organisation established over 100 years ago.

I am immensely proud of the way my colleagues have responded to the pandemic, as each department and office did not hesitate to act. We used our expertise to provide advice on infection prevention and control and supported programmes to keep running in such difficult circumstances. We were strong advocates for access and equity in testing and treatment in low- and middle-income countries.

Our ability to shift the 51st Union World Conference on Lung Health from a physical event in Seville, Spain to a virtual conference at such short notice was incredible, but not surprising.

At the beginning of 2020, The Union also faced its own critical financial challenges that required us to restore the organisation and improve our financial controls and systems. We have worked tirelessly to ensure that The Union enters its second century reinvigorated and fully focussed on our vision – a healthier world for all, free of tuberculosis and lung disease.

In my first year as President, and now Interim Executive Director, it is my privilege to share with you The Union's Annual Report for 2020, which provides details of some of our work from the year.

I sincerely thank our dedicated staff, consultants, members, donors, partners and friends who make all our work possible.

As The Union steps into its second century, we must remind ourselves of our vision of a healthier world for all, free of tuberculosis and lung disease.



PROFESSOR GUY B. MARKS

PRESIDENT AND INTERIM EXECUTIVE DIRECTOR OF THE UNION

2020 Highlights

Read about the work The Union's departments and country offices have done and the impact we have achieved around the world in 2020.

Tuberculosis

Contribute to the Elimination of Tuberculosis in Africa (CETA) Project

Kick-off meeting and overview

The CETA project aims to contribute to the elimination of tuberculosis (TB) in Africa by 2035. The kick-off meeting took place virtually on 30 July 2020, with the eight national tuberculosis programme managers and several partners (including Alliance Côte d'Ivoire, DRAF TB, Global Fund, WHO Global TB Programme, WHO TDR).

The project supports national tuberculosis programmes in eight countries (Benin, Burkina Faso, Cameroon, Guinea, Central African Republic, Niger, Senegal and Togo) with TB screening and prevention, improving healthcare delivery, and strengthening governance. The project works to create a network of African experts who support each other and have ongoing access to the expertise of The Union, through workshops, courses, conferences and online resources to continue to improve the care offered to people with or at risk of TB. This project is financed by The Agence Française de Développement.

Contact investigation

The first approach of CETA project aims to improve TB screening and prevention with a particular focus on improving access to care for vulnerable populations, such as people living with HIV and children under 5 years. Using contact investigation to help with the early detection of active TB, allowing those diagnosed to be treated quickly, and anyone in close contact to be given preventive therapy to stop the spread of the disease.

In 2020, 150 Basic Management Units (BMUs) were identified across the eight countries and 415 nurses and community health workers were trained. Funds were allocated for data collection tools, for home visits for transportation costs and for the supervision of the BMUs.

Sub-Saharan Africa Regional Child and Adolescent Tuberculosis Centre for Excellence (COE)

The COE is a virtual regional platform established in 2019 by The Union in collaboration with CDC-Global TB Branch, following a regional stakeholder meeting convened in Kampala, Uganda. The overall goal of the COE is to pursue the bold vision of the Childhood TB Roadmap by empowering national leadership, bridging the policy-practice gap, and fostering partnerships across the region to improve and expand interventions to end child and adolescent TB by providing a platform for sharing best practices and technical knowledge for solving common challenges for child and adolescent TB service provision in the region.



It is coordinated and based in The Union Uganda Country Office. The founding member countries are Ethiopia, Eswatini, Kenya, Malawi, Mozambique, Tanzania, Uganda, Zambia, and Zimbabwe. The COE has an Advisory Committee that consists of representatives from Baylor College of Medicine, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Stop TB Partnership, Unitaid, USAID, the World Health Organization (WHO), WHO African Regional Office, civil society, and Dr Jeffrey Starke (Texas Children's Hospital) and Dr. Anneke Hesseling (Desmond Tutu Centre) as individual members.

Activities carried out in 2020:

1. **COE Member country webinar series:** These webinars were aimed at promoting south-to-south sharing of country experiences, disseminate best practices, and facilitate information sharing on lessons learned and the latest child and adolescent TB management and care guidance with agreed-upon topics by member countries. Two webinars were held:
 - *Programmatic management of paediatric and adolescent TB in the initial COVID-19 response,*
 - *Best practices for a functioning national child and adolescent TB Technical Working Group; Maintaining and strengthening the group*
2. **COE Advisory Committee meeting:** A meeting was held on 5 July 2020 to discuss and develop virtual capacity building approaches and concepts for child and adolescent TB, and discuss relevant webinar topics for COE member countries. This meeting was attended by 11 out of the 13 Advisory Committee member organisations.
3. **Child and adolescent TB virtual country training programme:** This activity aimed to support member countries to develop and implement child and adolescent TB capacity-building strategies that target TB practitioners at the national, subnational, and facility levels.
4. **COE Symposium submission:** The COE presented its symposium titled [\(SP-30\) Towards a TB-free childhood: best practices to find, cure and prevent TB in children in Africa](#) at the 51st Union World Conference on Lung Health. The session was attended by 199 participants,

including paediatricians, clinicians, COE stakeholders, Ministry of Health and NTPs staff and implementing partners working in TB control.

5. **Conduct an assessment of Childhood TB Policy & Governance in member countries participating in the Sub-Saharan Africa Child & Adolescent TB Centre of Excellence:**

Protocol to conduct this assessment was finalised by The Union and CDC.

Centre for Operational Research

Despite the disruptions caused by the COVID-19 pandemic and cessation of the UK's Department for International Development (DFID) funding, the Centre for Operational Research (COR) continued with its impressive work through the year collaborating with other partners, such as the Special Programme on Research and Training in Tropical Diseases (TDR) and World Health Organization (WHO). We worked with TDR on SORT IT courses themed around antimicrobial resistance and worked with other WHO offices on tuberculosis.

Adapting and delivering online

COR was innovative and developed online courses on topics such as scientific paper writing, research protocol development and PubMed Search in order to adapt to the disruptions caused by COVID-19 pandemic. COR developed and delivered many short courses in India, Pakistan and Zimbabwe. Even the SORT IT courses were delivered online in collaboration with partners. A total of 195 papers were published during the year which included 111 original research studies. The links to some of the papers are provided below:

- **SORT IT course on Tuberculosis run by WHO country office in Uzbekistan:** https://www.mdpi.com/journal/ijerph/special_issues/tuberculosis_project_uzbekistan [11 papers from Uzbekistan published in a special issue of the *International Journal of Environmental Research and Public Health*]
- **SORT IT course on Tuberculosis run by WHO-EURO:** <https://www.monaldi-archives.org/index.php/macd/issue/view/103> [12 papers from Eastern Europe and Central Asia published in *Monaldi Archives of Chest Disease*; check under thematic articles in the above link]
- **SORT IT courses on antimicrobial resistance run by TDR:** https://www.mdpi.com/journal/tropicalmed/special_issues/AMR [21 papers from Asia and Africa published in a special issue of the *Tropical Medicine and Infectious Diseases Journal*]

COVID and its impact on TB and HIV services

COR led an operational research project on COVID and its impact on TB and HIV services in three African cities (Lilongwe in Malawi, Harare in Zimbabwe, Nairobi in Kenya). In April 2020, The Union worked with the national TB and national HIV/AIDS programmes in Kenya, Malawi and Zimbabwe, with the WHO Special Programme for Research and Training in Tropical Diseases (WHO-TDR) in Geneva and Vital Strategies in USA to develop the protocol for this work. The protocol was posted on The Union website in August so that other researchers and national programmes could use and adapt it for their needs in order to enable similar work to be carried out in other countries.

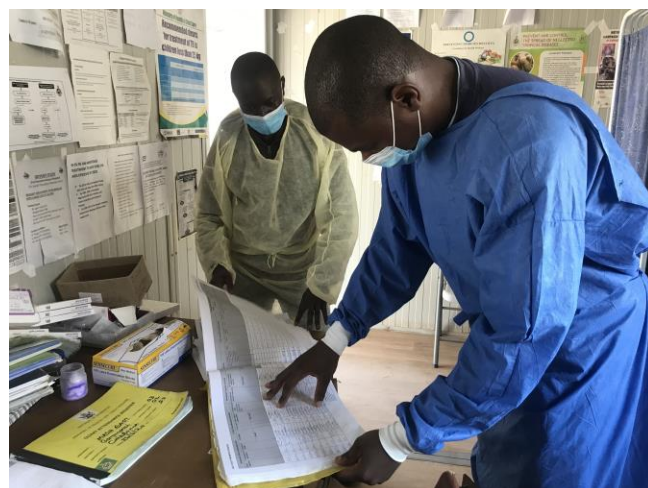
The Mid-Term Report showed two key analyses. First, a direct comparison of six-month aggregate TB and HIV numbers between March and August 2019 (the pre-COVID-19 period) and between March and August 2020 (the COVID-19 period). Second, the trends in key TB and HIV numbers in the COVID-19 period related to interventions designed to mitigate the impact of SARS-CoV-2 on TB

and HIV services. In summary, all three African cities saw a marked decline in TB case finding and HIV testing during the first six-months of the COVID-19 outbreak compared with a similar period of time the year before. TB treatment success decreased and this was largely due to an increase in patients “not being evaluated”. Referrals for antiretroviral therapy were not affected. The three cities had mixed success in mitigating the negative impact of the COVID-19 pandemic. The study was completed in 2021 and here are links to the four published studies from that work:

- *Operational Research to Assess the Real-Time Impact of COVID-19 on TB and HIV Services: The Experience and Response from Health Facilities in Harare, Zimbabwe:* <https://pubmed.ncbi.nlm.nih.gov/34072803/>
- *Assessing the Real-Time Impact of COVID-19 on TB and HIV Services: The Experience and Response from Selected Health Facilities in Nairobi, Kenya:* <https://pubmed.ncbi.nlm.nih.gov/34068615/>
- *Assessing the Impact of COVID-19 on TB and HIV Programme Services in Selected Health Facilities in Lilongwe, Malawi: Operational Research in Real Time:* <https://pubmed.ncbi.nlm.nih.gov/34069332/>
- *Real-Time Operational Research: Case Studies from the Field of Tuberculosis and Lessons Learnt:* <https://www.mdpi.com/2414-6366/6/2/97>

SORT IT skills support COVID response

Given the COVID-19 pandemic, we conducted a quick survey to 1) capture whether SORT IT alumni are contributing to the pandemic response, and if so, 2) map where and how they are applying their SORT IT skills. The analysis revealed that 302 (62%) of 488 SORT IT alumni who responded to the survey in 72 hours are currently involved with the COVID-19 response, and 219 (73%) are using the skills gained to tackle the pandemic. This finding shows that the SORT IT programme has equipped front-line health workers in 62 countries with the vital skills needed to respond to the unprecedented global public health emergency of COVID-19. More details can be accessed from this published paper: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7558759/>



Global public health consultancy

COR also undertook multiple consultancies and contributed to public health around the globe. One of our team members, Dr Srinath, worked as a consultant for WHO's South-East Asia Regional Office and did a situational analysis on the status of TB Preventive Treatment (TPT) implementation in 2018 and 2019. As per the commitment made by the Heads of the countries of the South-East Asia (SEA) Region during the 2018 United Nations High-Level Meeting (UNHLM) on TB, the regional target is to provide TPT to at least 10.8 million high-risk individuals (household contacts and people living with HIV) between 2018 and 2022. This situational analysis showed that overall in the SEA Region 1.2 million high-risk individuals were initiated on TPT during 2018 and 2019. At the current pace of implementation, the UNHLM TPT target for household contacts is unlikely to be achieved by 2022. In 2020, almost all 11 countries of the SEA Region had revised their policies in accordance with the latest WHO TPT guidelines. The major challenges for TPT scale-up in the SEA Region were resource shortages, knowledge and service delivery/uptake gaps among providers and service recipients, and the lack of adequate quantities of rifapentine for use in shorter TPT regimens. The situational analysis also highlighted that there were several regional opportunities to

address these gaps and countries must make use of these opportunities to scale up TPT services rapidly to meet the UNHLM TPT targets and reduce the TB burden in the SEA Region. More details at: <https://www.who.int/publications/i/item/9789290228059>

Another such consultancy with the WHO country office in Uzbekistan focussed on conducting a situational analysis of the health information systems (including a review all the health indicators for measuring sustainable development goals), identifying gaps and providing recommendations.

COR won a competitive bid to undertake an operational research study in Sri Lanka. This project was funded by the World Bank and aimed at assessing the implementation status of a primary health care system strengthening project with a focus on non-communicable disease services. The project was started in September 2020 and will be completed in October 2021.

Tobacco Control

COVID-19 and Smoking Publications

In May 2020, the Tobacco Control team published the first of eleven [scientific briefs on COVID-19 and smoking](#). The briefs, which were disseminated to Union staff, posted on our website, and shared with tobacco control and non-communicable disease (NCD) colleagues, examined and summarised the rapidly growing body of research demonstrating smokers' increased risk for advanced COVID-19 disease progression. We noted key study findings, pointed out important limitations and flaws, and examined how conclusions supported or contradicted other research.

The first brief, which became a living, frequently updated document, answers key questions about COVID-19 and smoking. Perhaps most importantly, it delineates three critical stages along the COVID-19 disease spectrum (infection with SARS-CoV-2; symptomatic infection that requires an outpatient visit or hospitalisation; and advanced disease progression that requires ICU admission, mechanical ventilation, or results in death) and explains where evidence stands at various points on the spectrum. Subsequent briefs — these were initially published every two weeks — explored other issues, including whether nicotine upregulates or downregulates ACE2, the receptor through which SARS-CoV-2 enters cells. We also explored — and debunked — the attention-grabbing thesis of three French studies suggesting that nicotine might have a protective effect against infection with SARS-CoV-2. In total, the team read nearly 1,000 epidemiological and biochemical studies and found that there was clear and sufficient evidence that smokers are vulnerable to the most extreme disease outcomes.

In addition to the scientific briefs, the Tobacco Control Department also published "[Smoking in COVID-19 times](#)" and "[COVID-19 information sheet](#)."

Novel Product Paper "Where Bans Are Best" and New Policy in Mexico

Just prior to World No Tobacco Day, the Tobacco Control team published its fourth paper on e-cigarettes and HTPs, "[Where Bans Are Best: Why LMICs' Must Prohibit E-cigarette and HTP Sales to Truly Tackle Tobacco](#)". We felt it was imperative to contribute to the discourse on this contentious subject with a particular lens on low- and middle- income countries, which have been largely ignored as discussions often pit the United Kingdom's approach to these products against the way in which they are regulated in the United States. The context in these countries — relatively early-stage tobacco epidemics, weak enforcement, lax regulations, significant tobacco industry interference, and extreme youth targeting — creates a perfect storm for e-cigarettes and heated tobacco products

(HTPs) to wreak tremendous destruction and significantly impede or roll back tobacco control progress.

Unlike The Union papers published in 2013, 2015, and 2018, “Where Bans Are Best” examines e-cigarettes and HTPs together, rather than in separate documents. This was done deliberately and reflects the recent popularity of HTPs, which may be considered part of an ever-expanding group of rapidly emerging novel products. The 2020 paper lays out 10 distinct but related arguments explaining why The Union recommends that LMICs ban these products before they inflict significant havoc and remain vigilant to industry interference to thwart protective policies.



The Department also contributed to and catalysed important policies that will save lives. In Mexico, where The Union has provided technical assistance to further tobacco control policies since 2006, the Government issued a February decree prohibiting the import of e-cigarettes and HTPs. The decree sends a clear message that public health should be protected at the highest level, above the commercial interests of the tobacco industry.

Global Implementation Hub

At the end of 2020, The Union launched an important new resource to help provide governments and public health practitioners with the tools they need to effectively implement tobacco control laws.

The [Tobacco Control Implementation Hub](#) aims to improve implementation of tobacco control laws, increase compliance, and ultimately protect people from the harms of tobacco. The Hub responds to the fact that while countries have made excellent progress in passing tobacco control laws, governments face many barriers in implementing and enforcing them. When laws are not well implemented, they do not protect people, creating massive distrust of the government.

Building on its network of leading experts in tobacco control, The Union's Implementation Hub empowers city officials and the tobacco control community.

The Hub is frequently updated with the latest practical tools, technical resources, guidance, evidence, and case studies, acting as a library and technical guide.

The Hub has five areas: a fully searchable resource library, a breakdown of key policy areas and elements of implementation, country hubs with guidance in local languages, and a directory of global experts. It includes signposting to key resources from trusted partners such as the World Health Organization, the Pan American Health Organization, the Centers for Disease Control and Prevention, Vital Strategies, Johns Hopkins University, Campaign for Tobacco Free Kids and more. The Hub was developed by The Union with support from Bloomberg Philanthropies as part of The Union's Global Implementation Programme.

Pakistan Comprehensive Ban on TAPS

At the end of January, Pakistan passed legislation banning tobacco displays at point-of-sale and immediately put the law into effect. Pakistan has one of the world's highest tobacco-related disease burdens and tobacco use accounts for 110,000 deaths each year, according to the Tobacco Atlas.

Still, around 1.4 million adults and 125,000 children in the country continue to use tobacco every day.

The tobacco industry often markets its products by displaying them at point-of-sale. The tactic works: it increases smokers' consumption and encourage non-smokers and children to purchase products. The [World Health Organization Framework Convention on Tobacco Control](#) strongly recommends comprehensive bans on tobacco advertising as a proven method to reduce tobacco use.

While Pakistan has made progress in strengthening legislation against tobacco advertising, promotion, and sponsorship in recent years, tobacco displays at point-of-sale persisted until this groundbreaking legislation. The Union supports Pakistan's tobacco control cell, which developed and passed this legislation. The Union will continue to support the government to effectively implement the ban now that legislation has passed.

Indonesia Tobacco Tax Increase

In Indonesia, the Ministry of Finance released a decree with a provision for increasing tobacco taxes. This provision generates government revenue, which can be used to fund universal health care, health systems and health programmes, all of which are strained from COVID-19 and the inordinately high burden of tobacco-related diseases.

The provision to raise tobacco taxes is part of an implementation strategy for the National Mid-Term Development Plan 2020-2024 (decree No. 77), which was issued on 30 June 2020. In addition to tobacco taxes, the decree also includes taxes on foods containing large amounts of sugar, salt, and fat, which are also non-communicable disease (NCD) risk factors.

Indonesia has one of the world's lowest cigarette prices, which significantly contributes to the country's high smoking rate. Making cigarettes less affordable through increased tobacco taxation is an evidence-based policy set out in the [World Health Organization's Framework Convention on Tobacco Control \(WHO FCTC\)](#) that is proven to reduce tobacco use. This 'win-win' measure uses tobacco taxation revenue to strengthen health systems that are strained from high smoking rates.

Implementing measures that reduce tobacco use are especially important during the COVID-19 pandemic. Tobacco is one of the leading risk factors for NCDs, and tobacco users and people with NCDs are at significantly greater risk for experiencing the virus' worst outcomes, including death.

The Union worked closely with Indonesia's Ministry of Health and the Ministry of Finance to increase policy awareness for the benefits of tobacco taxation and tax tier simplification. In partnership with our grantees through the [Bloomberg Initiative to Reduce Tobacco Use Grants Program](#), The Union is also involved in providing technical and strategic guidance for the National Mid-Term Development Plan 2020-2024.

Conference

2020 was a landmark year for The Union World Conference on Lung Health.

The Conference not only helped recognise and celebrate the 100th anniversary of the founding of the International Union Against Tuberculosis and Lung Disease in 1920, but also had to respond to a world transformed by the COVID-19 pandemic.

The planned location of Seville in Spain had to be changed at very short notice and the entire conference was created and delivered digitally.

The new format maintained the highest levels of scientific knowledge and research, for which the Conference is renowned, and offered improved access and engagement for a wider audience due to the virtual nature of the event.



The Conference attracted over 5,100 delegates, with India being the most represented country and Africa being the most represented continent. For the first time, The Union was able to offer fully supported registrations for all lung health survivors.

The main themes from previous conferences were developed through oral abstracts and symposium, a comprehensive TB Science programme was delivered, so too a wide range of Community Connect activities and special sessions on the global fight against COVID-19.

The Conference was broadcast across seven individual channels, for approximately ten hours per day for four days. Over 600 scientific abstracts and 400 e-posters were presented.

The Conference Opening Ceremony was a celebration of The Union's 100-year history.

With special presentations from HH Crown Princess Akishino of Japan, Dr Tedros Director-General of the World Health Organization, Claire Forlani actor and Union Ambassador, Divya Sojan TB survivor and nurse, and President Clinton, it was a validation of work of The Union and an endorsement of the ongoing mission to eradicate TB and promote improved Lung Health for All.

Training & Education

During 2020, Union Courses organised 55 training events, face-to-face and online, for a total of 562 hours of training, which is the equivalent to 70 days. Over 8,740 people have been trained globally.

Webinars series on COVID-19 and Lung Health

The Union, in collaboration with its global community of members, ran an open-access webinar series on COVID-19 and its intersection with tuberculosis (TB), tobacco control, lung disease and more. These webinars have been highly successful as over 4,800 participants have attended at least one of the 17 sessions organised.

From the post-webinar surveys, 93% of the respondents confirmed that the sessions delivered the information they expected to receive. In addition, 88% mentioned that as a result of attending the webinar they gained new knowledge applicable to their work.

Free Online Courses

The Union offers a range of online courses that are free to access on [Union Courses Online](https://www.theunion.org/courses), such as:

- The *Prevent Tuberculosis: Management of TB Infection* course helps improve diagnosis and treatment of TB, and increase country-level implementation of TB prevention. This course is available for free in English, French and Spanish.

- The *Child and Adolescent TB Training for Healthcare Workers* provides updated material that supports teaching and learning on TB in children and adolescents. This course content is available for free in English and in French.

Publishing

Early in 2020, it was apparent that the COVID-19 pandemic would have major repercussions for our publishing activities. Given the potential devastating impact of COVID-19 for people with related lung health risk factors and co-morbidities we immediately launched a 'Call for Papers on COVID-19'. This was implemented for both the [International Journal of Tuberculosis and Lung Disease \(IJTLD\)](#) and [Public Health Action \(PHA\)](#) so we could include operational research.

We also launched a fast-track publishing process to ensure important papers could quickly be reviewed and, if accepted, published as edited preprints within a matter of days. To ensure early adoption, these articles were all free to access on The Union website.

The first preprint, an Editorial by the Editor-in-Chiefs on the importance of wearing masks to reduce transmission, was published on 6 March 2020. [A total of 45 preprints were published over the course of the year.](#) These articles have been widely read, and we now see evidence that they are being highly cited.

In the [March issue of the IJTLD](#), we also published an Editorial on our plans to adapt and modernise the journal to better reflect the needs of our authors and readers. This included the addition of new article types (such as Letters), and a renewed focus on higher quality papers and the speed of peer review and publication. We also enhanced our in-house editing to ensure all articles are clearly written and well-presented.

In the [October issue of IJTLD](#) we published a special focus on Bedequiline – highlighting progress made over four years of the Bedequiline donation programme.

Asia Pacific Office

Indonesia

- In Indonesia, the Ministry of Finance released a decree to increase tobacco tax at an average rate of 23% and at an average rate of 35% on tobacco products. In addition to tobacco taxes, the decree also included taxes on foods that contain high amounts of sugar, salt and fat, which are also risk factors for non-communicable diseases (NCDs). This success was the direct result of effort by The Union, its partners and grantees who have been working closely with the Ministry of Health and Ministry of Finance to increase policy awareness for the benefits of tobacco taxation and tax tier simplification. [The full decree is available here in Bahasa Indonesian.](#)
- The Union worked with local partners including local health offices, civil society, universities and the Indonesia Mayors Alliance to drive progress at the sub-national level:



- 278 cities/districts adopted 100% smokefree local policies out of 514 local jurisdictions. These policies protect more than 170 million of Indonesia's population.
- Five cities (Depok, Kulon Progo, Lamongan, Karangasem, Tabanan) banned outdoor advertising and display of tobacco products at the point-of-sale.

Myanmar

- The Union supported the Ministry of Health and Sports to issue the Code of Conduct for Ministerial Staff dealing with Tobacco Industries (Directive No.91/2020). The directive applies to all health staff under the jurisdiction of the Ministry including health staff at the subnational level.
- In 2020, the fourth rotation of Myanmar's 75% pictorial health warning was implemented by almost all tobacco companies.
- The Union supported the development of the "Notification of Standardized Packaging for Tobacco Product" which was submitted to the Minister's office and Attorney General Office for approval.
- At a sub-national level, The Mayor of the Nay Pyi Taw Union Territory issued a notification on smokefree requirements. Smoking is now prohibited in hospitals, clinics, workplaces, public places, playgrounds; education facilities and commercial accommodation, which extends the requirements specified by the national tobacco control law and smokefree notification. Moreover, the wholesalers and retailers in Nay Pyi Taw must fully comply with Pictorial Health Warning requirements and Age Restriction requirements.

Nepal

- The Union, with grantee Action Nepal and 23 professional and civil society organisations, coordinated a call on the government to ban smoking to help curb the spread of COVID-19. This led to the Ministry of Health & Population requesting the Ministry of Federal Affairs (MOFA) and General Administration to impose a complete ban on smoking and tobacco products in public places across the country. Tobacco tax was also increased by 12% on all tobacco products.
- At a sub-national level, Action Nepal also supported MOFA to instruct all 750 sub-national jurisdictions to include tobacco control programmes within their health and COVID-19 response plans.
- For example the Bharatpur Metropolitan was supported the delivery of capacity building workshops on smokefree, the Mayor chaired of the 5th APCAT Summit and the region banned all hookah and shisha bars to help curb the spread of COVID-19.

Cambodia

- At the national level, the Ministry of Health issued a new rotation of Pictorial Health Warnings (PHWs) focusing on emphysema and heart disease.
- Across Cambodia 411 tobacco control inspectors have been nominated and trained.
- At the sub-national level, a tobacco control guideline was developed. The guideline focused on WHO MPOWER, quit smoking counselling and monitoring of smokefree work places and public places, tobacco advertising, promotion and sponsorship (TAPS) ban and PHWs. This led to:
 - 18 provinces monitoring smokefree, TAPS ban and PHWs – a compliance rate of 80% was found
 - Sub-National Tobacco Control Committees in 23 provinces were formed

- Four capacity building training sessions on tobacco control and regulations were delivered to local authorities in six districts of two provinces
- 12 new provinces joined the Cambodian Alliance for Tobacco Control (CAT), a sister alliance of Asia Pacific Cities Alliance for Tobacco Control and NCDs Prevention (APCAT)

Timor-Leste

- In 2020, our work ensured the implementation of Pictorial Health Warnings.
- Engaged activities were undertaken with policy makers and stakeholders (such as Director of NCDs, Ministry of Health, General Director of Borders and Port-Ministry of Finance, Head of Cabinet of AIFAESA, Advisor of National Parliament) regarding tobacco taxation increase, including:
 - 22 organisations were mobilised to call for government to increase tobacco tax
 - A policy brief to support tobacco tax increase was developed and submitted to parliament
- Sub-national tobacco control policies were initiated in two cities, Dili and Ermera.

Regional

- The 5th APCAT Asia Pacific Summit of Mayors was held on 17 December 2020 under the theme “Mayors’ response to non-communicable diseases (NCDs), lung health and tobacco use during COVID-19”. Mayors and sub-national leaders from Nepal, Philippines, Timor-Leste, India, Cambodia, Myanmar and Indonesia came together to share their insights and exchange experiences regarding the response to the COVID-19 crisis as well as Tobacco Control and NCDs Prevention. The packed summit was viewed by over 500 participants from 20 countries internationally. [Watch the 5th APCAT summit in full](#).
- The summit [presented the 5th APCAT declaration](#), which includes six points to accelerate progress towards eventually ending tobacco, as well as preventing the avoidable burden of COVID-19, NCDs and communicable diseases and thereby averting untimely deaths.

Latin America Office

Americas

The Union in collaboration with global partners published [“Smoking in times of COVID-19”](#). The report answers two key questions, ‘Are people who smoke more at risk of acquiring a SARS-COV-2 infection and developing COVID-19?’ and ‘Do people who smoke have a more severe evolution or worse prognosis if they acquire COVID-19?’.

The document concluded that taking into account the available information, it is pertinent to note that people who smoke and users of inhaled substances would have greater risks in the COVID-19 pandemic. Also that quitting smoking becomes a relevant preventive measure to better defend against SARS-Cov-2. Finally, [The Union held a webinar to present the report](#).

Brazil

The Union collaborated with the Center for Studies on Tobacco and Health (CETAB/ENSP/FIOCRUZ) to develop a [COVID-19 and SMOKERS thematic panel](#). The panel was built and made available with data science and artificial intelligence techniques for massive and

automated search of mentions (posts, news, comments, etc.) about the COVID-19 pandemic in digital media and social networks.

The Union also supported the CETAB/ENSP/FIOCRUZ to launch the new website for the [Observatory on Strategies of the Tobacco Industry](#) and the report on the Observatory's four-year activities.

Colombia

The Union, in coordination with grantee Fundacion Anaas, facilitated the creation of a virtual course for graduate students enrolled in the Health Management programme at Universidad Jorge Tadeo Lozano. The course was a platform that coordinated a network of 32 students in eight regions to collect information. As a result, the students reported more than 4,000 observations. The network allowed key aspects of the WHO Framework Convention on Tobacco Control to be monitored, such as: tobacco products prices at the point of sales, tobacco advertising, promotion and sponsorship (TAPS) ban, packaging, and labeling, and illicit trade.



In addition, students received brief instructions on electronic nicotine delivery systems (ENDS) market and were able to provide the first systematic inventory of these novel products in Colombia.

Furthermore, this virtual course has the possibility that more people can be trained in the future as it is hosted on the university's online educational system. This grant was supported by The Union under the [Bloomberg Initiative to Reduce Tobacco Use Grants Program](#).

El Salvador

The Union contributed to the publication of an academic paper in the BMJ Tobacco Control journal. "[Price and expenditure elasticity of cigarette demand in El Salvador: a household-level analysis and simulation of a tax increase](#)" was led by economist Guillermo Paraje. The paper concluded that increasing tobacco taxes has the potential to decrease consumption in El Salvador and raise fiscal revenues. It also found the tobacco tax burden in El Salvador is one of the lowest in Latin America and the social costs of tobacco consumption largely exceed the tobacco tax revenues. Thus, an increase in tobacco tax could significantly decrease the number of smokers and reduce the burden of tobacco-related diseases and deaths. This grant was supported by The Union under the [Bloomberg Initiative to Reduce Tobacco Use Grants Program](#).

Mexico

The Union, in collaboration with grantee Instituto Nacional de Salud Pública, published scientific report "[The ENDS Repository](#)". The report analysed the latest scientific literature between 2017 to 2019 related to ENDS products. Thus, the repository informed both decision-makers and society in general about the scientific evidence around these products. At the same time, it exposed potential conflicts of interest in studies financed by the Tobacco Industry. For example, one of its conclusions was that having links to Industry (in the form of contracts, grants, scholarships, or research support) increases the probability that an article presents a favourable conclusion to vaping by 21 times. This grant was supported by The Union under the [Bloomberg Initiative to Reduce Tobacco Use Grants Program](#).

The Union, in alliance with grantee Ethos Public Lab, published five investigative journalism reports on national media. The reports explored the interference techniques the Tobacco Industry set in motion within the Mexican context. Specifically, the reports expanded on tactics to [attract the youth with influencers](#), [during COVID-19](#), [to interfere with taxes](#), [smoke-free environments](#), and [financing pro vaping groups](#).

For the last report on vaping groups, a video was produced which [exposed the connection between the Tobacco Industry and these groups for the first time](#) and was shared globally. As a result of these reports, an [opinion piece](#) was published in the Washington Post.

The grant established and strengthened partnerships with allied tobacco control organisations. These partnerships allowed more in-depth recommendations for transparency and accountability mechanisms within the Mexican judicial system, which derived from analysing the investigative journalism reports, article 5.3 of the FCTC, and the revision of local legislation, rules and regulations. As a result, the grant was able to produce a [technical document](#) shared with decision-makers, with very specific recommendations aimed at strengthening tobacco control policies. This grant was supported by The Union under the [Bloomberg Initiative to Reduce Tobacco Use Grants Program](#).

[Three government ministries in Mexico were awarded with the Pan American Health Organization \(PAHO\) prize for World No Tobacco Day \(WNTD\)](#), in recognition of the country's recent decisions to [increase tobacco tax](#) and to [ban the import of e-cigarettes and heated tobacco products \(HTPs\)](#). Both achievements were supported by The Union under the Bloomberg Initiative to Reduce Tobacco Use Grants Program.

Myanmar

Since 2005, The Union has implemented health programmes in Myanmar, including tuberculosis (TB) active case finding, integrated HIV care and community based multi-drug resistant TB (MDR-TB). They are all entirely integrated "in, by, with the public health services" and are support the Department of Public Health, the Ministry of Health and Sports in Myanmar. The Union has been supporting the National Tuberculosis Program (NTP) and the National AIDS Program (NAP) to strengthened their capacities to deliver and maintain high quality services. The Union's work in Myanmar is undertaken with support from the Global Fund. The Union delivers the health projects with over 300 staff and over 600 community volunteers in 59 townships in five states and regions covering a population of nearly 12 million through the country.

Programme to Increase Catchment of Tuberculosis Presumptives (PICTS)

The Union's PICTS programme works with the NTP to address health problems in the community and increase TB case findings. PICTS implements case finding activities in 13 townships covering a population of over three million people. The focus is on bolstering the community-led efforts while providing technical assistance to the NTP. Through the mobilisation of an extensive volunteer network, community members distribute information on TB symptoms and how to access treatment, conduct door-to-door health education and outreach, provide TB contact tracing, identify people with presumptive TB, facilitate sputum transport between clinics and patients' homes and enhance case holding activities.



In 2020, PICTS expanded its community-based TB case finding activities in Hopong Township, Southern Shan State. This led to the 200 presumptive TB referral cases and diagnosis of eight new drug resistant-TB cases.

A TB call centre was initiated for 29 townships to prevent compromises to TB control activities during COVID-19. The aim was to maintain the routine case finding activities, to support people with drug-resistant TB and to provide health information, including about COVID-19. By setting up the hotline the community could access reliable health information and receive continuous care and support for TB and other health problems.

To support routine activities during COVID-19 control measures, digital tools and an electronic recording system were created for real-time recording and reporting, reducing the burden of paper-based reporting and enhancing directly observed therapy (DOT) tracking. The 'DOT Tracking and Side Effect Monitoring' database and 'Patient Referral Application' were established with a strong security system for data storage and backup to prevent data breach.

- 4,087 health talks
- 208,686 people attended the health talks
- 8,670 presumptive TB referrals for screening
- 909 TB cases among presumptive TB referrals
- 49 sputum collection centres
- 280 volunteers

Community Based MDR-TB Care Programme

The Union's Community Based MDR-TB Care Programme supports people with drug-resistant TB (DR-TB) including financial support, community mobilisation through trained volunteers, evening DOT services, systematic household contact screening, ensuring infection control practice and timely referral for clinical management of side effects. It is implemented in 27 high-burden townships in three regions and one state, covering a population of 6.5 million people.



In 2020, the "Quick Information Clip" campaign was initiated for side effect management of anti-TB drugs for people with DR-TB during the COVID-19 pandemic. The aim was to enhance early detection and management of common side effects and ensure timely referral to health centres for further treatment. The six-minute video clip includes the detection of side effects through a symptomatic approach, management of mild side effects and timely referral of severe symptoms. The experience gained from this approach will inform the national programme about using digital educational tool, particularly at the field level, to maintain a desirable outcome.

A pre-enrolment support package for people with DR-TB was established, including travel allowance and nutrition support for two months to avoid initial loss in pre-enrolment phase for DR-TB treatment. A telecounselling service was also provided. Additionally, a person with DR-TB was in contact or infected with COVID-19 further financial support was provided to reduce the catastrophic cost and burden. 62 newly diagnosed people with DR-TB received pre-enrolment monetary support.

During the COVID-19 pandemic, [a mobile payment platform was initiated to support people with DR-TB](#). This platform helped people unable to receive money through automated teller machines (ATM),

while allowing them to maintain social distance. It supported faster and more effective financial transfers and demonstrates how simple technology can have a big impact on people's lives.

- 854 people with DR-TB received monthly socioeconomic support (30,000 MMK)
- 854 people with DR-TB received monthly nutrition support (28,000 MMK)
- 501 people with DR-TB received DOT from volunteers
- 854 people with DR-TB patient received nutrition support
- 43 TB/DR-TB cases notified through household contacts
- 396 volunteers

Integrated HIV Care Programme (IHC)

The IHC programme, in collaboration with the National AIDS Program, is implementing in 38 townships in four regions and one state, covering a 7.7 million population. The programme in direct support of NAP clinics provides anti-retroviral therapy (ART) and treatment for opportunistic infections. An active volunteer network of people living with HIV (PLHIV) supports the programme. They support the function of all IHC centres as well as providing counselling, home-based care and follow-up tracing. The programme also included the prevention of mother to child transmission.

The Union has integrated HIV prevention activities in 14 townships, targeting key vulnerable populations and provide training to frontline health workers to extend HIV prevention service supports through community outreach.

In the midst of COVID-19 pandemic, the PLHIV volunteer network initiated a hotline and telecounselling service for people living with HIV and high-risk people to prevent further dropouts and provide informed about IHC clinics.

HIV prevention activities including counselling services identified and reached 3,538 partners/spouses of PLHIVs, half of those were provided with HIV Testing Service (HTS). Among them, 69 HIV positive cases were confirmed and enrolled onto ART treatment. The programme also provided HIV screening to 861 children and 11 of them tested HIV positive and enrolled onto ART programme.

- 33,760 PLHIV receive active follow up on ART
- 99.6% of people with TB are screened and tested for HIV and know their HIV status
- 90.5% of PLHIV were screened for TB symptoms in their visits to IHC clinics
- 71.1% ART coverage among PLHIV with TB
- 300+ PLHIV volunteers are contributing to HIV care and prevention works
- 146 exposed babies have received early infant diagnosis within two months of birth
- 134,121 condoms were distributed through HIV prevention programme

COVID-19 Response

During the outbreak of COVID-19, the Myanmar team created the proactive and reactive COVID-19 Response plan and integrated infection prevention control measures, and developed management guidelines and protocol for programmes and staff:

- Infection Prevention Control Guideline
- Standard Operational Procedure for Chlorine Mopping at clinic areas
- Triage outpatient department flow and level of personal protective equipment (PPE)

South East Asia Office

Project Axshya

Project Axshya was established in 2010 with support from the Global Fund Grant, to improve access to quality tuberculosis (TB) care and control through a partnership between the government and civil societies. The project supports India's National Tuberculosis Elimination Program (NTEP) to expand its reach, visibility and effectiveness. The project is being implemented through a network of five sub-recipient partners, local non-governmental organisations, community-based organisations and community volunteers called Axshya Mitras to increase awareness of TB, facilitate TB testing and transport sputum samples.

Active case finding

An innovative intervention to increase awareness of TB, identify people with TB and link them to services, through home visits by trained community volunteers. The focus was on vulnerable and marginalised populations often residing in areas with poor access to health services (e.g. slums, tribal habitats, migrant settlements and other difficult to reach areas).

1,989,263 households reached



District Hospital Intervention

Community volunteers were placed in the outpatient departments of busy hospitals (e.g. district hospitals, not-for profit hospitals and medical colleges) to help fast track access to TB services.

139 hospitals implementing the intervention

Active Community Surveillance

Volunteer led observation of people with presumptive TB and contacts of people with TB after the completion of active case finding efforts. The community volunteers help link these people to diagnostic and treatment services. They also follow-up with all people with TB to support treatment adherence.

2,169 active community surveillance units

Health Camp

The delivery of general medical services provided through medical officers from the NTEP or private qualified providers and paramedical staff.

575 health camps conducted

Empowering people with TB

Project Axshya empowers people with TB by sensitising them on their rights and responsibilities through a patient charter, which provides information about prevention, treatment and care processes. It also helps build a mutually beneficial relationship between people with TB and healthcare providers.

6,988 people with TB sensitised, of which 3065 (44%) were women



Indicator	Achievement
Number of people with presumptive TB identified	270,829
Number of people with presumptive TB tested	236,136
Number of people diagnosed with TB and notified (all forms)	40,809
Number of TB cases notified among KAP (subset of all notified TB cases)	39,566
Number of people with TB initiated on treatment	35,774
Treatment success rate	75%

Pilot project on latent TB infection

In July 2020, the pilot was implemented in three districts of Maharashtra (Sangli, Satara and Aurangabad) with following objectives:

- Generating evidence regarding latent TB infection testing and treatment among adult and adolescent household contacts
- Development of a programmatic management of TB preventive treatment model and tools

- Increase in TB preventive treatment coverage among household contacts.

iDEFEAT TB Project

The iDEFEAT TB Project is a flagship program of USAID that provides support to the National Tuberculosis Elimination Program (NTEP) through technical assistance, capacity building, e-learning, bridging gaps with human resources, and other critical needs. The project's overall goal is to strengthen India's TB-related institutions that focus on programmatic and clinical management of people with TB and drug-resistant TB (DR-TB), contributing to the achievement of India's National Strategic Plan and United Nations High-Level Meeting on TB targets.

The project was awarded by USAID on 12 August 2020 and will run until 11 August 2024, with a budget of 15 million USD. Consortium partners include IQVIA, EMPOWER, FMR, CETI, ECHO and KNCV.

Impact in 2020:

- Strengthening around 600 TB and DR-TB Care Institutions to support NTEP progress towards attainment of UNHLM-TB targets for India
- Best practices and evidence documented and incorporated into policy and practices
- Lessons learned, successful models and initiatives disseminated regionally and globally

Corporate TB Pledge

The Corporate TB Pledge (CTP) program is a joint initiative of the Central TB Division, Ministry of Health and Family Welfare, Government of India and USAID in collaboration with The Union, with the objective to develop a shared TB vision, in alignment with PM Narendra Modi's vision of eliminating TB in India by 2025.

The Corporate TB Pledge (CTP) initiatives in 2020:

- Signing of Letter of Intent (LoI) with Federation of Kutch Industries Association (FOKIA) and process initiated to sign LoI with Indian Tea Association (ITA)
- Launch of TB Free Campaign at Transshipment locations by Apollo Tyres
- Presentation of Mylan and BD's TB /DR-TB project proposals to the Central TB Division

The CTP Secretariat facilitated the development and presentation of projects by two CTP partners namely, Mylan and BD to the CTD, as part of promoting public-private partnerships for TB and DR-TB. A new project was approved and initiated by CTP partner, GAIL, with extensive technical assistance by the CTP Secretariat. CTP also signed a Letter of Intent (LoI) with Federation of Kutch Industries Association (FOKIA) as part of mobilizing new CTP members through business associations.

During the period, CTP also organised a webinar on Partnership for Action against Tuberculosis (PAcT) with Assam as focus State. The webinar organised with the aim of mobilising more corporates to join the Corporate TB Pledge, had participation by more than 60 participants from over 30 companies.

On an average, 20,467 persons were screened for TB and 657 were tested for TB per month during the reporting period. Notably, over 40,000 persons screened for TB, 52 TB patients identified and 51

put on treatment under the campaign on TB Free Transshipment Locations organised by Apollo Tyres.

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- Eiken Chemical Co., Ltd.
- FUJIFILM Corporation
- Hain Lifescience GmbH
- Human Diagnostics Worldwide
- Johnson & Johnson
- MinXray Inc.
- Molbio Diagnostics Pvt. Ltd.
- Mylan
- Oxford Immunotec
- Plos Medicine
- Qiagen
- Qure.ai Technologies Private limited
- RadiSen
- Roche Genentech
- Sanofi
- Signify
- SmartSpot Quality

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- Japan Anti-Tuberculosis Association (JATA)
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