KNCV
TB | PLUS

KNCV TUBERCULOSIS FOUNDATION

ANNUAL REPORT 2025

Directors’ report

1. Message from the Executive Director

2025 was a year of turbulence for global health - and for KNCV Tuberculosis Foundation. We strengthened organizational and operational efficiency to reduce internal inertia and respond faster to rapid shifts in the NGO and development financing landscape. That discipline proved essential as an unprecedented external shock disrupted our work, including the dismantling of USAID mechanisms by the new U.S. administration, termination of multiple contracts, a broader decline in official development assistance, and a modest reduction in the Global Fund Cycle 7 budget. These changes affected both implementation and prospects for new resource mobilization. Despite that the figure below demonstrates our modest achievement within the reporting year.

Together with the Management Team, the Board of Trustees, and our Crisis Management Team, we acted early to safeguard continuity and sustain KNCV's technical contribution to countries. We closed terminated projects responsibly - legally and in line with labor law and donor requirements—and recovered more than 95% of USAID invoices from before the stop-work order, as well as costs incurred during close-out. We mobilized earmarked reserves and other available resources to redeploy staff and reallocate work, limiting disruption and avoiding immediate reorganization. Throughout, we prioritized transparency and practical support, recognizing that resilience is built through people.

2025 also marked the conclusion of KNCV's 2020–2025 Strategic Plan. We used this transition to develop a new, inclusive Strategic Plan for 2026–2030 and to advance an aligned organizational structure adjustment, now in its final stage for advice by the Works Council. We also strengthened leadership readiness for a period increasingly shaped by fragility, conflict, and political change, including pre-mortem and scenario-planning capacity building for the Management Team and key staff.

To secure future impact, we intensified resource mobilization and financial viability efforts - supporting innovative private fundraising and strengthening institutional fundraising through clearer frameworks and quality assurance for pitching and proposal assessment. We also used the KNCV ACTS initiative to demonstrate KNCV's value as a trusted technical assistance partner to national TB programmes and stakeholders, helping maintain momentum on planning and resource mobilization during uncertainty.

Across KNCV, we continued investing in technology/IT/AI to strengthen project and financial management, communications and resource mobilization, and cyber-security. We advanced knowledge management and reinforced our knowledge institute ambition, while staying engaged in global and national platforms and technical working groups. At the same time, we recognize that collaboration for technical assistance in the Netherlands - particularly with RIVM and GGD - requires renewed attention in 2026.

Despite turbulence and a negative financial result, we executed the annual plan and budget and achieved the majority of our key performance indicators. These outcomes reflect the dedication of colleagues across KNCV and our partners worldwide.

On behalf of KNCV, I thank all donors and partners for your trust and commitment. To our staff, consultants, and members of the KNCV Network: thank you for your professionalism, adaptability, and unwavering focus. And to frontline health workers and community partners globally—often working under difficult conditions - thank you for your courage and service. Your work saves lives and brings us closer to a world free of TB.

Mustapha Gidado
Executive Director

2. KNCV at a glance

KNCV AT A GLANCE

WHO ARE WE: KNCV is an international non-profit organization dedicated to fighting tuberculosis (TB) and related health challenges. Founded in 1903 as a collaboration of local TB elimination initiatives in the Netherlands, KNCV has over 120 years of expertise in TB prevention and care, contributing to TB pre-elimination in the Netherlands and advancing global evidence, policy, and program implementation.

Scan to read more

OUR PURPOSE

Our purpose is to contribute to a world free of tuberculosis and related health challenges

OUR MISSION

Our mission is to save lives and end human suffering through the promotion of health and the global elimination of tuberculosis and related health challenges

KNCV STRATEGIC VISION

Accelerate the global fight against Tuberculosis and related health challenges by catalyzing uptake and scale-up of cutting-edge innovation, people-centred and country-led action, anchored in an equal-alliance network.

KNCV COMPARATIVE ADVANTAGES

KNCV CORE VALUES

- People-focused
- Results-driven and guided by impact
- Reliable and accountable
- Flexible, agile and resilient
- Powered by responsible innovation
- Engaged in synergistic partnerships

KNCV's Strategy House

Accelerate the Elimination of TB and related Health Challenges in the Netherlands, Europe and globally

Scan to read more

A. Overall Approach

KNCV drives sustained and meaningful change by strengthening health systems and supporting multisectoral collaboration engaging governments, communities, and people affected by TB through strategic planning, as well as evidence-based policy development and implementation.

- Demonstrating cutting-edge innovation
- Catalyzing people-first and country-led action

Scan to read more

B. Strategic Priority

The most focused areas of KNCV's approach through which it is uniquely positioned to add value are informed by impact, need, competencies, and country priorities.

- Implementation Science, Innovation, Demonstration & Scale Up
- Health & Community System Strengthening
- Knowledge / Capacity Exchange Mechanism

Scan to read more

C. Strategic Program Areas

KNCV plays a meaningful role in several topical areas, leveraging its longstanding expertise and exploring new frontiers aligned with the drivers of the TB epidemic and other related health challenges. These areas include:

Screening & Diagnostics → Prevention Treatment & Post TB lung Health → Surveillance & Digital Health/AI → CRG & Stigma → AMR/PPPR Health & Climate Nutrition

Scan to read more

D. Foundational Enablers

The foundations that will enable KNCV to deliver on its mission are:

- Equal-alliance network
- Diversified funding
- Participatory Monitoring, Evaluation, and Learning
- AI and productivity enhancement technology
- Proactive communications
- Multi-disciplinary teams

GET TO KNOW THE EQUAL ALLIANCE NETWORK

KNCV Global anchors the global strategy, brand, and technical thought leadership. KNCV also has country offices in Nigeria, Vietnam, the Philippines and Kazachstan. The country office in Tanzania became a national entity in 2025.

National Entities support sustainable, country-owned programming grounded in local priorities while upholding KNCV values and rigor. KNCV's national entities are currently located in Indonesia, Nigeria, Ethiopia, Tanzania, Kyrgyzstan and Tadjikistan.

Independent Affiliate Partners to enable activities in new geographies and domains without requiring new country branches, through collaboration with mission-aligned organizations.

WHAT ABOUT TB+?

TB+ is KNCV's integrated program that expands its focus beyond TB to include lung health and related conditions, leveraging its TB expertise and tools to address broader infectious disease challenges while strengthening TB care and prevention.

3. KNCV's technical role within the global context

3.1 General introduction

In 2025 KNCV continued its efforts to end TB globally and to eliminate TB in the Netherlands. Moving novel interventions from innovation (1) to demonstration (2), to scale-up (3) was demonstrated by for example:

- Conceptualization and development of AI driven tools, to inform and support people to take their TB treatment and to support TB specialists in decision making on difficult therapeutic questions;
- The implementation of nanopore sequencing in national and regional laboratories in three countries and the use of the KNCV planning and benchmarking tool to improve TB care for children and adolescents and the development of subnational burden estimates and plans to end TB;
- The scale-up of the use of stool testing to improved diagnosis of TB in children, and KNCV support to the nationwide roll-out the BPaL(M) treatment for people with serious forms of drug-resistant TB.

KNCV developed, demonstrated or scaled up innovations in over 30 projects, equally applying the three KCNV strategies of 1) evidence generation; 2) policy development and strategic planning and 3) development of supportive systems, covering all KNCV priority areas as shown in figures 1 and 2.

Figure 1 & 2: KNCV's priority areas.

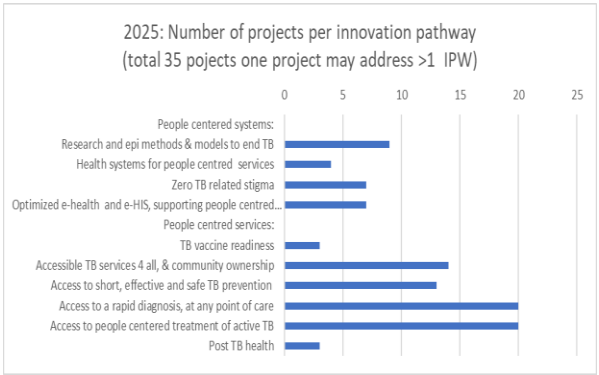


Figure 1

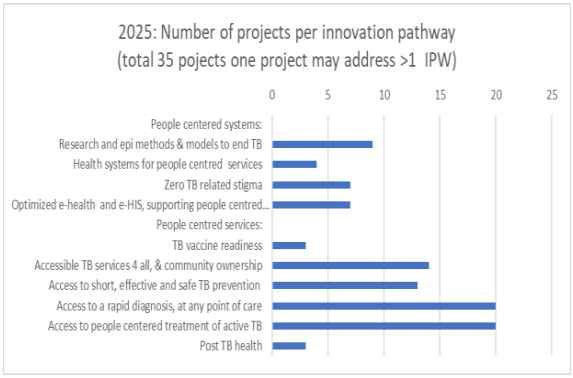


Figure 2

Over the years, the emphasis of the scientific side of KNCV's work increased, with in 2025 approximately 70% of KNCV's externally financed projects dedicated to quantitative and qualitative operational and implementation research.

The key challenge in 2025 was the disruption of the global financing structure early 2025, followed by a period of uncertainty prior to the eventual cancellation of important ODA investments in health in many high TB burden countries.
This happened in a year that many countries were due to develop new strategic plans as the basis of domestic funding and grant applications for the Global Fund Grant cycle 8, early 2026. KNCV responded by mobilizing KNCV earmarked reserves and endowment funds (SMT and 's Gravenhaagse) for a strategic projects, "KNCV ACTS", providing technical assistance to keep the ball rolling on planning and resource mobilization for TB in priority countries, in close coordination with WHO, Stop TB Partnership, Global Fund and GDF. Till now, KNCV ACTS has supported 13 high TB burden countries that otherwise would have had difficulty in developing evidence based, good quality plans.
In the process, KNCV, in discussion with the countries, applied novel and blended approaches in 15 countries by providing the TA, often a combination of remote policy and epi review work, complemented by targeted field visits and joint planning, by locally hired and global KNCV consultants; this methodology will inform additional WHO methodological guidance for strategic planning.

In 2026 KNCV, alongside the continuation of implementing project along the innovation pathways in priority program areas, KNCV will implement 3 strategic projects based on endowment funding and earmarked reserves: (1) continuing one more year the KNCV ACTS project; (2) Starting the ***A****ctive case finding,* ***C****ontact investigation &* ***T****PT for TB incidence reduction"* (ACT4TB) 10-year project, in Nigeria, Tajikistan and Indonesia; and (3) Implementing "Accelerating Knowledge and experience exchange in the Netherlands and Europe": this is a strategic investment in positioning KNCV as a hub in the frontline of knowledge exchange on TB and related health challenges, ensuring optimal global dissemination of knowledge and experience from across the KNCV network to stakeholders with a special focus on The Netherlands and Europe.

3.2 Dissemination of knowledge and experience

KNCV's work in evidence generation, demonstration of innovations, and support for the scale-up of interventions and experiences gained in the Netherlands and globally will only achieve optimal impact if shared with the right stakeholders. Therefore, in 2025, KNCV developed 57 peer-reviewed publications covering all KNCV priority areas, as shown in figure 3.

Figure 3: Number of KNCV publications in 2025.

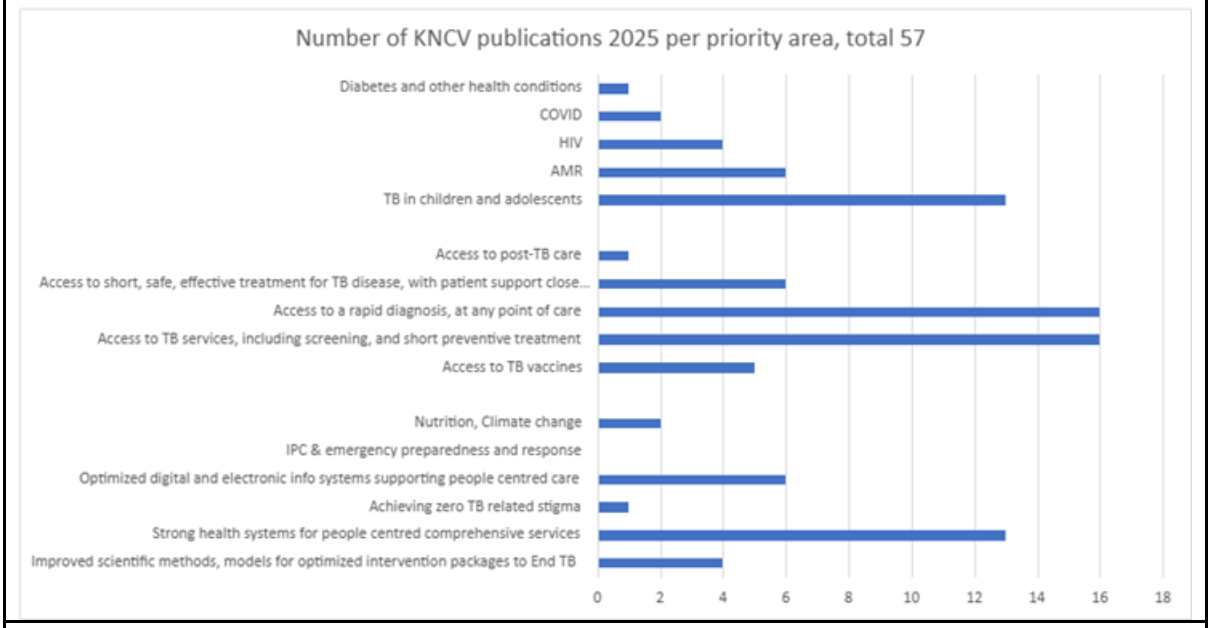


Figure 3

In addition, evidence, best practices, and experiences were shared through numerous webinars and trainings on topics such as TB stigma and mental health, private sector involvement in TB prevention and care, vaccine readiness, TB preventive treatment, shorter TB treatment regimens, lessons learned from BPaL implementation, diagnostics for TB and AMR, people-centered strategic planning, subnational TB burden estimates, research methods and scientific writing, and TB and global health.

As every year, KNCV organized routine basic and refresher trainings for medical staff active in the TB field in the Netherlands. It also collaborated on capacity building for clinical TB care in Europe and jointly facilitated the sharing of experiences through the revival of the "Wolfheze Movement." During the World TB Conference, KNCV reached audiences from national TB programs, technical partners, academia, clinicians, donors, policymakers, and politicians by organizing and presenting symposia, community connect sessions, workshops, poster sessions, oral abstract presentations, and side meetings.

Figure 4: KNCV's numerous topics for knowledge exchange.

Furthermore, over the reporting year, KNCV strengthened knowledge sharing and talent development by facilitating tuberculosis (TB) learning modules across five academic institutions in the Netherlands - Vrije Universiteit Amsterdam, KIT Royal Tropical Institute, Christelijke Hogeschool Ede, Leiden University, and NSPOH - reaching more than 200 MSc students. This engagement broadened awareness of TB and implementation realities while creating a pipeline for early-career professionals to connect with KNCV through internships. By linking academic training to practical program experience, these collaborations supported skills development for the next generation and expanded opportunities for emerging professionals to pursue careers in TB and global health.
Through its partnerships with universities in the Netherlands and abroad (including Sweden and Ethiopia), KNCV also supported Bachelor's, MSc, and PhD students in implementing, documenting, and publishing their research.

3.3 KCNV's work in The Netherlands

In a low incidence setting as the Netherlands, maintaining the quality of care and treatment is very important. Therefore, in 2025, KNCV strengthened the quality and consistency of TB-care in the Netherlands by building national capacity and contributing to standardizing practices. Healthcare professionals were equipped with updated skills through targeted trainings, e-learning, and contributions to key platforms such as the European Advanced Course for Clinical TB and the Wolfheze meeting. Training in chest X-ray interpretation and radiological hygiene improved the quality and safety of TB-screening. In parallel, the development of new and updated guidelines - including the first Dutch guideline for TB/TBI nursing care - strengthened the foundation for more uniform and patient-centred care nationwide.

Another important issue is the access to care for everyone. Activities focused strongly on identifying and mitigating financial and structural barriers. Across the year, KNCV granted 145 of FBN (Funds Special Needs) requests to help patients cover essential expenses such as food, clothing, travel costs and other urgent needs. At the same time, monitoring confirmed that financial barriers and catastrophic costs persist among people treated for TB or TB infection. Also, the Netherlands faced significant shortages of essential TB medications, including first-line drugs, leading to suboptimal TB care and much additional work for doctors and nurses. This prompted close KCNV to advocate and link with partners such as RIVM and WHO Euro, to find solutions to resolve this serious problem, which is rooted in Dutch health financing structures and both national and European legislation. This continues in 2026.

3.4 Evidence and Impact

In 2025, KNCV accelerated the translation of data and research into action, enabling countries to strengthen TB programmes and health systems through improved use of evidence. Support focused on practical modelling, simplified epidemiological reviews, and faster integration of data into strategic planning.

Key achievements:

- **High-impact research, influencing policy:** KNCV-led multi-country studies, including the ASCENT trial and ETBE trial, with findings published in high-impact journals and informing global guidelines and investment decisions. This contributed to KNCV being eligible as consortium partner on a call by NWO (Dutch Research Council), a recognition of its position in the global research landscape.
- **Stronger research governance and ethics:** Achieved 100% internal review coverage for research proposals. The KNCV Research Ethics Review Board reviewed 10 protocols, improving review timeliness, quality, and alignment with external ethics standards.
- **Faster and higher-quality evidence generation capacity:** Strengthened staff and partner capabilities through targeted training (scientific writing, epidemiology) and expanded academic partnerships. This led to the launch of the Training Initiative for Modelling Epidemic Response in Africa, funded by EDCTP/Global Health 3.

3.5 Health systems strengthening and strategic planning

The Gates Foundation–funded PCF4TB Phase 2 project closed in 2025, delivering significant results in strengthening TB strategic planning and financing.

- **Strengthened national planning:** Supported 5 countries to develop and 7 to update National Strategic Plans, improving alignment with priorities and data use
- **Enhanced funding outcomes:** Assisted 9 countries in developing or optimizing Global Fund requests and grants
- **Advanced subnational planning:** Piloted approaches in 3 countries (8 units) and expanded IHT-support to 6 countries, including subnational implementation
- **Sustainable, user-centred tools:** Co-created practical planning tools with country stakeholders, ensuring uptake across levels
- **Global recognition:** PCF-planning approach incorporated into 2025 NSP guidelines of the WHO

3.6 Reducing stigma

With own funds, KNCV continued to promote awareness on stigma and stigma reduction

- **Capacity building and advocacy for stigma reduction:** workshops held for CSO's and people with lived experience during a global civil society meeting in Hanoi and as part of the Community connect session at the World Conference on TB and Lung diseases in Copenhagen: "There'll be dragons" - Untangling stigma & discrimination.

3.7 AI and Digital Health

In 2025, we accelerated the integration of AI into TB-prevention and care, diversifying KNCV's Digital health/AI work and delivering measurable progress across digital health solutions.

- Advanced AI-supported treatment adherence: The Aida AI treatment supporter pilot improved patient engagement and enabled refinement of the tool for more responsive support to patients taking TB-treatment.
- AI for improved diagnostic accuracy: The DigiTriage tool, aimed at supporting more accurate interpretation of VISITECT CD4 results and reducing misclassification in advanced HIV disease, progressed through evaluation and training for field testing,
- Scaled AI chatbot solutions:
    - Netherlands: TB Knowledge Chatbot improved access to reliable TB information and reduced language barriers
    - Kazakhstan: Clinical AI chatbot demonstrated strong validation and supported complex DR-TB decision-making by specialists
- Strengthened responsible AI deployment: Built evidence for safe, scalable use of AI tools to support decision-making and health outcomes in diverse settings

3.8 Prevention and Access

In 2025, the Prevention & Access team advanced more people-centred TB prevention, with measurable progress in targeting, access, and system readiness.

- **Improved targeting of prevention:** Established an innovative TB infection testing model through the SCAF-TB project in Tajikistan and Tanzania, enabling more precise identification of individuals who benefit most from TPT
- **Scaled evidence-based TPT:** Accelerated uptake of shorter, child-friendly regimens through initiatives such as IMPAACT4TB, translating global guidance into country-level implementation (e.g. Ethiopia)
- **Strengthened community-centred approaches:** Integrated community engagement to address access barriers, improve uptake, and uphold the rights of people affected by TB
- **Advanced work on vaccine preparedness:** eventually to support countries to build systems and readiness for future TB vaccine introduction
- **Enhanced infection prevention and control:** Promoted knowledge exchange and strengthened IPC practices, with focus on high-risk settings such as places of detention

Together, these efforts contributed to more targeted prevention, increased access to TPT, and stronger systems to reduce TB-transmission and protect vulnerable populations.

3.9 Diagnostics

In response to the persistent global TB diagnostic gap (2.4 million people undiagnosed or unreported in 2024), KNCV advanced TB diagnostics through 10 projects, delivering key evidence across sequencing, non-sputum testing, and rapid triage tools.

- **Expanded sequencing-based diagnostics evidence:** Completed enrolment (Kyrgyzstan) and initiated recruitment (Tanzania) in the Dream Fund Nanopore sequencing project, gathering patient-important outcomes, generating evidence on tNGS for drug-resistant TB, including in decentralized settings; feasibility, acceptability, and cost studies progressed, with expansion to Vietnam planned for 2026
- **Clarified performance of sequencing approaches:** PAS4AMR findings showed limited added value of Nanopore adaptive sampling in sputum-based workflows; new whole genome sequencing project for *M. tuberculosis* complex was initiated
- **Strengthened non-sputum diagnostic evidence:** Nine publications confirmed the utility of stool-based testing (Xpert Ultra, Truenat), including systematic review and operational insights; IDDS project completed with >600 participants reached through a webinar for dissemination
- **Advanced stool-based DR-TB diagnostics:** the Stool4DR-TB project generated new evidence on use of stool for Xpert XDR testing
- **Improved rapid triage for TB-care:** The SeroSelectTB trial showed reduced time to treatment initiation for pulmonary TB patients in high-burden, HIV-endemic settings, with overall test characteristic consistent with a rapid triage test.

3.10 Treatment and Care

In 2025, we accelerated the introduction and scale-up of key DR-TB innovations across multiple countries. Through a comprehensive package of technical resources - covering aDSM, DR-TB TPT, stool testing, and shorter treatment regimens - we strengthened health worker capacity at scale. This directly enabled expanded access to shorter, more effective DR-TB treatments, improved patient safety systems, and enabled people to better adhere to their treatment, resulting in better outcomes.

- **Scaled DR-TB innovations:** Supported country roll-out of shorter regimens, DR-TB TPT, and stool-based testing through standardized guidelines, SOPs, and training, reaching both project and non-project areas.
- **Strengthened health systems and workforce capacity:** Equipped providers with practical tools and training, resulting in safer treatment delivery and increased uptake of new regimens.
- **Enabled regional learning and community engagement:** Two regional workshops enabled cross-country learning, experience sharing, and the dissemination of best practices, further consolidating progress across participating countries. Supported

partners in the development of an Activists' Guide to Shorter Regimens for DR-TB, which substantially boosted treatment literacy, peer support, and enables community-led monitoring

- **Advanced pediatric TB-care globally:** The KNCV Benchmarking and Planning Tool was endorsed by the WHO Children and Adolescent TB Working Group, supporting global uptake. In five countries, stakeholders identified gaps and developed actionable plans aligned with WHO recommendations.
- **Strengthened global collaboration and knowledge exchange:** Established a multi-partner platform and delivered three global webinars with World Health Organization, WHO Children and Adolescent TB Working Group, Médecins Sans Frontières, and national programmes, laying the foundation for sustained improvements in TB-care for children and adolescents.

4. KNCV's representation on policy bodies

During the reporting period, KNCV as a WHO non-State actor—actively engaged in key WHO governance and technical fora. This included participation in the WHO Executive Board meeting, the World Health Assembly, and several WHO-related meetings where KNCV provided regular updates on collaborative work and alignment of technical priorities. KNCV also contributed to high-level side events, notably those focused on tuberculosis (TB) implementation in fragile settings, co-organized with partners including World Vision and Somalia. KCNV staff attended different WHO guideline committee meetings as members or observers.

Beyond WHO platforms, KNCV maintained an active presence across major global health partnerships. This included participation in Unitaid side events and implementers' meetings; routine technical and coordination engagements with the Global Fund TB team to support country programming; regular update meetings with the Gates Foundation; and participation in the Stop TB Partnership Board meeting, alongside ongoing thematic interactions across priority areas.

At national level in the Netherlands, KNCV continued to play its role in coordinating bodies for Dutch TB Elimination (see section on The Netherlands) and contributed to the full range of Global Health Hub activities and Health Holland strategic meetings and sustained collaboration with academic institutions to strengthen evidence generation, innovation, and knowledge exchange. As (board)member of the Collaborating Health Funds (SGF), and AMR Global, KNCV realized some of its ambitions to promote Antimicrobial Stewardship in the Netherlands and beyond.

As an active member int the Dutch Global Health Alliance KNCV advocated Global Health as a joint delivery area for Dutch Public Health and Health Security (Ministry of Health) and

Development Aid (Trade and Development). Jointly with Cordaid and Aidsfonds, our Global Fund advocacy resulted in Parliamentary motions that maintained (be it at slightly reduced levels) multilateral funding to Global Health Initiatives, including WHO and the Global Fund.

5. KNCV network

Introduction

The KNCV Network brings together KNCV national entities and KNCV Tuberculosis Foundation the Hague (including its branch offices) to strengthen collaboration, local ownership, and sustainability of tuberculosis and related infectious disease control efforts. In 2025, the KNCV Network continued to serve as a platform for joint programming, operational alignment, and knowledge exchange between KNCV Global and its national entities, while supporting high standards of governance, compliance, and partnership across countries.

Key challenges

A key challenge in 2025 was the need to further clarify the future direction, structure, and modalities of the KNCV Network in a changing strategic and funding context. This was addressed by embedding the discussion on the Network's role and governance within the development of KNCV's new Strategic Plan during an in-person KNCV Network Meeting held in Abuja, Nigeria. In parallel, efforts focused on ensuring that Network members were adequately supported during organizational transitions and that partnership arrangements remained fit for purpose and aligned with evolving operational realities.

Milestones

- Strengthened collaboration between KNCV Global and KNCV national entities through continued operational and programmatic support, reinforcing alignment with KNCV's standards and values.
- Convened an in-person KNCV Network Meeting in June 2025 in Abuja, Nigeria, bringing together representatives of national entities to strengthen collaboration, share experiences, and align on strategic and operational priorities.
- Advanced the revision of the KNCV Network partnership agreement to reflect current realities and support sustainable, transparent collaboration across the Network.
- Supported Network members' participation in technical and operational exchanges, contributing to capacity strengthening and shared learning across countries.
- Developed joint activities and funding arrangements with Network members, supporting locally led implementation and increased ownership of program results.

Expectations for 2026

In 2026, the focus will be on further strengthening the KNCV Network in line with the new Strategic Plan, including finalizing partnership arrangements, deepening collaboration, and enhancing the Network's contribution to sustainable, locally driven impact.

6. The Organization in 2025

6.1. KNCV 2026–2030 Strategic Plan (*Process, Drivers, Direction, Focus & Enablers)*

Process

Developed through a structured, consultative, and evidence-driven process, the strategy builds on lessons from the previous period and a forward-looking assessment of the TB and global health landscape. It reflects inputs from national TB programmes, civil society and affected communities, donors and technical partners, and KNCV staff across regions. Iterative scenario testing strengthened focus, realism, and deliverability. In parallel, KNCV is implementing an organizational restructuring to align people, governance, and processes with the strategy—adopting a lean management model and consolidating teams from seven to four through a multidisciplinary approach.

Key drivers of the strategic direction:

1. Persistent TB burden and inequities, including fragile and humanitarian contexts
2. The 'missing millions' and the need for earlier detection beyond symptom-based approaches
3. Rapid innovation (diagnostics, shorter regimens, digital tools, and vaccines) requiring accelerated adoption
4. Shifting global financing, increasing the premium on efficiency, domestic resource mobilization, and sustainability
5. Rising expectations for accountability, learning, and measurable population-level impact

Strategic direction

KNCV will accelerate progress toward ending TB by enabling country-led, equitable, and resilient responses that rapidly adopt innovation and deliver measurable impact. We will translate global guidance into implementable policies and high-performing, sustainable programmes—strengthening systems that endure beyond donor cycles.

Strategic focus

Three strategic priorities:

1. Innovation to impact: accelerate introduction, demonstration, and scale-up of high-impact tools and approaches
2. Systems strengthening build integrated, resilient, and equitable TB and community services
3. Knowledge & capacity exchange: institutionalize learning platforms for best-practice sharing and rapid cross-country adaptation

Programmatic focus areas:

A. Screening & Diagnostics
B. Prevention
C. Treatment & Post-TB Lung Health
D. Surveillance & Digital Health/AI
E. Community, Rights & Gender (CRG) and stigma reduction

Cross-cutting priorities:

A. Antimicrobial resistance (AMR)
B. Pandemic prevention/preparedness/response (PPPR)
C. Health–climate
D. Nutrition

Enablers

- A future-ready workforce (skills, leadership, culture)
- Digital transformation and data-driven decision-making
- Strong monitoring, evaluation, learning, and implementation research
- Diversified partnerships and a networked model that strengthens local institutions
- Sustainable operating models, governance, and resource mobilization

Bottom line: KNCV is repositioning to deliver country-owned, innovation-driven, and sustainable TB impacts at scale in a changing global health environment.

6.2 Division TB Elimination and Health Systems Innovations

Introduction

The division consisted of a multidisciplinary team of 28 professionals covering expertise in quantitative and qualitative research; TB prevention and management; diagnostics, drugs, and regimens; clinical management, patient support and stigma reduction; laboratory technologies and networks; education; digital health and surveillance; and strategic planning and advocacy. In addition, six (pre-)master candidates conducted thesis research projects at KNCV, supported by technical staff.

The staff was organized in six internationally operating thematic teams and 1 crosscutting team focused on the Netherlands. These teams guided innovation pathways, fundraising,

and communications, and provided technical leadership across research and impact; prevention; diagnostics, treatment and care; health- and community systems strengthening; and AI and digital health.

During the year, staff numbers decreased due to retirement (1), staff turnover (1), and compliance with labor legislation for remote workers (2). Due to funding constraints following disruptions in global health financing, positions were not replaced, and one contract could not be extended. One vacancy remained unfilled, resulting in 23 staff at the year-end.

Main achievements:
- Successful implementation of projects, delivering most results on time in the Netherlands, Europe, and globally despite changing circumstances.
- Strong global reach through high-quality research and innovation, reflected in 57 peer-reviewed publications, well-attended webinars, and contributions to international conferences.
- Continued capacity building across the KNCV network.
- Pro-active engagement with technical partners and funding agencies.
- Successful proposal development, including two major research grants.
- Development of the KNCV Strategic Plan 2026–2030.

Challenges:
- Sudden reductions in global health funding, leading to early closure of several projects.
- Reduced opportunities for Northern NGOs to lead multi-country technical assistance.
- Maintaining focus and work-life balance amid pressures from project delivery, strategic planning, and intensified proposal development.

Expectations for 2026
The division will continue implementing the KNCV Strategic Plan with an updated team structure and integrated project management.

Focus will remain on delivering existing and new projects across priority areas, including DREAM Fund and AIR TBC projects, ASCENT DR-TB, childhood TB in Ethiopia, and diagnostic network support.

Maintaining strong relationships with donors and technical partners, alongside continued proposal development, will be essential to sustain KNCV's contribution to global TB elimination.

6.3 Operations Division

Introduction
The Operations Division provides leadership, coordination, and oversight for the management of KNCV's project portfolio and branch offices, ensuring compliance with donor requirements and organizational policies. In 2025, the division continued to play a central

role in supporting high-quality project implementation, donor reporting, and proposal development across a diverse and evolving portfolio. Close collaboration with other divisions, branch offices, and external partners remained essential to safeguarding operational continuity and accountability throughout the year. The Operations Division was also tasked with the management of global and/or country-related security incidents.

Key challenges

The Operations Division operated in a dynamic environment marked by changes in the funding landscape, project transitions, and country office restructuring. Several projects required rapid adjustments, extensions or close-outs, following donor decisions. In parallel, branch office closures and transitions into national entities demanded careful planning to ensure compliance, continuity, and proper handover of responsibilities. These challenges were addressed through strengthened internal coordination, close engagement with donors and partners, and the application of standardized procedures for risk management, reporting, and documentation. Digital tools and shared workspaces were further embedded to support timely oversight and decision-making.

Milestones

- Supported the development and submission of many competitive funding proposals, contributing to portfolio growth and diversification.
- Successfully managed the implementation, extension, or close-out of several complex projects, ensuring continued delivery of results despite changing external conditions.
- Completed the transition of active and archived project documentation to a centralized Microsoft Teams environment, improving transparency, accessibility, and compliance.
- Initiated and supported new projects, including multi-country initiatives, with robust governance and financial management structures in place.
- Provided targeted operational support to branch offices during restructuring and transition processes, safeguarding donor confidence and operational integrity.

Expectations for 2026

In 2026, the Operations Division will be phased out, and its core tasks will be duly housed in the newly designed organizational structure, aligned with the new strategic plan, while continuing to strengthen quality, efficiency, and risk management across the project lifecycle.

6.4 Finance and Administration Division

The Finance & Administration Division (F&A) consists of the departments of Finance, Grant Administration, Human Resources (HR), Information Communications and Technology (ICT), and the Secretariat.

Throughout 2025, the Finance & Administration Division played a stabilizing and forward-looking role during a year marked by significant external funding disruptions and internal restructuring. Despite the termination and suspension of several USAID-funded projects and delays in major initiatives such as the PL Dreamfund project, the division ensured continuity of financial operations, supported organizational resilience, and drove modernization across core functions.

The Finance team maintained reliable quarterly closings, completing each cycle within 17 to 19 working days, even during periods of heightened pressure. The team improved forecasting accuracy quickly identified gaps in productivity and income and implemented mitigating measures including adjusted staffing and reallocation of indirect days. Liquidity remained stable despite foreign-exchange losses, and financial controls were strengthened with preparations for automated income postings and improved integration in Exact Globe.

The IT team has delivered major progress in digital transformation. It successfully implemented foundational infrastructure for Exact Synergy, including CRM and HR integration, Office-tool connectivity, and secure server architecture. The team also completed the full migration of legacy data from old systems to Microsoft Teams, improving project lifecycle management and collaboration. In addition, IT launched and evaluated a pilot of Microsoft Copilot to explore automation opportunities, producing a structured assessment that informed MT approval for the next phase. The team also initiated a cross-organizational review of information-security and compliance requirements to strengthen GDPR alignment and technical safeguards.

The HR team supported essential organizational restructuring linked to the development of the 2026–2030 strategic plan. HR advanced the implementation of Exact Synergy for HR processes, established automated workflows, and consolidated staff dossiers. It facilitated staffing changes, including the transition of externally contracted staff to The Hague, and supported the Works Council advisory process. Integrity training was delivered to branch offices, with further sessions for the MT in The Hague office. Absenteeism decreased steadily throughout the year, and HR helped maintain stable operations despite reductions in headcounts.

Other cross-cutting functions, including Facilities and Secretariat, contributed to cost-reduction efforts and operational efficiency. A new office location in The Hague was contracted, enabling structural annual savings. Staff reductions in support roles were realized in line with expected income levels. These measures helped the organization adapt to a shifting funding landscape while safeguarding essential services.

Overall, the F& A Division ensured operational continuity, enabled critical modernization efforts, and strengthened the foundation for future organizational resilience.

6.5 Institutional Fundraising Unit

2025 marked a structural turning point for the NGO fundraising sector. The year opened with an Executive Order mandating a 90-day pause on U.S. foreign development assistance disbursements while programs were reviewed for efficiency and alignment with U.S. foreign policy. By March, U.S. leadership reported the termination of roughly 83% of USAID programs. For KNCV and NGOs in general, the impact was immediate and operational—not only immediate fund cuts and contract continuity for running projects but fewer opportunities, greater uncertainty around award schedules, and program approvals. At the same time, U.S. health-related grantmaking became harder to forecast; disrupted CDC and NIH grant funding flows affecting granting planning. Against this backdrop, the sector entered a “new normal” defined by policy volatility, slower decision cycles, and heightened competition towards non-U.S. donors. This situation accelerates the need for donor diversification, scenario planning, and resilient partnership.

In 2025, despite major changes in the funding landscape drastically increasing the competition, results closely matched 2024: 38 projects were proposed, 12 approved, for a 31.6 % success rate versus 36.4% the previous year. We notice a significant increase of applications directed to the European institutions (EDCTP and Horizon) aligning with the shifts occurring in the opportunity ecosystem. 2025 marked the first time KNCV was awarded a KNCV-led EDCTP3 project grant.

In 2025, the organization expanded its donor outreach by applying to new funders, including CIFF, Fondation Pierre Fabre (ODESS), Johnson & Johnson (via the King Baudouin Foundation), and CEPI. While these efforts supported donor diversification, they did not yet translate into long-term or recurring funding commitments.

In 2025, we set up the CRM system. We expect to be fully using it in 2026, allowing KNCV to speed up the identification of proposal consortium and leverage KNCV's network.

6.6 Division Communications & Private Fundraising

In 2025, KNCV’s Division Communications & Private Fundraising strengthened donor engagement, visibility, and income generation, while further developing key foundations for sustainable growth and diversification.

- **Sustained core donor income:** Direct mail continued to deliver stable and profitable returns, providing a strong base for ongoing donor engagement and long-term retention
- **Strong momentum in legacy giving:** Multiple high-value bequests (€100K - €120K) are in progress, confirming legacy fundraising as a key strategic growth pillar and a growing source of future income

- **Successful mobilization of private funding:** Four out of five private foundation proposals were approved, including the AIR-TBC project with the PL that will start in 2026, reflecting private donor confidence in KNCV's technical expertise and impact-driven approach
- **Improved donor visibility and engagement:** LinkedIn reached record engagement levels, driven by more authentic storytelling, employee-generated content, and video formats, strengthening emotional connection with supporters and positioning KNCV as a trusted voice in TB
- **Strengthened donor relations and stewardship:** A well-attended donor event with ~100 loyal supporters, including the presence of HRH Princess Margriet, reinforced appreciation, trust, and long-term commitment among key donors
- **Enhanced fundraising infrastructure:** A major Salesforce upgrade improved donor data management, segmentation, and reporting, enabling more targeted and effective fundraising and stewardship activities

Together, these achievements reflect a way forward to further strengthening the donor ecosystem, combining stable core income, growing legacy potential, improved digital engagement, and deeper donor relationships to support long-term impact.

7. Social report

The Social Report highlights how KNCV Tuberculosis Foundation supports its staff and strengthens the organizational culture that enables our mission to end TB. As a global technical organization working in diverse and often challenging contexts, our people are at the heart of our impact. This chapter provides insight into key developments in human resources, staff well-being, integrity management, and our commitment to a safe, inclusive, and professionally supportive work environment.

In 2025, we continued to invest in sustainable HR processes, transparent governance, and a strong culture of ethical conduct. Through updated policies, active engagement with the Works Council, and strengthened integrity systems, we ensured that staff across The Hague office and our country branches can work safely, confidently, and effectively. These efforts are essential for maintaining trust - within our teams, with our partners, and with the communities we serve - and for safeguarding the foundation required to deliver high-quality TB prevention and care worldwide.

7.1 HR Highlights

One of the key achievements in 2025 was the successful transition to a new salary system.

In 2025, a new strategy was formulated for the period 2026-2030. To ensure consistency with this strategic direction, organizational restructuring was required. HR participated in preparing a Request for Advice for submission to the Works Council.

In addition, we can report on the following statistics:

- KNCV does not work with volunteers. In 2025, there were 8 interns as part of their higher education.
- Sick leave at The Hague office was 2.82 percent in 2025 versus 3.0 percent in 2024. The 2.82 percent consists of 0.58 percent short-term sick leave, 0.41 percent mid-term sick leave and 1.83 percent long term sick leave.

The table below presents headcount by country since 2021. Some branch offices have closed or become independent members of the KNCV international network. The Tanzania office closed in 2025. At the KNCV Netherlands office, there are 45 employees, with two working remotely from abroad.

	2021	2022	2023	2024	Q1-2025	Q2-2025	Q3-2025	Q4-2025
Headcount per country								
Nigeria	19	12	12	13	13	13	13	13
Ethiopia	45	57	35	10	11	11	8	6

Malawi	12	4	0	0	0	0	0	0
Tajikistan	1	1	0	0	0	0	0	0
Tanzania	9	9	2	1	0	0	0	0
Philippines	5	11	1	1	1	1	1	1
Kyrgyzstan	0	1	1	1	1	1	1	0
Kazakhstan	2	2	2	6	5	2	2	2
Vietnam	2	6	4	5	5	2	2	2
Country offices in total	**95**	**103**	**57**	**37**	**36**	**30**	**27**	**24**
The Netherlands	53	53	59	58	51	49	48	45
Total	**148**	**156**	**116**	**95**	**87**	**79**	**75**	**69**

The following table shows changes in staff numbers and their distribution by gender.

	Total headcount at the end of 2024	Inflow staff	Outflow staff	Male headcount	Female headcount	Total headcount at the end of 2025
Nigeria	13	0	0	9	4	13
Ethiopia	10	1	5	5	1	6
Tanzania	1	0	1	0	0	0
Phillipines	1	0	0	0	1	1
Kyrgyzstan	1	0	1	0	0	0
Kazakhstan	6	0	4	0	2	2
Vietnam	5	0	3	0	2	2
Country office in total	**37**	**1**	**14**	**14**	**10**	**24**
The Netherlands	58	0	13	18	27	45
TOTAL	**95**	**1**	**27**	**32**	**37**	**69**

7.2 Works Council in 2025

In the Netherlands, an organization of more than 50 employees is instructed by law to establish a works council. This is a body of elected employees that are mandated to represent the interests of all employees within the organization, promote a healthy workplace, and ensure business decisions are made in proper consultation, for the best interest of the organization.

In 2025 we said goodbye to two works council members – Ineke Huitema and Harmen Bijster. We thank them for their contribution and commitment over the last years. KNCV held works council elections for new members to represent the organization in the current term. We welcomed Joeri Buis and Juan Barrios as newly elected members. Inez de Kruijf-Carter

(chair); Rachel Powers (Vice Chair), Amanda Garcia Alonso were re-elected for another term. Johan Lantinga continued to provide support as external secretary.

The works council met with the Executive Board on a quarterly basis for consultation on key organizational developments.

Key activities in 2025:

- Provided advice on moving office locations in 2026
- Provided advice on the updated employees conditions scheme
- Provided advice on the proposed updated travel policy
- Received the request for advice on organizational restructuring to align with the new strategic plan for 2026-2030
- Hosted multiple consultation meetings with colleagues as well as the Executive Board on the new proposed organizational structure
- Training and onboarding of new works council members
- Annual meeting with the Board of Trustees

7.3 Integrity in 2025

KNCV Tuberculosis Foundation takes integrity very seriously. We have strict policies on adhering to strict moral and ethical values, laid down in a Code of Conduct and other listed below. In executing projects for our donors, KNCV Tuberculosis Foundation adheres to the policies and guidelines set by the donors, next to our own policies.

- KNCV Code of Conduct
- Policy on Fraud, Human Trafficking, Money Laundering and Counter Terrorism
- External complaints procedure and register
- Whistleblowers procedure

The Code of Conduct and related procedures are available on the KNCV website.

Confidential advisor

KNCV has appointed a person of trust. KNCV staff can speak with the confidential advisor, in strict confidence, if they experience undesirable behaviour, such as intimidation, bullying, aggression and unwanted (sexual) advances, aggression, violence, and/or discrimination that takes place during work or in connection to the workplace.

Reporting

Violations of KNCV's code of conduct can be reported, either by victims or witnesses, through the following channels:

- Management
- HR
- External: lawyer
- External: confidential counsellor
- External: Whistleblowers Advisory Centre

On the website of KNCV, people can get in contact in case they have experienced, witnessed, or heard about a (possible) breach of integrity by our KNCV staff members. Within a maximum of five working days, they will then get a confirmation receipt and more information on the appropriate actions that will be taken based on our policies.

KNCV integrity system, 2025 issues, and evolving the system

Internally there have been no reports from people regarding integrity issues, nor have there been reports from our lawyers. The confidential counsellor received two reports, both involving transgressive behaviour by a supervisor. Concerning both cases, the counsellor has reported back that after sharing their experiences and the advice given during the interviews, both employees were able/willing to move on independently. The counsellor has advised that the cases do not give rise to setting out guidelines for the future, nor to sending certain signals to either the Executive Board, Board of Trustees or the Works Council.

Whistleblower Procedure

KNCV has a formal whistleblowers procedure utilizing an external lawyer. KNCV staff may consult this external lawyer regarding suspected misconduct or irregularities. The staff member may request confidentiality. The external lawyer provides an annual, anonymized, report to KNCV's Works Council, which will be discussed in consultation with the Executive Board. This report includes information regarding the nature of any reports, the outcomes of any investigations and the viewpoint of KNCV.

No whistleblower reports were received in 2025.

Investigations, measures, & communication

The external lawyer is responsible for investigating any reports received through the whistleblower's procedure. The lawyer will review the claim of misconduct to determine whether it is actionable and, if so, investigate the allegations. The external lawyer reports the outcome of her investigations to the Board of Trustees. Management and HR, engaging in internal and external expertise as required, are responsible for investigating any reports lodged internally through either the management and/or HR channels.

Assessment of KNCV's integrity system

KNCV's integrity system is adequate for the task. KNCV has a clear, established code of conduct that has been communicated to all staff. Several systems and processes, including an independent confidential counsellor and an external whistleblowers procedure, are in place to ensure that staff can raise concerns in confidence. More work can be done to improve awareness in the organization and train staff members in dealing with recognizing, reporting and acting on breaches of integrity. In 2024, we have followed up on the recommendations of the mid-term evaluation by CBF. The policies

have been updated, we showed which other policies we endorse, and we have put a contact form on the website for reporting (possible) breaches of integrity.

7.4 Corporate Social Responsibility and Sustainable Development Goals

KNCV is committed to responsible, transparent, and sustainable operations that align with the principles promoted by Goede Doelen Nederland and the CBF. Our mission to eliminate tuberculosis (TB) is inherently connected to global sustainable development. KNCV's work contributes directly to several United Nations Sustainable Development Goals (SDGs), listed below in order of relevance:

SDG 3: Good Health and WellBeing

KNCV's core mission is to improve health outcomes for people affected by TB and to work toward the global elimination of the disease. Our programs enhance access to diagnosis, treatment, and prevention, contributing significantly to stronger health systems.

SDG 1: No Poverty

TB disproportionately affects vulnerable populations and can lead to severe financial hardship due to prolonged illness and loss of income. By reducing the burden of TB, KNCV helps mitigate the economic impact on individuals, families, and communities.

SDG 5: Gender Equality

KNCV addresses stigma, discrimination, and unequal access to care - particularly where gender norms or social marginalization create barriers. Our interventions support equitable access to TB services for women, men, and underserved populations.

7.5 Partnerships and Alignment with Global Strategies

KNCV develops and delivers all programmatic activities in close collaboration with international and national partners. Our work is aligned with the **WHO End TB Strategy** and the **Stop TB Partnership's Global Plan to End TB**, ensuring that our contributions support coordinated and evidence based global efforts.

7.6 Environmental Responsibility

In line with CSR principles, KNCV aims to minimize its environmental footprint while effectively pursuing its mission. Key measures include:

Responsible Travel

As an international organization, travel to field locations is sometimes essential. KNCV minimizes emissions by:

- Reducing international flights where possible through the use of video conferencing and digital collaboration tools.
- Combining multiple activities within a single trip to reduce overall travel frequency.

Sustainable Commuting

For staff in the Netherlands, we encourage:

- Use of public transportation for office commutes and external meetings within reasonable distance.
- A hybrid working policy that enables employees to work from home, reducing commuter related emissions.

Environmentally Conscious Office Practices

KNCV promotes efficient and sustainable office operations by:

- Minimizing paper use and encouraging digital workflows.
- Enforcing double-sided, black-and-white printing when printing is necessary.
- Using environmentally friendly printer toner and other office materials whenever possible.

7.7 Social Responsibility and Governance

KNCV promotes **equal employment opportunities** and strives to create an inclusive, safe, and professional working environment for all staff.

The management of KNCV's financial reserves adheres to an **Environmental, Social, and Governance (ESG)** investment mandate. Details of this approach are provided in the Notes to the Annual Accounts under the section *"Accounting policies – assets and liabilities."*

7.8 Information Security Management

Incident Recording and Response

KNCV maintains records of incidents related to information security and other IT matters. In 2025, two incidents were documented. Each was promptly addressed, and the organization has drawn valuable lessons from these occurrences to inform future practices.

Security Policy Updates

In response to these incidents, KNCV is in the process of updating its security policy. This policy sets out the necessary security measures and procedures to protect the organization from daily risks, including phishing and hacking attempts. The revised policy also seeks to enhance staff awareness, emphasizing the importance of adhering to procedures designed to safeguard organizational data.

Collaboration with ISO Groep and Technical Safeguards

Throughout 2026, KNCV continues its collaboration with ISO Groep, which manages the organization's IT environment. Together, they implement a range of technical solutions, such as anti-ransomware software, monitoring tools, and advanced hardware. These measures are designed to strengthen KNCV's defenses and protect the organization from evolving threats.

Mitigating Human Error and Phishing Risks

Despite robust protections, the possibility of breaches remains part of daily operations, particularly when staff inadvertently click on phishing links - an issue previously encountered. To mitigate this risk, Microsoft now sends notifications to IT staff when a team member may be at risk, providing a critical window to respond effectively and prevent harm.

Fraudulent Payments and Extra Safeguards

Another notable incident involved a payment to an unknown bank account, which was later identified as fraudulent. This was caused by a hack at a third-party organization. Such incidents highlight the increasing sophistication of fraud attempts and underscore the need for additional safeguards, such as conducting extra checks to verify sender identities.

8. KNCV Governance

KNCV TB Plus is a Dutch incorporated Association of Members with a global footprint. KNCV has a Global Office in The Hague, and a growing network of national entities, as well as a couple of branch offices, overseas. In 2025, KNCV continued to operate under a two-tiered governance structure: the Association of Members as the highest supervisory body, and the Board of Trustees (BoT) with delegated supervisory and advisory responsibilities. KNCV maintained compliance with the CBF standards and Goede Doelen Nederland governance codes. The Governance & Management Framework describes the clear separation of responsibilities between supervisory and executive functions. In 2026, KNCV plans to update the Governance & Management Framework to include recent CBF recommendations based on KNCV's self-assessment on governance matters in 2025.

Board of Trustees

Throughout 2025, the Board of Trustees (BoT) oversaw KNCV during a period of significant uncertainty in global health financing. The impact of USAID Stop Work Orders, terminated grants, and significant reductions in bilateral and multilateral funding resulted in severe disruptions at country level and posed operational and strategic challenges for KNCV. In its oversight the Board ensured that KNCV responded swiftly, responsibly, and transparently, paying particular attention to continuity, scenario planning, and organizational resilience.

The BoT convened four times in 2025, supplemented by an interim online meeting in March and the annual joint Strategic Retreat with the Management Team in June. Key topics included the Strategic Plan 2026–2030, organizational restructuring, financial scenario planning, network development, and oversight of the crisis response. In May, the Board conducted its annual self-assessment, identifying the need to formalize and strengthen oversight of technical and programmatic work. A Technical Committee was established alongside the Audit Committee. On managing conflicts of interest, any potential conflicts are flagged in relation to the meeting agendas. In 2025, no instances of recusals were necessary.

Audit Committee

The Audit Committee (A/C) met twice in 2025 and continued to monitor financial performance, internal controls, risk management, and treasury operations and served as the Investment Committee. Key discussion points in the year included the transition of the investment portfolio from ABN AMRO to ING, review of reserve utilization to support the ACT4TB project, and monitoring of risks arising from disrupted donor funding.

PwC's interim audit confirmed strengthened financial and control processes while highlighting necessary updates to GDPR policies and IT arrangements in branch offices. A/C membership transitioned during the year, with two new BoT members joining a third member on the A/C upon the retirement from the BoT of the two longstanding Committee members.

Technical Committee

2025 marked the establishment of the Technical Committee (T/C) to enhance Board oversight of KNCV's programs and technical domain. The committee held its inaugural meeting in November and reviewed the Workplan and Budget 2026, including the operationalization of the Strategic Plan 2026–2030.

The Committee provided detailed guidance on program priorities, technical quality assurance, and capacity needs - particularly considering evolving TB epidemiology, shifting donor landscapes, and the T/C provided advice on how to strengthen technical coherence within the KNCV Network.

Nominations Committee

The Nominations Committee led the recruitment of two new Board members following the expiry of the terms of two longstanding members, both also serving on the Audit Committee. Updated vacancy profiles emphasized financial leadership and international and/or political network expertise, reflecting KNCV's evolving strategic context. The committee facilitated a transparent and structured selection process. The Board of Trustees nominated the two proposed candidates both with a financial profile; the nominees were appointed by the General Assembly in June 2025.

Supervisory Oversight in 2025

Throughout 2025, the Board engaged intensively with the Executive Director and Management Team on key areas of oversight. Major supervisory themes included:

- Strategic Plan 2026–2030 input in a consultation round, review, and approval.
- Organizational resilience and staffing adaptations.
- Risk management across financial, operational, cybersecurity, and geopolitical domains.
- Strengthening of the KNCV Network and development of new national entities.
- External positioning and engagement within global TB and global health fora.

Engagement with the Works Council (WC)

BoT leadership engaged with the WC towards the end of the year, and informally during the annual Strategic Retreat. The BoT valued the WC's constructive and proactive stance during organizational change.

General Assembly

The General Assembly met in June 2025 to approve the Annual Report and Accounts 2024, re-appoint PwC as Auditor, and appoint two new members to the Board of Trustees. The

Members provided input to the Strategic Plan 2026-2030 and discussed operational and strategic implications of the disruptions in global health financing.

Table 4: Overview BoT members and positions held.

Member	Positions held
Mirella Visser (Chair)	Managing director at Centre for Inclusive Leadership, member Supervisory council ING Pension fund, member of the Civic Advisory Board Schiphol (MRS), Board chair of Stichting PUSH; former Chair supervisory board at Stichting PSI - Europe, former member of the European Integration Committee of the Dutch Advisory Council on International Affairs (AIV), former regional director ING South-East Asia.
Tjipke Bergsma (Vice-chair)	Interim COO at SOS Children's Villages International; amongst others, former CEO of War Child Holland and Deputy CEO of Plan International; holds non-executive roles in literature and refugee-focused organizations.
Saskia Bomas	CFO Business Unit Consultancy at Kyndryl Corporation and member of the global finance leadership team. Prior roles include CFO of Infrastructure Services at IBM, based in New York, CFO Hardware & Software business unit at IBM, based at European HQ in Madrid and country CFO Netherlands, Belgium and Luxembourg at IBM, based in The Netherlands.
Frank Cobelens	Professor of Global Health at Amsterdam UMC. Board roles with Health[e] Foundation, European Global Health Research Institutes Network, and Tuberculosis Vaccine Initiative. Former Executive Board Chair at Amsterdam Institute for Global Health and Development, former Scientific Director KNCV.
Michiel van Rees Vellinga	Board Member and CIOO (Chief Information and Operations Officer) of multicounty subsidiary of ABN Amro Asset Based Finance. Held several senior management positions in ABN Amro Information Technology and Operations.
Zemzem Shigute Shuka	Assistant Professor of Global Health and Development at ISS- Erasmus University, Course Coordinator for Economics of Development in the master's in development studies (MADS). Visiting Researcher and co-coordinator of Joint PhD program with Addis Ababa University. Member of the Rotterdam Global Health Initiative (RGHI).
Sophie Toumanian	TB-Physician, Department of Tuberculosis Control, Public Health Services Twente and IJsselland, Regional Expertise Centre North-East, The Netherlands. Chair Committee for Practical TB Control Netherlands (CPT).

9. Message from the Chair and Vice-chair of the Board of Trustees

Dear KNCV Member Associations, Partners, Donors and Staff,

The year 2025 has been one of the most demanding and transformative periods in KNCV's recent history. Severe and unprecedented disruptions to global health funding- with the USAID Stop Work Orders issued in January, and eventual terminations of most USAID grants, and prolonged uncertainty around complementary bilateral and multilateral financing - created a shockwave felt across our network, our partnerships, and the national TB programs we serve. These challenges placed exceptional pressure on both the KNCV organization and on TB treatment and care in the countries and communities we serve.

Amid these profound shifts, the Board of Trustees has seen KNCV demonstrate agility, professionalism, and an unwavering mission-driven focus. We commend the Executive Director, Management Team, and all staff for navigating these turbulent circumstances with clarity, commitment, and care.

Key Developments and Supervisory Oversight in 2025

Throughout 2025, the Board focused its oversight on three interconnected priorities:

1. Safeguarding organizational continuity and financial resilience,
2. Supporting KNCV's strategic repositioning, and
3. Ensuring strong governance and transparent decision-making during instability.

Several developments stand out.

On responding swiftly to the global funding crisis:

KNCV's Crisis Management Team acted early and decisively, enabling scenario planning, redeployment of staff, and efficient mitigation during the USAID suspension and termination of most project funding. Through the ACTS initiative - developed with support from our valued Member Associations SMT and 's-Gravenhaagse - KNCV preserved critical technical capacity, supported national TB programs in priority countries, and maintained its global visibility at a moment when expertise was urgently needed.

On strategic direction and organizational adaptation:

The Board worked closely with management to finalize and operationalize the Strategic Plan 2026 - 2030. The Plan's emphasis on technical leadership, targeted country support, innovation, and strengthened network collaboration positions KNCV for impact in a shifting geopolitical and funding landscape.

KNCV also initiated the transition toward a "fit-for-purpose" organizational structure, balancing necessary cost containment with retention of essential competencies.

On strengthening the KNCV Network:

The Board welcomed progress in expanding and formalizing the KNCV Network, including the establishment of KNCV Ethiopia and KNCV Tanzania. We view the network as a cornerstone of KNCV's future relevance, sustainability, and legitimacy.

Looking Ahead to 2026 and Beyond

The coming years will remain challenging. Diminishing global health funding, shifts in the global health architecture, pressure on multilateral systems, insecure operating environments and fiscal uncertainty in low- and middle-income countries all require organizations like KNCV to adapt with courage and foresight. With project funding shifting to countries, financial continuity requires doubling down on resource mobilization and exploring new avenues, including private foundations and exploring private sector opportunities.

Yet 2025 also demonstrated that KNCV's resilience is deeply rooted in its dedicated staff and long-standing partnerships, its reputation as a trusted technical leader, strong financial governance, and its ability to innovate in times of crisis.

With the Strategic Plan 2026 - 2030 as a shared compass, KNCV is well-positioned to contribute meaningfully to TB elimination, health system strengthening, and pandemic preparedness in the years ahead.

Appreciation

The Board of Trustees expresses its deep appreciation to KNCV staff across all offices and locations for their perseverance during intense uncertainty, our donors, partners, and national TB programs as well as KNCV Network partners for their trust and collaboration, the Works Council for its constructive engagement during organizational transitions, and the Management Team for its leadership, transparency, and steadfast focus on mission and people.

We look ahead to 2026 with confidence—aware of the challenges, yet strengthened by the resilience, professionalism, and commitment that KNCV has demonstrated throughout 2025.

Mirella Visser LL.M.

Chair of the Board of Trustees

Tjipke Bergsma

Vice-chair of the Board of Trustees

10. Financial statements 2025

KNCV Tuberculosis Foundation (KNCV) is a global non-profit organization. Since its establishment in 1903, KNCV's mission has been to save lives and end human suffering through the promotion of health and the global elimination of tuberculosis (TB) and other related diseases.

Our vision is healthy people in a world free of TB and other related diseases, to save lives and end human suffering through the promotion of health and the global elimination of tuberculosis and other related diseases.

Primary information and objectives
The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' with Chamber of commerce number registration number 40408837 (using the name KNCV TB Plus) resides at Maanweg 174 in The Hague (Walsdorpstraat 80 in The Hague, per 1 June 2026), the Netherlands. Under its Articles of Association, the objects of the KNCV are to promote the fight against tuberculosis, nationally and internationally, by, *inter alia:*

- creating and maintaining ties between the different institutions and persons in the Netherlands and elsewhere in the world, that are working towards the prevention and control tuberculosis;
- raising awareness for the prevention and control of tuberculosis and keeping the awareness alive through the dissemination of written and oral information, by causing courses to be held and by promoting scientific research relating to tuberculosis and its control;
- conducting research concerning the fight against tuberculosis;
- giving advice about ways to prevent and control tuberculosis, as well as
- by undertaking any and all other activities which may be conducive to these objects.

KNCV may, as a side activity, develop and support similar work in other areas of public health.

Branch offices
KNCV is active throughout the world via five KNCV country offices. These country offices monitor and/or implement TB prevention and care programs, epidemiological studies, and (clinical) research in different thematic areas in the Netherlands, and in high burden countries. At the end of the financial year 2025 KNCV had the following country offices:

1. KNCV Tuberculosis Foundation in **Ethiopia**, Bole subcity, Woreda 03 House Number 4-048, Behind tele medhanialem branch, Addis Ababa, Ethiopia.
2. KNCV Tuberculosis Foundation in **Nigeria**, Block B 4th Floor, Plot 564-565, Independence Avenue, Central Business District, Abuja, Nigeria.
3. KNCV Tuberculosis Foundation in **Vietnam**, 130 Mai Anh Tuan Str., DongDa Dist. Hanoi, Vietnam.
4. KNCV Tuberculosis Foundation Representative Office in **Central Asia**, 62/2 Bogenbay batyr street (corner Zverev str), 050010, Almaty, Kazakhstan.
5. KNCV **Philippines**, Unit 211 Cityland 10, Tower 2, 154 HV dela Costa Street, Salcedo Village, Makati City 1227, Philippines.

In 2025, the country office in Tanzania was closed. In the new strategy for 2026-2030, it is the aim to transition the branch offices to national entities and close them. For 2026, the regional office in Central Asia will be closed, as well as the offices in the Philippines and Ethiopia.

Financial policies and results

Comment on financial result 2025

We ended the year 2025 with a deficit of €1,472,000, which exceeded the original budget. The main difference between the realised result and the budget can be explained by three key factors.

First, net investment income was €192,000 lower than budgeted, mainly due to unfavourable USD–EUR exchange rate movements. As a result, net investment income amounted to €186,000 compared with a budget of €378,000.
Second, an additional €237,000 was spent on projects funded from earmarked reserves. These additional expenditures were required to mitigate the impact of the cessation of USAID-funded projects. Total expenditure on earmarked reserve projects in 2025 amounted to €1,038,000, compared with €801,000 included in the original budget.
Third, the operational result was €575,000 more negative than anticipated. This was largely caused by the termination of USAID projects and delays in the implementation of the Postcode Loterij Dreamfund project, which led to lower income.

The table below presents an overview of the differences between the actual results for 2025 and the budget, as well as a comparison with the actual results for 2024. The original budget assumed a total negative financial result of €386,000 for 2025.

	Budget 2025	Actual 2025	Difference budget and actuals	Actual 2024	Difference actuals 2025 and 2024
Project income	14,216	10,870	-3,346	13,142	-2,272
Income from lotteries	1,410	1,544	134	1,548	-4
Income from private donors	445	465	20	497	-32
Other income	0	-70	-70	290	-359
Total income	**16,071**	**12,810**	**-3,261**	**15,476**	**-2,666**
Personnel	8,109	7,513	596	8,292	780
Housing	212	200	12	200	0
Office and general expenses	1,137	1,255	-119	1,132	-123
Grants and contributions	15	25	-10	15	-10
Contributions to allied organizations	450	495	-45	502	7
Purchases and acquisitions	2,690	1,985	705	2,352	367
Outsourced activities	4,000	2,806	1,194	2,679	-126
Publicity and communication	185	158	27	234	77
Depreciation and interest	38	31	6	40	9
Total expenditures	**16,834**	**14,468**	**2,367**	**15,447**	**979**
Result before net income from investments	**-763**	**-1,658**	**-895**	**29**	**-1,687**
Net investment income	378	186	-192	593	-407
Surplus / Deficit	**-386**	**-1,472**	**-1,086**	**623**	**-2,095**

Surplus / Deficit appropriated as follows					
Continuity reserve	256	152	-104	863	-710
Decentralization reserve	-40	-135	-95	-34	-101
Earmarked project reserves	-761	-903	-141	-368	-535
Unrealized gains on investments	195	-380	-575	250	-630
Fixed assets reserve	-20	-20	0	-19	0
Earmarked by third parties	-15	-186	-171	-69	-118

The total income is €12,810,000 and this is €3.3 million lower than budget and €2.7 million lower than last year. The primary reason for this deviation is the cessation of USAID projects at the beginning of 2025, coupled with delays in executing the Postcode Loterij Dream Fund project (with a non-costed extension into the beginning of 2027). The reason for the delay is the complex legislation governing the importation of materials into the countries where we are implementing the project.

The income from lotteries is higher than budget, as we received a higher contribution from the Postcode Loterij, just like in 2024. Income from private donors decreased compared to last year but not as much as was anticipated in the budget for 2025. Other income is €70,000 negative due to negative exchange rate gains. In 2025, the USD-EUR rate went down from 0.9660 at the beginning of the year to 0.8523. This has also effect on the unrealized gains on the USD-investments. In dollars this was positive, in euro there was a loss in value.

The total expenditure is €2.4 million lower than budget. Personnel costs are lower than budgeted and also considerably lower than last year. This has to do with a lower headcount in The Hague office, and reduction of staff in branch offices due to the stop work orders for the USAID funded projects. Purchases and acquisitions are lower than budget because of the delay mentioned in the Dream Fund project. The equipment that was supposed to be procured at the end of 2025 will now be procured in 2026. Office and general expenses have increased due to provisions for bad debts related to a longstanding outstanding amount associated with a USAID-funded project in Malawi through our partner, DAPP (€49,000) and an additional reservation for severance payments for the staff in the Nigeria branch office in anticipation of the transition to an independent entity. The net investment income is low compared to the budget with (unrealized) losses on the investment portfolio while earning interest on bank balances.

Financial figures and ratios for the past 5 years

Financial figures

The financial figures for the last 5 years are shown in the table below, including the budget for 2025 and the average for the past 3 years.

Financial figures 2021-2025	Actual 2021	2022	2023	2024	2025	Budget 2025	Average 2023-2025
Project income	13,758	14,572	12,389	13,142	10,870	14,216	12,134
Income from lotteries	1,359	1,466	1,425	1,548	1,544	1,410	1,506
Income from private donors	793	524	447	497	465	445	470
Other income	0	2	-145	290	-70	0	25
Total income	**15,910**	**16,564**	**14,116**	**15,476**	**12,810**	**16,071**	**14,134**

Expenses - mission related goals	13,468	15,192	13,513	13,747	12,737	14,953	13,332
Expenses - private and institutional fundraising	810	1,064	1,118	1,193	1,238	1,280	1,183
Expenses - administration and control	675	541	418	507	493	602	473
Total Expenses	**14,953**	**16,796**	**15,049**	**15,447**	**14,468**	**16,834**	**14,988**
Balance of income and expenses	**957**	**-233**	**-934**	**29**	**-1,658**	**-763**	**-854**
Net investment income	483	-979	672	593	186	378	484
Surplus / Deficit	**1,440**	**-1,212**	**-262**	**623**	**-1,472**	**-386**	**-370**

The actual income in 2025 is below the 3-year average. This has also implications for the ability to spend more on the mission of the organization. At the same time, the fundraising expenses and the expenses for administration and control remained at the same level. Please note that the lottery income that is passed on to third parties (SGF) is included in the expenses of fundraising. The amount also includes the personnel and material costs for both private and institutional fundraising. Net investment income fluctuated over the years. On average there is a positive net investment income over the period 2023-2025.

Financial ratios

We also monitor our financial performance with various ratios. These are presented on the next table.

Financial figures 2021-2025	Actual 2021	2022	2023	2024	2025	Budget 2025	Average 2023-2025
Ability to spend on objectives (compared to total income)							
Spent on mission	84.7%	91.7%	95.7%	88.8%	99.4%	93.0%	94.3%
Overall efficiency of the organization (compared to total expenses):							
Spent on the mission	90.1%	90.4%	89.8%	89.0%	88.0%	88.8%	89.0%
Spent on fundraising	5.4%	6.3%	7.4%	7.7%	8.6%	7.6%	7.9%
Spent on administration and control	4.5%	3.2%	2.8%	3.3%	3.4%	3.6%	3.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Efficiency of fundraising:							
Spent on private fundraising compared to total private fundraising income	9.2%	20.4%	15.7%	18.0%	21.0%	25.7%	18.3%
Spent on institutional fundraising compared to total project income	2.1%	2.1%	3.5%	3.1%	3.9%	3.3%	3.5%
Spent on private and institutional fundraising compared to total income	5.1%	6.4%	7.9%	7.7%	9.7%	8.0%	8.4%

Expenses to mission related goals

Spent on mission compared to total expenses is 88.0%. This is lower than last year's 89.0% and under budgeted 88.8%. Since 2020 the percentage spent on the mission remains stable between 88% and 90%. As we run a deficit and used earmarked reserves for the realization of the goals of the organization, the percentage of our income spent on the mission is 99.4%. The decrease in expenditure on mission related goals is because expenditure on fundraising and to a lesser extent on administration and control have increased.

Expenses to fundraising

The amount spent on fundraising compared to total expenses is 8.6%. This is above budget, and higher than last year's 7.7%. Part of the expenditure on fundraising is our contribution to the 'Samenwerkende Gezondheidsfonden' (SGF) funded by the income of the Lotto. This expenditure has increased in the past years. Over the years the income from fundraising has been decreasing.

Expenses to administration and control

Spent on administration and control compared to total expenses is 3.4%. This is slightly more than last year's 3.3% but lower than budget. The costs are higher due to provisions for bad debts related to a longstanding outstanding amount associated with a USAID-funded project in Malawi through our partner, DAPP. The focus remains on efficiency and cost control and to adjust the level of support to the needs and size of the organization. Also, we are able to fund administrative and control tasks from the projects and hence minimize the indirect costs of the administration.

We consider that:

- Our activities are funded by private, corporate, and public donors, all of whom demand the highest level of transparency and accountability for expenditure on the mission and the allocation to projects.
- We want to spend as much of our resources as possible in an efficient and effective manner to realize our mission. Smooth running of operations and adequate decision-making-, management- and control processes contribute to that.
- The costs for maintaining efficient and effective processes should not take significant resources away from the mission, however, such costs should not be too low, as then the quality of our management could not be guaranteed. We therefore use a minimum and a maximum standard.

Internal monitoring data

We also monitor the progress of our activities using other indicators, both for our own internal management and for reporting to institutional donors. These include KPI's on direct days and productivity.

	Budget 2025	Actuals 2025	Difference budget and actuals 2025	Actuals 2024	Difference actuals 2025 and 2024
Total direct days	6,416	5,533	-882	7,963	-2,429
Total working days	10,298	9,630	-668	11,937	-2,308
Productivity	62%	57%	-5%	67%	-9%
Total income from project days (x €1,000)	3,331	3,093	-238	3,580	-488
Average rate per direct day (in euro)	519	559	40	450	109
FTE	48.6	46.8	-1.7	57.1	-10.2

Direct days per FTE	132	118	-14	139	-21
Indirect costs compared to project income	20%	28%	9%	23%	5%

Overall, it has been a difficult year financially. The cessation of the USAID project had a major impact on the total direct days and productivity. The decision to retain staff during turbulent times was intentional, while preparing for the new strategic plan for 2026-2030. Broader, we see a changing funding landscape, that requires us to adjust staffing levels. The number of direct days decreased by 2,429, the total income from project days is €488,000 lower and per FTE the number of direct days is 21 lower. The indirect costs compared to project income increased, mainly as project income dropped.

Risk management

KNCV Tuberculosis Foundation has a risk management policy in place. We identify specific risks that affect the mission of the organization and the operation of our activities. We are taking appropriate measures to mitigate the risks.

Market risks

Currency risk

KNCV operates in the European Union, Africa, and Asia and receives funds from the United States. As such, KNCV works with multiple currencies daily. Income is mostly realized in US dollars and Euro, while our expenditure is largely in Euro and the currencies of various project countries. Balances held in currencies other than the Euro or US dollars are, as much as needed, exchanged into US dollars. Foreign (non-Euro) denominated currency needed KNCV's work in the various project countries is, as much as possible, purchased centrally. Balances of currencies other than the Euro and US dollar are kept to a minimum. In the current financial year KNCV did not use financial instruments to control currency risk on foreign currencies.

Price risk

KNCV invests its temporary cash balances according to a defensive to neutral strategy. This contrasts with a very conservative policy in previous years. Consequently, KNCV faces a limited market risk related to its portfolio of bonds and shares. This portfolio of bonds and shares is valued at market value. Unrealized gains, if present, compared to the historical purchase value of the bonds and shares are put in a reserve.

Interest rate and cash flow risk

KNCV incurs interest rate risk on interest-bearing deposits, having a rather large amount of available cash held on the bank accounts.

Credit risk

KNCV does not have any significant concentrations of credit risk. Receivables mainly relate to grants from reliable governments or multilateral institutions.

Liquidity risk

KNCV does not have any overdraft facilities and as such no liquidity risk.

Integrity risk

KNCV operates in an industry and geographical environment that is associated with increased risk of ethical matters. KNCV is aware of this and has controls in place to mitigate and manage these risks, including a code of conduct, a policy on fraud, money laundering, human trafficking and counter terrorism, an external complaints procedure and register, and a whistleblower procedure. Nevertheless, no absolute assurance can be obtained of full compliance. Reference is made to the integrity section in the Annual Report.

Political environment risks

KNCV Tuberculosis Foundation operates in a complex international environment where political changes can significantly impact its mission. Shifts in government priorities, funding allocations, or health policies can affect the availability of resources for tuberculosis control programs. Changes in leadership may alter commitments to global health initiatives, while geopolitical tensions or regulatory changes can hinder cross-border collaborations. Additionally, policy shifts in donor countries may influence financial support, creating uncertainty for long-term projects. To navigate these risks, KNCV must remain adaptable, engage in strategic advocacy, and foster strong partnerships with governments and international organizations. The events at the beginning of 2025, with the new Trump administration, revealed that political changes can have a major impact on the funding of our projects.

Organizational risk

Cyber risks

KNCV's business increasingly relies on technology, both in the office environment and in the field. Failure of our systems as well as cybersecurity incidents could lead to business disruption, loss of confidential information, unauthorized access to our data, and/or a breach of data privacy regulations. All of this might lead to financial or reputational damage. Cybersecurity remains a top priority within KNCV. We streamline and standardize our IT setup throughout the organization to address cybersecurity threats both in our office systems and in the field.

Ukraine Crisis

The ongoing war in Ukraine continues to have significant impacts on KNCV's mission, particularly in three key areas:

- The well-being of staff and their families.
- Project implementation in Ukraine and the surrounding region.
- The continuity of TB services amidst ongoing instability.

KNCV has staff in Russia, Georgia, and colleagues from both Russia and Ukraine at the central office in The Hague, many of whom have families in the affected regions. KNCV, in collaboration with its implementing partner PATH, is carrying out a project in Ukraine focused on digital adherence tools to support patient care and enrolling patients in shorter treatment regimens for drug-resistant TB. Despite the challenging circumstances, we remain committed to ensuring the continuation of TB care in Ukraine.

KNCV continues to assess the impact of the war on TB services in collaboration with partners, including the WHO Regional Office for Europe. While the initial crisis response phase has transitioned into a long-term operational approach, we remain vigilant in monitoring developments and adapting our support to ensure patients receive uninterrupted care.

Risk management

KNCV's Management Team monitors operational risks on an ongoing basis. Project managers are also required to identify operational risks and their actions to minimize, or manage, such risks as part of their quarterly project reviews.

The Executive Director reports on risks to the Board of Trustees on a regular basis. A comprehensive risk analysis is performed each year. This analysis assesses KNCV's operational risks, controls, and mitigating actions. The report is compiled and reviewed by the Management Team and reviewed by the Audit Committee and the full Board of Trustees.

The Audit Committee and the Board of Trustees are also consulted on any significant changes and/or improvements to KNCV's internal controls.

In 2023, KNCV adopted a new approach for quantifying the financial risks that are related to the operations. This risk assessment serves as a benchmark for the desired level of the continuity reserve. Each year in the financial accounts the risk assessment is presented and compared to the current level of the continuity reserve. KNCV identifies two important sources of financial risks: First, the costs of a major restructuring of the organization or even closure in the face of reaching our goals (end TB) or a strategic change in the world of TB elimination. These costs include the costs for terminating the indefinite labor contract and other costs for a social plan, closing the branch offices and ending other long-term liabilities, such as the rent for the HQ office. Second, the various factors that can influence the income and the expenditure of the organization lead to a negative impact on the financial result. These factors include changes in the exchange rate, fundraising income and project income as well as the impact of sick leave and higher indirect days.

Part 1: Restructuring costs (x €1,000)		Impact
1. Strategic reorientation and legal advice		150
2. Obligation of office rent The Hague		440
3. Closing branch offices	Headcount	
3.1 Ethiopia	6	17
3.2 Nigeria	13	31
3.3 Vietnam	2	9
3.4 Tanzania	closed	0
3.5 Philippines	1	7
3.6 Kazachstan	2	9
4. Termination of indefinite labour contracts		980
5. Contingencies		500
-\- covered in reorganisation reserve		-433
Net restructuring costs		1.710

Part 2: Operational risks (x €1,000)	Base 2025	Weighed risk	Impact
Investment income	233	-41%	-96
Fundraising income	465	-17%	-80
Postcode Loterij	1,000	-10%	-95
Vriendenloterij	49	-17%	-8
Net income for staff time from projects	2,371	-15%	-344
ICR from projects	1,584	-20%	-317
Exchange rate risk (revaluation)	127	-41%	-52
Ineligible costs (not covered in project income)	6,903	-2%	-131

Sick leave	115	-35%	-40
Total risk profile			-1,163
Total risk profile (x €1,000)			
Net restructuring costs			1,710
Total risk profile for 2 years period			2,326
Total			4,037
Desired level of continuity reserve (aiming for 125%)			5,046
Continuity reserve per 31 December 2025			7,121
Difference			**2,075**

The risk assessment shows that the total potential impact on the financial result is €4.0 million. Compared to last year, we see the risk for obligation of office rent The Hague increase as we signed a contract for a new office for 2026-2030 while the risk for terminating the definite contracts increased. Overall, net restructuring costs are similar compared to last year.
In the operational risks, we foresee a bigger risk in the net income for staff and ICR from projects given the current uncertainties. The total operational risk is calculated at €1.2 million. For extra comfort, we aim for a buffer of 125%, i.e. €5.0 million. At the end of 2025, the continuity reserve after result appropriation is €7.1 million. In the result appropriation for 2025 a transfer is included from continuity reserve to earmarked reserves to cover the costs of these projects in 2026. There is still room to further reduce the continuity reserve in the upcoming years, in a gradual manner, by investing in the strategic goals of the organization.

Budget 2026

The budget for 2026 is shown in the table below. We accept an operational result of €39,000 negative in 2026. In earmarked reserve projects the expenditure is €555,000. The net financial income (gains on the investment portfolio and interest) is budgeted at €245,000. Total financial result is budgeted at €349,000 negative.
Highlights for 2026 are:

- A reduction of project income in 2026 is anticipated, leading to lower project result compared to 2025. The Postcode Loterij Dreamfund will be in its final year, with a non-costed extension. There is no income from USAID in 2026 anymore. Total project income is €9.5 million. 61% of our income for 2026 is secured in contracts, and additionally 28% is covered in proposals that are awaiting approval of the donor, considering the chance of winning the proposal. This means that 11% needs to be covered from projects for which we need to develop proposals. In absolute terms, €1.0 million of project income is needed to fund the organization, covering 515 days of staff time and generating €216,000 of project result.
- SMT committed to fund KNCV with an additional annual contribution of €800,000. KNCV will use in total €500,000 from earmarked reserves to contribution to the ACTS-project and the projects that are funded by ‘s Gravenhaagsche and SMT.
- Because of the lower project income, the headcount in 2026 is adjusted to the available funding. The organisation will be restructured with all content related work in the

Programs division and support and resourcing activities in the Finance and Operations division. In the Programs division the number of FTE is 26 positions (24.2 FTE) and in the Finance and Operations division the headcount is 13 (12.2 FTE).

- In May 2026, KNCV will move to the new office, leading to a structural reduction of office costs of €60,000. An investment of €35,000 will be made in the new office and spent on the moving.

	Actual 2024	Actual 2025	Budget 2026
Income			
- Income from individuals	497	465	477
- Income from companies	750	862	1,025
- Income from lotteries	4,681	4,116	4,038
- Income from government subsidies	2,986	1,549	1,955
- Income from allied non-profit organizations	673	556	1,301
- Income from other non-profit organizations	5,361	5,009	2,368
Total fundraising income	**14,948**	**12,558**	**11,164**
- Income for supply of services	238	322	259
- Other income	290	-70	0
Total income	**15,476**	**12,810**	**11,423**
Expenses			
Expenses to mission related goals			
- TB control in low prevalence countries	84	70	135
- TB control in high prevalence countries	13,136	12,172	9,162
- Research	233	174	458
- Communication and advocacy	293	321	411
Expenses to acquisition of funds			
- Costs for own fundraising activities	278	318	356
- Costs for activities by third parties	507	496	451
- Costs to acquire subsidies	408	424	459
Management and control			
- Costs for management and control	507	493	568
Total expenses	**15,447**	**14,468**	**12,001**
Result before net income from investments	**29**	**-1,658**	**-578**
- Net investment income	593	186	229
Surplus / Deficit	**623**	**-1,472**	**-349**
Surplus / Deficit appropriated as follows			
Continuity reserve	863	152	142
Decentralization reserve	-34	-135	0
Earmarked project reserves	-368	-903	-555
Unrealized gains on investments	250	-380	95
Fixed assets reserve	-19	-20	-16
Earmarked by third parties	-69	-186	-15

Financial statements

Balance sheet per 31 December 2025

In €1,000, after result appropriation

Assets		31/12/2025		31/12/2024	
Office construction work		0		2	
Office inventory (including regional office)		8		16	
Computers		22		31	
Tangible fixed assets	B1		30		50
Accounts Receivable	B2	2,800		3,018	
Investments					
-Shares	B3	2,715		2,369	
-Bonds	B3	6,727		4,414	
-Alternatives	B3	0		391	
Cash and Banks	B4	4,043		10,446	
Current Assets			16,284		20,640
Total			16,315		20,690

Liabilities		31/12/2025		31/12/2024	
Reserves and funds					
- Reserves	B5				
Continuity reserve		7,121		7,318	
Decentralization reserve		433		568	
Earmarked project reserves		1,067		1,620	
Unrealized gains on investments		0		380	
Fixed Assets reserve		30		50	
			8,651		9,936
- Funds					
Earmarked by third parties	B6	679		866	
			679		866
Reserves and funds			9,330		10,802
Long term liabilities	B7		711		610
Various short-term liabilities	B8				
-Taxes and social premiums		438		584	
-Accounts payable		775		1,092	
-Other liabilities and accrued expenses		881		1,017	
-Current accounts		4,180		6,585	
			6,274		9,278
Total			16,315		20,690

Statement of Income and expenditure 2025

In €1,000

		Budget 2025	Actual 2025	Actual 2024
Income				
- Income from individuals	R1	445	465	497
- Income from companies	R2	833	862	750
- Income from lotteries	R3	6,156	4,116	4,681
- Income from government grants	R4	5,736	1,549	2,986
- Income from allied non-profit organizations	R5	286	556	673
- Income from other non-profit organizations	R6	2,410	5,009	5,361
Total fundraising income		15,865	12,558	14,948
- Income for supply of services	R7	206	322	238
- Other income	R8	0	-70	290
Total income		16,071	12,810	15,476
Expenses				
Expenses to mission related goals	R9			
- TB control in low prevalence countries		134	70	84
- TB control in high prevalence countries		13,955	12,172	13,136
- Research		455	174	233
- Education and awareness		410	321	293
		14,953	12,737	13,747
Expenses to fundraising				
- Expenses private fundraising		361	318	278
- Expenses share in fundraising with third parties		451	496	507
- Expenses for institutional grants		467	424	408
		1,280	1,238	1,193
Administration and control				
- Expenses administration and control		602	493	507
Total Expenses		16,834	14,468	15,447
- Net investment income	R10	378	186	593
Surplus / Deficit		-386	-1,472	623
Spent on mission compared to total expenses		88.8%	88.0%	89.0%
Spent on mission compared to total income		93.0%	99.4%	88.8%
Spent on fundraising compared to total fundraising income		8.1%	9.9%	8.0%
Spent on administration and control compared to total expenses		3.6%	3.4%	3.3%
Result appropriation				
Surplus / Deficit appropriated as follows				
Continuity reserve		256	152	863
Decentralization reserve		-40	-135	-34
Earmarked project reserves		-761	-903	-368
Unrealized gains on investments		195	-380	250
Fixed assets reserve		-20	-20	-19
Earmarked by third parties		-15	-186	-69
Total		-386	-1,472	623

Cash Flow Statement 2025

In €1,000

		Actual 2025		Actual 2024	
Deficit / Surplus excluding interest		-1,544		418	
Interest paid / received	R10	73		205	
Total deficit / surplus		-1,472		623	
Depreciation of fixed Assets	B1	31		40	
Cash Flow from income and expenditure			-1,440		663
Change in accounts receivable	B2	218		-507	
Change in funds earmarked by third parties	B6	0		0	
Change in long term liabilities	B7	101		-4,351	
Change in various short-term liabilities	B8	-3,004		871	
Increase/ Decrease in net working capital			-2,685		-3,986
Cash flow from operational activities			-4,125		-3,323
Change in investment portfolio	B3	-2,266		-452	
Disinvestments fixed assets	B1	0		0	
Investments fixed assets	B1	-12		-21	
Cash flow from investments fixed assets			-2,278		-473
Net cash flow			-6,404		-3,796
Cash and banks as of 1 January	B4		10,446		14,243
Cash and banks as of 31 December	B4		4,043		10,446
Increase/ Decrease Cash on hand			-6,404		-3,796

The level of cash and banks decreased by €6.4 million in 2025. There are three major reasons for this:

- A decrease in the long- and short-term liabilities (€2.7 million). Many projects, among which the Dream Fund project funded by the Postcode Loterij, are funded in advance. In 2025, the funds were used to cover the expenditure.
- In 2025, we invested the funds on the dollar account in T-bills to gain interest income, leading to a change in the investment portfolio of €2.3 million.
- The deficit, and the expenditure in earmarked reserve projects, lead to a reduction of cash and banks (€1.4 million).

Notes To the Financial Statements

General notes

KNCV organization, legal and governance structure[1]

Organization
KNCV's central office is located in The Hague, Netherlands, with in-country staff operating from branch offices. The broader KNCV Network includes locally registered affiliates, which are legally and financially independent, managed by predominantly local boards, and incorporate the KNCV affiliation in their names. These entities are operationally connected to KNCV through knowledge-sharing systems. Partnerships and branding agreements formalize their ties with KNCV.

Legal structure
The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose', known as KNCV TB Plus, is an Association of Members under Dutch law. Members are associations and foundations dedicated to TB control. Key members include:

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

KNCV also honors two individuals, Dr. H.B. van Wijk and Dr. Wim Waal, as honorary members for their significant contributions to TB control and the organization.

Accounting policies

General accounting policies

Guideline RJ 650
KNCV follows Guideline RJ 650 for Annual Reporting by Fundraising Organizations. The financial statements align with this guideline, analysing and explaining the balance sheet composition and significant deviations in the Statement of Income and Expenses compared to the budget and prior year.

Changes in accounting principles.

[1] *as elaborated in the KNCV Governance and Management Framework, available on the KNCV website*

The valuation principles and methods used remain consistent with the previous year, except for changes outlined in relevant sections.

Valuation
Assets and liabilities are generally valued at historical purchase prices unless otherwise specified.

Estimates
The management uses various estimates and judgments when preparing financial statements. When significant, these are disclosed to ensure transparency.

Translation of foreign currencies
KNCV's financial statements are presented in euros. Assets and liabilities in foreign currencies are converted at year-end exchange rates, while transactions are translated at their respective transaction rates. Transactions in the investment portfolio are processed at the end of each quarter at their respective transaction rate. Resulting exchange differences are reflected in the profit and loss account.

Balance sheets of KNCV branch offices
The balance sheets of KNCV's branch offices are consolidated into the main balance sheet using year-end exchange rates. Related parties include entities or individuals with control or significant influence over KNCV. Transactions with related parties are disclosed unless conducted under normal market conditions.

Cash Flow Statement – Indirect Method
The cash flow statement is prepared using the indirect method, whereby the net result is adjusted for non-cash items and changes in working capital to determine the net cash flow from operating activities. Cash flows from investing and financing activities are presented separately.

Accounting policies – assets and liabilities

Tangible fixed assets
Tangible assets are valued at historical acquisition costs minus depreciation:

- Office (re)construction: 5 years
- Office inventory: 5 years
- Computers: 3.33 years

Annual assessments ensure accurate valuation, with adjustments for impairments if necessary. Gains or losses from asset sales are included in depreciation.

Project receivables and debtors
Project receivables, representing advances for international projects, and debtors are initially recorded at fair value and adjusted for payment terms. Uncollectible receivables and debtor are written off. The actual expenses are deducted from the advances.

Investments

KNCV has an investment policy. The policy can be summarized as investing only when there is an excess of liquidity that cannot be used for KNCV's main activities in the short term. The investment policy focuses on minimizing risks while achieving stable returns. For that reason, KNCV is investing predominantly in bonds: 71% (2024: 61%). Unrealized gains on the portfolio are allocated to a reserve for unrealized gains/losses on investments. Realized gains are calculated based on historical purchase prices upon sale of the asset. Unrealized gains are based on the differences between the price at the beginning and end of the year.

Cash and banks
Cash and bank balances are freely disposable unless stated otherwise. To minimize credit risk, funds are distributed across multiple banks, primarily those with an "A" rating or higher, except in cases of limited local availability. Cash and cash equivalents are measured at nominal value, unless they are not freely available.

Project liabilities
Project liabilities include paid advances for various projects. These are recorded at fair value and adjusted for transaction costs as needed.

Debts
All debts are recorded at fair value.

Accounting policies – statement of income & expenditure

Allocation to accounting year
The result reflects the difference between revenues and costs incurred during the year, with income recognized upon realization.

Income recognition
Income from individuals is recorded in the year received. Legacies and endowments are recognized once reliably determined, and lottery income is accounted for when received or committed. Other income aligns with the percentage of project completion.

Income is recognised in accordance with RJ 650. Income from companies, lotteries, and other fundraising activities is recognised in the period to which it relates. Income is recognised at the fair value of the consideration received or receivable.

Government grants and contributions from allied non-profit organisations and other non-profit organisations are recognised as income insofar as the related conditions have been satisfied. Where income is subject to specific conditions or performance obligations, it is recognised in proportion to the progress of the related activities. Income received in advance is recognised as deferred income under liabilities.

Other operating expenses
Costs are allocated to the reporting year they pertain to.

Employee benefits
Short-term employee benefits, such as salaries and social security contributions, are recognized based on the terms of employment.

As of 1 January 2026, KNCV participates in the pension scheme administered by the healthcare sector pension fund PFZW, which has transitioned to the new Dutch pension system under the Future Pensions Act ('Wet Toekomst Pensioenen'). Under this new system, the pension arrangement qualifies as a defined contribution plan. Pension contributions are determined by PFZW and are recognized as an expense in the profit and loss account in the period to which they relate. KNCV has no legal or constructive obligation to pay additional contributions beyond the agreed premiums. Accordingly, once the premiums have been paid, KNCV has no further obligations towards PFZW in respect of the pension scheme.
In accordance with RJ 271, the pension liability or asset recognized in the balance sheet represents only the contributions payable or prepaid as at the balance sheet date. Prepaid contributions are recognized as deferred assets insofar as they lead to a refund or a reduction of future contributions. Contributions due but not yet paid are recognized as liabilities.
As the pension scheme has transitioned to the new system, coverage ratios are no longer a relevant indicator for KNCV's pension obligation. Consequently, no coverage ratio is disclosed as part of the pension note.

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

Depreciation tangible fixed assets
Tangible assets are depreciated on a straight-line basis over their useful lives. Adjustments are made for changes in estimated useful life, with gains or losses included in depreciation.

Financial income and expenses
Interest income and expenses are recognized on a pro-rata basis, accounting for the effective interest rate.

Accounting policies – Cash Flow Statement
The cash flow statement is prepared using the indirect method. Foreign currency cash flows are converted at average exchange rates. Operating activities include interest and tax impacts. Investments only include paid expenditure.

Allocation expenditure according to RJ650

All expenditure is allocated to three main categories 'objectives (main activities), 'raising income' and 'administration and control'. Furthermore, expenditure is allocated to organizational units, with activities matched to the three main categories. When units are active or supportive of other units the expenses will be internally charged based on internal keys. The table below shows which category fits with the specific organizational unit and the key for the internal charge. The percentages of staff expenses are based on the average time spent per function. Each year, the percentages are updated based on the number of FTE per function.

Organizational unit	Allocation argument
Netherlands, low prevalence	All expenses allocated to 'TB control in low prevalence countries'
Other countries, high prevalence	3% of staff expenses allocated to 'expenses fundraising for grants`
	All other expenses allocated to 'TB control in high prevalence countries'
Project management	3% of staff expenses allocated to 'expenses fundraising for grants`
	All other expenses allocated to 'TB control in high prevalence countries'
Research	3% of staff expenses allocated to 'expenses fundraising for grants`
	All other expenses allocated to 'Research'
Communication	All expenses allocated to 'Information, education and awareness'
	Staff expenses allocated to Information, education and awareness' and for team lead 50% of expenses allocated to 'Information, education and awareness' and 50% to 'Expenses private fundraising'
Private fundraising	Actual expenses allocated to 'Expenses private fundraising'
	Staff expenses allocated to 'Expenses private fundraising'
	40% of all other expenses allocated to 'Information, education and awareness'
	60% of all other expenses allocated to 'Expenses private fundraising'
Institutional fundraising	All expenses allocated to 'expenses fundraising for grants`
Directors' office	Grants to third parties for scientific research allocated to 'Research'
	Expenses for public affairs allocated to 'Information, education and awareness'
	7% of staff expenses allocated to `TB control in high prevalence countries'
	2% of staff expenses allocated to 'Expenses fundraising third parties'
	3% of staff expenses allocated to 'expenses fundraising for grants`
	3% of staff expenses allocated to 'Expenses financial assets'
	All other expenses allocated to 'Expenses administration and control'
Human resource management	Based on the number of FTE of units allocated to four objective-categories, expenses private fundraising and expenses administration and control
Facility management	Based on the number of FTE of units allocated to four objective-categories, expenses private fundraising and expenses administration and control
Finance, Planning & Control	Staff exclusively working for project finance is allocated to the objective-categories for 97% and 3% is allocated to 'expenses fundraising for grants`
	All other expenses allocated to 'Expenses administration and control'

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

Notes to the assets

All figures in €1,000

B1 Tangible Fixed Assets

Movements in the tangible fixed assets are as follows:

B1 Fixed Assets	Office reconstruction work	Office inventory	Computers	Total
as of 1 January, 2025				
Cost	32	143	189	364
Accumulated depreciation	-29	-127	-158	-315
Book value	**2**	**16**	**31**	**50**
Increase / Decrease 2025				
Investments	0	0	12	12
Disinvestments	0	0	-1	-1
Depreciation	-2	-8	-21	-31
Depreciation on disinvestments	0	0	1	1
	-2	-8	-9	-20
as of 31 December, 2025				
Cost	32	143	200	375
Accumulated depreciation	-32	-135	-178	-345
Book value	**0**	**8**	**22**	**30**

All fixed assets are used for operational management of the organization, such as office inventory, office reconstructions and ICT equipment. Investments in new fixed assets for 2025 are ICT related (laptops for new staff members and the replacement of older screens in The Hague office). Assets that are no longer in use have been disinvested. The part of their book value that was not depreciated yet is included in the depreciation for 2025. The office reconstruction work has been fully depreciated, just before the move to the new office per June 2026.

B2 Accounts Receivable

All receivables have an expected remaining maturity of less than one year. The fair value approximates the book value. The payments in advance general and project are jointly presented in the table below.

B2 Accounts Receivable	31/12/2025	31/12/2024
Lotteries	1,165	1,184
Debtors	885	226
Interest (on bonds)	85	41
Payments in advance	136	184
Legacies in process	118	151
Current account Dutch Ministeries (receivable)	44	16
Current account endowment funds (receivable)	53	15
Current account donors (receivable)	308	1,194
Other receivables	5	8
Total	**2,800**	**3,018**

Accounts Receivable are €2.8 million, comparable to last year's level. Accounts receivable consists of current account balances with projects and accounts receivable from donors. The level of debtors increased in 2025. We are still waiting for some payments by donor or lead partners in project funding.
Contracts with donors lead to a receivable if costs incurred are higher than advances received from the donor. The annual level of activities executed influences this balance significantly. Acquiring grants from institutional donors can lead to a structural and significant decrease or increase in Accounts Receivables. An amount of €49,000, representing bad debts, is included under the debtors heading. This relates to a longstanding outstanding amount associated with a USAID-funded project in Malawi through our partner, DAPP.

B3 Investments
The current portfolio investments can be specified as follows:

B3 Investments	Shares	Bonds	Alternatives	Total
Balance as at 1 January, 2025	2,369	4,414	391	7,175
Purchases	4,693	10,371	0	15,063
Sales and redemptions	-4,553	-7,893	-384	-12,830
Realized stock exchange result	522	62	-28	557
Unrealized stock exchange result	-316	-228	20	-524
Balance as at 31 December, 2025	**2,715**	**6,727**	**0**	**9,442**

The portfolio is carried at fair value based on the known market prices for the specific bonds, shares and funds in the portfolio. The fair value of the portfolio increased by €2.3 million to €9.4 million.
In 2025, the management of the portfolio was handed over from ABN AMRO Bank to ING Bank. This explains the relatively high level of sales and purchases. The performance of ING Bank as the administrator of the portfolio is assessed by the Audit Committee of the Board of Trustees annually and on a more frequent basis by the Executive Director and the Director of Finance and Administration. The bank is instructed to take decisions for selling and buying within the limits of KNCV's investment and treasury policy. Reference is made to KNCV's Investment Policy, which is published on the KNCV website. New in 2025 is that the funds on the dollar account are invested in T-bills to gain interest income. With the transfer to ING Bank, we do no longer invest in Alternatives.

For investments in government bonds, KNCV will only invest in bonds issued by governments that have an above-average sustainability score. KNCV will not invest in government bonds of countries that seriously curb press freedom, infringe on civil liberties, possess, and have the discretion to use nuclear weapons or have not signed or ratified major international treaties (for instance to ban controversial weapons, to ban nuclear testing or to counter climate change).

To determine the maximum level of investment, the level of the existing reserves and funds is used as a guiding target. In principle, 10% of total reserves are kept as liquidity, resulting in a maximum available level for investments of 90%. Calculations based on this principle show that as per 31 December 2025, €8.4 million was available (as per 31 December 2024: €9.7 million). The market value (€9.4 million) of the investments is above the maximum, with the notion that €1.9 million is invested in T-bills that can be turned into cash very quickly.

Naturally, apart from this mathematical approach, an assessment of the situation on the market is also considered when transactions take place.

In 2025, all asset categories stayed within the range allowed in the investment policy (see below). The table sets out the allocation of assets according to the reports from ING Bank. Part of the bank balance is attached to the investment portfolio and is kept as revolving fund for transactions in investments. This amount is therefore considered in the table for analysis, however reported under cash. All investments are at the company's free disposal.

Type of investment	Investment policy		31.12.2024		31.12.2025	
Investment	Range	Target	In millions of euro	As percentage	In millions of euro	As percentage
Bonds	40-70%	60%	4.4	61%	6.7	71%
Shares	0-50%	35%	2.8	38%	2.7	29%
Liquidities (on investment account)	0-50%	5%	0.1	1%	0.0	0%
Total		**100%**	**7.3**	**100%**	**9.5**	**100%**

B4 Cash and banks

The balance of cash and banks decreased compared to 2024, from €10.4 million to a level of €4.0 million. In 2025 part of the balance in dollars was converted to euro as most of our income is generated in dollars while the expenditure is mostly in euro. Also, dollars were invested in T-bills. The bank accounts of the country offices are kept at a minimum to minimize the exchange rate risks.

B4 Cash and banks	31/12/2025	31/12/2024
Petty cash	2	3
Euro account	2,389	4,989
USD account	1,292	5,007
Investment account	35	94
Bank accounts country offices	324	354
Total cash and banks	**4,043**	**10,446**

Notes to the reserves and funds

Result appropriation

KNCV's Executive Board prepares the annual accounts and the annual report. The annual accounts and the annual report are then adopted by the General Assembly. The Board of Trustees and the General Assembly, in their respective meetings of 1 June 2026 and 10 June 2026, propose to allocate the deficit of 2025 according to the following division. The additions and withdrawals of the earmarked reserves are not part of the result appropriation. The withdrawal of the reserve unrealized gains on investments due to the sale of the ABN-AMRO Bank portfolio is included in the result appropriation as it is part of the total financial result in 2025.

Surplus / Deficit appropriated as follows	
Continuity reserve	152
Decentralization reserve	-135
Earmarked project reserves	-903
Unrealized gains on investments	-380
Fixed assets reserve	-20
Earmarked by third parties	-186
Total surplus / deficit	**-1,472**

KNCV's policy towards reserves and funds is clarified in the section on accounting policies.

B5 Reserves

The financial result of €1,472,000 negative in 2025 lead to a decrease in the total of reserve and funds from €10.8 million to €9.3 million.

B5 Reserves and funds	31/12/2025	31/12/2024
- Reserves		
Continuity reserve	7,121	7.318
Decentralization reserve	433	568
Earmarked project reserves	1,067	1.620
Unrealized gains on investments	0	380
Fixed assets reserve	30	50
- Funds		
Earmarked by third parties	679	866
Total reserves and funds	**9,330**	**10.802**

Continuity reserve

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

	Balance as at 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as at 31/12/2025
Continuity reserve	**7,318**	**0**	**-350**	**152**	**7,121**

The continuity reserve at year-end 2025 is €7.121 million. This is well above the minimum amount that is calculated via the risk approach (€5.0 million, see risk paragraph). As part of the 2026 budget, an amount of €350,000 is withdrawn from the continuity reserve and added to the earmarked reserves to fund strategic projects in 2026.

Decentralization reserve

The Decentralization Reserve is the portion of reserves which is dedicated by the Board of Trustees to serve as a buffer for expenses related to decentralization of organizational tasks, focusing on decentralized resource mobilization through the implementation of pilot projects. In 2025, the conversion of the country office in Tanzania and Ethiopia to national entities lead to additional costs that are charged to this reserve, as well as the additional built-up of the reserve for severance payments in the Nigeria branch office.

	Balance as at 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as at 31/12/2025
Decentralization reserve	**568**	**0**	**0**	**-135**	**433**

Earmarked project reserves

The Executive Board has, with approval of the Board of Trustees, earmarked some parts of our equity for several specific objectives. This gives the organization the possibility to either prepare for new (unexpected) opportunities or to give extra focus to strategic areas. Funds have been withdrawn from the earmarked project reserves in 2025 for internal, strategic projects. These activities were approved in a multi-year business plan for the 2023-2025 period. Total expenditure in 2025 is €903,000. As part of the risk analysis and the 2025 budget, an amount of €350,000 is withdrawn from the continuity reserve and added to the earmarked reserves to fund additional strategic projects in 2025. Finally, a new board decision has been taken to concentrate all earmarked reserves in one reserve to support the new strategic plan for 2026-2030. In the next 5 years, this reserve will be used to fund projects for the mission of the organization.

	Balance as at 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as at 31/12/2025
Reserve implementation strategic plan 2026-2030	0	1,067	0	0	1,067
Reserve national policy planning	51	0	0	-51	0
Reserve international policy planning	22	0	0	-22	0
Reserve capacity building	503	0	0	-503	0
Reserve special needs	174	0	0	-174	0
Reserve childhood TB	43	0	0	-43	0
Reserve monitoring tools	28	0	0	-28	0
Reserve advocacy	47	0	0	-47	0
Reserve education centre	753	0	-717	-36	0
Total earmarked project reserves	**1,620**	**1,067**	**-717**	**-903**	**1,067**

Unrealized gains on investments

This reserve serves as a revolving fund for unrealized gains on investments, which are not available for mission related activities until they are realized. Unrealized exchange results are accounted for in the Statement of Income and Expenditure and are therefore part of the

surplus or deficit in the annual accounts. The balance of year-end 2024 was withdrawn with the liquidation of the ABN AMRO Bank portfolio. At year-end 2025, overall the investment portfolio showed an unrealized loss. Therefore the reserve for unrealized gains on investments is zero. The movement in the reserve is as follows:

	Balance as at 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as at 31/12/2025
Unrealized gains on investments	**380**	**0**	**-380**	**0**	**0**

Fixed Assets Reserve

KNCV separates equity, needed to finance the remaining value of fixed assets. In 2025, the reserve decreased to an amount of €30,000.

	Balance as of 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as of 31/12/2025
Total fixed asset reserve	**50**	**0**	**0**	**-20**	**30**

B6 Funds

In the past, some resources received from third parties have not been used in full and are still earmarked for a specific purpose. In the coming years, part of these funds will be used for international and research activities. Most of the funds do not have spending deadlines. At the end of 2025, the total funds are €679,000.

B6 Funds destinated by third parties	Balance as of 01/01/2025	Additions	Withdrawals	Result appropriation	Balance as of 31/12/2025
Fund TSRU	67	0	0	-67	0
Fund Special Needs	229	0	0	-25	204
SVOP	569	0	0	-94	475
Total funds destinated by third parties	**866**	**0**	**0**	**-186**	**679**

In 2025, €25,000 was spent on support of patients with TB in the Netherlands. This amount is charged to fund special needs. The severance payment to two retiring staff members is charged to SVOP. Other TB related activities in the Netherlands are charged to various funds.

Fund Tuberculosis Surveillance and Research Unit (TSRU)

The financial management of the TSRU was transferred to KNCV, as one of the members of the TSRU, in 1993. Since 1993, KNCV has been responsible for the TSRU funds held by KNCV, the financial management of these funds, and reporting on the management of the funds to TSRU's steering committee. The utilization of TSRU's funds has no time limit. In 2025, €67,000 was withdrawn from the funds to spend on TB activities in the Netherlands.

Fund special needs

This fund was established from the funds arising out of the "De Bredeweg" foundation, dissolved in 1979. All rights and responsibilities to these funds were given to KNCV. These funds may only be utilized for the continuation of the De Bredeweg foundation's work. The utilization of these funds has no time limit. Should the KNCV reserve earmarked for special

needs or earmarked project reserves run out of funds, this Fund can be utilized to fund these activities. An amount of €25,000 was withdrawn from the funds.

SVOP

This fund relates to commitments taken over from 'Stichting Voorzieningenfonds Oud Personeelsleden K.N.C.V.', liquidated in 2021. All rights and responsibilities to these funds were given to KNCV to be utilized for the continuation of the Stichting Voorzieningenfonds Oud Personeelsleden K.N.C.V.'s work. In 2025, an amount of €94,000 was withdrawn.

Notes on the long-term and short-term liabilities

B7 Long-term liabilities

All long-term liabilities are not expected to fall due until after a period of more than one year. From the originally awarded €11.1 million from the Postcode Loterij for the Dream Fund (Droomfonds) an amount of €3.0 million is left for the execution of the project in 2026 and 2027. The expected amount that will be spent in 2026 is included under short term liability under current accounts (€2.3 million). The expected expenditure for 2027 (€0.7 million) is entered into long-term liabilities.

B7 Long-term liabilities	31/12/2025	31/12/2024
Current account Postcode Loterij	2,984	5,556
-/- Short term part of current Postcode Loterij (to be spent in next year)	-2,273	-4,946
Total long-term liabilities	**711**	**610**

B8 Short term liabilities

All current liabilities are expected to fall due in less than one year. The fair value of the current liabilities approximates the book value due to their short-term character. Short term liabilities decreased from €9.3 million to €6.3 million. The fluctuation in short term liabilities relates to the advances from donors and the use of the funds for the grants during the year. In general, the liability will be reduced based on implemented activities. The liability to other donors is related to advances received during 2025 for activities to be implemented in 2026. A large part of Other Liabilities and Accrued Expenses relates to provision for leave hours, which are yet to be used by employees. The amount of this provision at year-end 2025 is €205,000. We have encouraged staff to take leave when low in project work. The current account for donors and sub awardees is presented under one heading.

B8 Various short-term liabilities	31/12/2025	31/12/2024
Income tax and VAT	294	379
Pension premiums	132	196
Social premiums country offices	12	10
Taxes and social premiums	438	584
Accounts payable	775	1,092
Provision for holiday pay	191	189
Provision for annual leave	205	247
Accruals project countries (payable)	44	28
Project payables country offices	253	279
Audit fees	34	64
Other liabilities	154	210

Other liabilities and accrued expenses	881	1,017
Current account Postcode Loterij (short term)	2,273	4,946
Current account endowment funds (payable)	73	71
Current account donors (payable)	1,834	1,568
Current accounts	4,180	6,585
Total various short-term liabilities	**6,274**	**9,278**

B9 Commitments (Liabilities not included in the balance sheet)

KNCV will move to a new office in 2026. For this purpose, a new rental contract was entered into with a third-party lessor in 2025 for the office located at the Waldorpstraat in The Hague. The rental contract commences on 1 June 2026, with a term of 4 years, ending on 31 May 2030. The annual rent for a full year is €95,000 including the costs for parking spaces, maintenance fee and VAT. There is also a printer lease contract that runs through to April 2026. The annual rent is €19,000. This contract will not be renewed after the move to the new office. The total obligations regarding the rent and the operational lease at the end of the reporting period can be stated as follows.

B9 Commitments (Liabilities not included in the balance sheet)	
Obligations to pay:	
No later than 1 year	124
Later than 1 year and no later than 5 years	316
Beyond 5 years	0
Total	440
During the reporting period the following amounts are included as costs in the income statement with respect to leases	182

Conditional rights

In 2021, we entered a multi-year contract (grant agreement) with the Postcode Loterij, for a total amount of €11,100,000 for the period from March 2021 till March 2026, which has been extended to March 2027. This commitment is conditional on (annual) approval of workplans. The project was fully funded in advance. This is presented under B7 Long-term liabilities.

Notes to the Statement of Income and Expenditure

In the following sections, the actual income and expenditure are compared with the budget and with the previous year's actual results.

Income

R1 Income from individuals

Income from individuals was lower than budgeted but higher than last year. We received a significant legacy in 2025 that was shared with the International Union Against Tuberculosis and Lung Disease. The revenues from direct marketing campaigns decreased.

R1 Income from individuals	Budget 2025	Actual 2025	Actual 2024
Direct marketing campaigns	185	146	141
Automatic collection	210	192	212
Legacies and endowments	50	125	139
Other gifts	0	1	4
Total income from individuals	**445**	**465**	**497**

R2 Income from companies

KNCV is the service provider for the French pharmaceutical company Cepheid for the distribution and installment of GenExpert machines and the test cartridges for diagnosing tuberculosis in Nigeria.

R2 Income from companies	Budget 2025	Actual 2025	Actual 2024
Cepheid	833	862	750
Total income from companies	**833**	**862**	**750**

R3 Income from lotteries

KNCV is the beneficiary of three lottery organizations in the Netherlands: Postcode Loterij, VriendenLoterij and De Lotto. The actual income from lotteries decreased from €4.7 million last year to €4.1 million in 2025. This is mainly because of the delay in execution of the Dream Fund project. The income from Vriendenloterij is slightly higher than last year. Just like last year, we expect an increase of the unearmarked contribution from Postcode Loterij of €1 million. The income from the Lotto decreased compared to last year. However, since 2023, 100% of the contribution from De Lotto has been passed on to Samenwerkende Gezondheidsfondsen as part of a three-year agreement. This is presented under the heading of Contributions to allied organizations in the section of Expenses.

R3 Income from lotteries	Budget 2025	Actual 2025	Actual 2024
Vriendenloterij	60	49	46
Postcode Loterij	900	1,000	1,000
Postcode Loterij (Dream Fund project)	4,746	2,572	3,134
De Lotto	450	495	502
Total from fundraising third parties	**6,156**	**4,116**	**4,681**

R4 Government grants

KNCV can do its work on ending tuberculosis in high burden countries because projects are funded by government grants among others. National and supranational governmental organizations, such as USAID, EDCTP, EU and Global Fund are among the largest donors of KNCV. In 2025, the USAID agency was dismantled and most of the projects that were funded by USAID ceased, while in the budget the large RAFET project for Central Asia was included. A large project in Vietnam proposed to Global Fund was not awarded, leading to lower actuals compared to budget.

R4 Government grants	Budget 2025	Actual 2025	Actual 2024
USAID	4,101	1,005	2,420
EDCTP	62	44	139
EU	202	229	198
Global Fund	492	163	75
Other Donors	370	108	154
To be contracted	508	0	0
Total government grants	**5,736**	**1,549**	**2,986**

R5 Income from allied non-profit organizations

Some of the professional associations and endowment funds that comprise the KNCV Association of Members, fund the activities of KNCV. In 2025 the total income was €556,000. SMT funded activities for a project on TB among children and adolescents. With the funds from ‘s-Gravenhaagse, we were able to do research on patient support and inform health professionals on recent developments in TB in the Netherlands.

R5 Income from allied non-profit organizations	Budget 2025	Actual 2025	Actual 2024
Mr. Willem Bakhuijs Roozeboom Foundation (BRF)	20	42	31
Dr. C. de Langen Foundation for global Tuberculosis (SMT)	196	428	563
's-Gravenhaagse Stichting tot steun aan de bestrijding der tuberculose	70	84	80
Total income from allied non-profit organizations	**286**	**556**	**673**

R6 Income from other non-profit organizations

Other non-profit organizations, such as Gates Foundation, Unitaid and the TB Alliance, are large contributors to funding the work of KNCV. Compared to last year we see a decrease in income, but the income in 2025 exceeded the budget, especially with the extension of the UNITAID funded Ascent project.

R6 Income other non-profit organizations	Budget 2025	Actual 2025	Actual 2024
Gates Foundation (formerly Bill and Melissa Gates Foundation)	339	894	1,926
Unitaid	1,548	3,341	2,698
TB Alliance	162	160	353
Other	361	614	384
Total income other non-profit organizations	**2,410**	**5,009**	**5,361**

R7 Income for supply of services

KNCV provides training on tuberculosis for GGD, CIb ('Centrum Infectieziektebestrijding'), and the Ministry of Defense. For the allied non-profit organizations SMT and 's-Gravenhaagse, we provide services for the financial administration and the support of their board meetings.

R7 Income for supply of services	Budget 2025	Actual 2025	Actual 2024
Endowment funds fee on administration & control costs	0	4	4
Trainings	206	318	234
Total income for supply of services	**206**	**322**	**238**

R8 Other income

Under other income, we account for exchange rate gains and losses that are not allocated to a specific donor or income category. It relates mainly to revaluation of cash on hand and the balance sheet of the country offices.

R8 Other Income	Budget 2025	Actual 2025	Actual 2024
Unallocated exchange result	0	-136	290
Miscellaneous	0	66	0
Total Other Income	**0**	**-70**	**290**

Expenses

The expenses are allocated to the four strategic goals of KNCV and to the costs for fundraising and administration and control. Total expenditure in 2025 was €14.3 million. This is €1.1 million lower than last year's €15.4 million.

R9 Expenses	Budget 2025	Actual 2025	Actual 2024
Personnel	8.109	7.513	8.292
Housing	212	200	200
Office and general expenses	1.137	1.255	1.132
Grants and contributions	15	25	15
Contributions to allied organizations	450	495	502
Purchases and acquisitions	2.690	1.985	2.352
Outsourced activities	4.000	2.806	2.679
Publicity and communication	185	158	234
Depreciation and interest	38	31	40
Total	16.834	14.468	15.447

Actual allocation to destination 2025	Expenses to mission related goals			
Actual 2025	TB control in low prevalence countries	TB control in high prevalence countries	Research	Education and Awareness
Personnel	32	6.193	122	178
Housing	4	133	15	9
Office and general expenses	9	1.034	35	21
Grants and contributions	25	0	0	0
Contributions to allied organizations	0	0	0	0
Purchases and acquisitions	0	1.985	0	0
Outsourced activities	0	2.806	0	0

Publicity and communication	0	0	0	112
Depreciation and interest	1	21	2	1
Total allocated	70	12.172	174	321

Actual allocation to destination 2025 (continued)	Expenses to fundraising			Administration and control
Actual 2025	Private fundraising	Share in third parties' activities	Grants	Administration and control
Personnel	195	1	374	418
Housing	10	0	14	15
Office and general expenses	67	0	33	57
Grants and contributions	0	0	0	0
Contributions to allied organizations	0	495	0	0
Purchases and acquisitions	0	0	0	0
Outsourced activities	0	0	0	0
Publicity and communication	45	0	0	0
Depreciation and interest	2	0	2	2
Total allocated	318	496	424	493

The next table shows the expenditure on the strategic mission in the various countries.

Expenditures per country*	Budget 2025	Actual 2025	Actual 2024
Netherlands	169	384	427
Africa			
- Ethiopia	907	982	1,134
- Kenya	71	0	0
- Malawi	91	2	114
- Namibia	0	0	4
- Nigeria	130	945	785
- Rwanda	0	0	7
- South Africa	0	11	16
- Tanzania	251	442	323
- Zambia	0	31	0
Subtotal Africa	**1,450**	**2,413**	**2,383**
Asia			
- Indonesia	189	340	423
- Philippines	26	135	130
- Vietnam	588	287	276
Subtotal Asia	**803**	**761**	**829**
Eastern Europe			
- Kazakhstan	108	111	259
- Kyrgyzstan	214	377	380
- Tajikistan	0	18	0
Subtotal Eastern Europe	**322**	**506**	**640**
Country related - from above	2,743	4,064	4,279
Non-country or region related projects	9,080	5,994	7,191
Expenses charged to other expenditure categories	3,131	2,679	2,277
Total expenses to the mission	**14,953**	**12,737**	**13,747**
Of which			
- TB control in low prevalence countries	134	70	84
- TB control in high prevalence countries	13,955	12,172	13,136
- Research	455	174	233
- Education and awareness	410	321	293

*This specification is based on the method that KNCV Tuberculosis Foundation applies to allocate costs to donor projects and contracts to be allocated, what is needed for internal management and external project accountability. To reconcile with the allocation to the four main objectives as reported in the format of Guideline 650 for annual reporting of fundraising organizations a separate line is included.

R9 Personnel expenses	Budget 2025	Actual 2025	Actual 2024
Salaries	4,203	4,384	4,528
Social security premiums	537	583	574
Pension premiums	409	419	396
Accrued annual leave	40	-24	38
External staff/temporary staff	0	0	0
Reorganization costs	0	0	0
Sub total	**5,188**	**5,362**	**5,537**
Salaries KNCV country offices	2,504	1,805	2,382
Sub total	**7,692**	**7,167**	**7,919**
Additional staff expenses			
Commuting allowances	85	71	75
Representation	2	1	3
Social event	5	1	1
Congresses and conferences	11	7	7
International contacts	32	25	41
Training & Education	90	31	78
Recruitment	10	0	5
Insurance personnel	40	60	49
Catering	5	6	4
Works council	19	25	21
Other personnel expenses	89	112	81
Allocated to investment income	-15	-12	-10
Sub total	**373**	**325**	**355**
Other human resource management costs			
Development of tools	15	3	0
Safety training	29	18	18
Sub total	**44**	**20**	**19**
Total personnel expenses	**8,109**	**7,513**	**8,292**

The salaries, social premium and pension premiums in the table above are based on the headcount in the Netherlands. The salaries of the headcount per country in the table below is reflected under the header salaries KNCV contry offices.

	2024	Q1-2025	Q2-2025	Q3-2025	Q4-2025
Headcount per country					
Nigeria	13	13	13	13	13
Ethiopia	10	11	11	8	6
Tanzania	1	0	0	0	0
Philippines	1	1	1	1	1
Kyrgyzstan	1	1	1	1	0
Kazakhstan	6	5	2	2	2
Vietnam	5	5	2	2	2
Country offices in total	**37**	**36**	**30**	**27**	**24**
The Netherlands	58	51	49	48	45
Total	**95**	**87**	**79**	**75**	**69**

R9 Housing expenses	Budget 2025	Actual 2025	Actual 2024
Rent	179	163	166
Repairs and maintenance	1	1	1
Cleaning expenses	22	27	24
Insurance and taxes	8	8	8
Plants and decorations	3	2	2
Allocated to investment income	0	0	0
Total housing expenses	**212**	**200**	**200**

R9 Office and general expenses	Budget 2025	Actual 2025	Actual 2024
General office supplies	2	1	1
Telephone	3	3	3
Postage	4	4	4
Copying expenses	18	20	18
IT costs	210	206	207
Audit fees	100	112	109
Board of Trustees	7	7	11
Consultancy	118	76	102
Bank charges	20	23	19
Other office and general expenses	50	101	118
Office and general expenses regional and country offices	606	704	539
Allocated to investment income	-1	-1	-1
Total office and general expenses	**1,137**	**1,255**	**1,132**

R9 Grants and contributions	Budget 2025	Actual 2025	Actual 2024
Subsidy research third parties	0	0	1
Financial support patients	15	25	14
Allocated to investment income	0	0	0
Total grants and contributions	**15**	**25**	**15**

R9 Contributions to allied organizations	Budget 2025	Actual 2025	Actual 2024
Lotto income to third parties	450	495	502
Total grants and contributions	**450**	**495**	**502**

Note: In the financial statement 2023, the Lotto income to third parties was included under purchases and acquisitions.

R9 Purchases and acquisitions	Budget 2025	Actual 2025	Actual 2024
Travel and transportation	1,450	1,045	892
Equipment	95	71	497
Supplies	950	703	811
Other acquisition	195	167	152
Allocated to investment income	0	0	0
Total purchases and acquisitions	**2,690**	**1,985**	**2,352**

R9 Outsourced activities	Budget 2025	Actual 2025	Actual 2024
Contractual	4,000	2,806	2,679
Allocated to investment income	0	0	0
Total outsourced activities	**4,000**	**2,806**	**2,679**

R9 Publicity and communication	Budget 2025	Actual 2025	Actual 2024
General campaigns	15	34	67
Communication and information	45	39	61
Marketing and fundraising	125	85	107
Allocated to investment income	0	0	0
Total publicity and communication	**185**	**158**	**234**

R9 Depreciation and interest	Budget 2025	Actual 2025	Actual 2024
Office reconstruction work	7	2	6
Office inventory	12	8	12
Computers	19	21	22
Allocated to investment income	0	0	0
Total depreciation and interest	**38**	**31**	**40**

The audit expenses charged by PricewaterhouseCoopers Accountants N.V. can be divided into two categories:

	Budget 2025	Actual 2025	Actual 2024
Audit expenses			
Audit of the Annual Accounts	80	100	100
Project audits PWC*	0	12	9
Total	**80**	**112**	**109**

The costs for project audits relate to the audit of a project funded by CIb ('Centrum Infectieziektebestrijding'). Audit costs are charged to the year to which they relate. Project audit costs, when allowable under donor conditions, are reported under expenses to mission related goals.

R10 Net investment income

The total income from investments consists of dividend and bond earnings, interest on cash on hand and deposits, and the realized and unrealized gains or losses on the investment portfolio. The costs for the investment manager and the allocated costs to the investment are deducted, resulting in the net investment income. We budget the investment income very prudently. In 2025, the net investment income was lower than in 2025. This was mainly because the negative development of the USD, leading to unrealized losses on the USD-investments in euro.

R10 Investment income	Budget 2025	Actual 2025	Actual 2024
Dividends	30	36	83
Bond earnings	148	92	19
Realized gains or losses	0	557	78
Unrealized gains or losses	42	-524	256
Interest on cash on hand and deposits	200	73	205
Total income from investments	**420**	**233**	**641**
Total out of pocket costs investments	25	33	36
Allocated costs	17	14	11
Net investment income	**378**	**186**	**593**

The next table sets out the investment results over a 5-year period and the average in this period.

Description	2021	2022	2023	2024	2025	5 year average
Bond income	28	23	24	19	92	37
Dividend	24	42	45	83	36	46
Realized exchange results	736	-254	-118	78	557	200
Unrealized exchange results	-253	-750	563	256	-524	-142
Interest on cash on hand and deposits	-3	9	201	205	73	97
Gross investment income	**532**	**-931**	**715**	**641**	**233**	**238**
-/- Investment expenses	49	48	43	47	47	47
Net investment income	**483**	**-979**	**672**	**593**	**186**	**191**

Note: Investment expenses include allocated organizational expenses.

The Executive Director confirms that all transactions in 2025 have been executed in compliance with the Investment Policy. This has been monitored by analyzing the monthly and quarterly reports of the investment bank and by discussing the results during periodical meetings. Transaction costs are exposed in the income statement if these are related to financial assets carried at fair value through profit or loss. The equity instruments are quoted in an open market.

Remuneration of the management

The Board of Trustees has, upon the recommendation of the Remuneration Committee, determined the amount of the management remuneration and additional benefits to be paid to management. The remuneration policy is regularly reviewed. The most recent review was carried out in April 2020, with the handover of leadership to the new Executive Director.

In determining the remuneration policy and remuneration, KNCV adheres to Goede Doelen Nederland's (www.goededoelennederland.nl) advisory scheme for the remuneration of the management of charitable organizations ("Adviesregeling Beloning Directeuren van Goede Doelen").

The maximum annual remuneration is determined based on weighted criteria. At KNCV, this weighting was performed by the Remuneration Committee. This resulted in a so-called basic score for management positions ("Basis Score voor Directiefuncties" - BSD) of 480 points (category I). The corresponding maximum annual remuneration is €163,473 for 1 FTE over a period of 12 months for the Executive Director.

Executive remuneration (€1,000)	
Name	M. Gidado
Position in the board	Executive Director
Contract	
Legal status	Indefinite
Number of hours	40
FTE	100%
Period for reporting year	1/1 - 31/12
Remuneration	
Annual income	
Gross salary	138
Holiday allowance	12
Extra month	12
Variable/performance allowance	0
Subtotal	**162**
Taxable allowances	1
Pension premium, employers part	16
Pension compensation	0
Other allowance, long-term	30
Payment in relation to beginning or end of contract	0
Subtotal	**47**
Total remuneration 2025	**209**
Total remuneration 2024	203

In 2025, the actual income for management for the purposes of assessment of compliance with Goede Doelen Nederland's maximum annual remuneration was as follows:

- The gross annual salary of the Executive Director, M. Gidado, was € 161,628. The Executive Director is employed by KNCV for 40 hours per week. The annual income for the Executive Director is within the limit of €163,473 for 1 FTE over a period of 12 months according to the “Regeling beloning directeuren van goede doelen ten behoeve van besturen en raden van toezicht”.
- The total remuneration 2025 (gross income, taxable allowances, employer’s contribution to pension premiums and pension compensation, and other allowances) is € 208,858 and this is below the maximum of €212,515.

The size and composition of the management remuneration is reported in the notes to the Statement of Income and Expenditure. Besides the annual income, management remuneration also includes the national insurance and pension contributions and, if applicable, any severance payments upon termination of employment.

No loans, advances nor guarantees are issued to members of the Executive Board or members of the Board of Trustees. The members of the latter receive a fixed compensation of €100 for each Board of Trustees meeting attended.

Events Occurring After the Balance Date
In 2025, the management team prepared a restructuring of the organization. The organisation will be restructured with all content related work in the Programs division and support and resourcing activities in the Finance and Operations division. In the Programs division the number of FTE is 26 positions (24.2 FTE) and in the Finance and Operations division the headcount is 13 (12.2 FTE). The Executive Director sent a request for advice to the Works Council in December 2025. In February 2026, the Works Council gave its (conditionally) positive advice. The restructuring of the organization will lead to the net reduction of one staff member with an indefinite contract. The severance payment will be about €10,000.

The Hague, 26 May 2025

Mirella Visser
Chair of the Board of Trustees

Tjipke Bergsma
Vice chair of the Board of Trustees

Mustapha Gidado
Executive Director

Other information

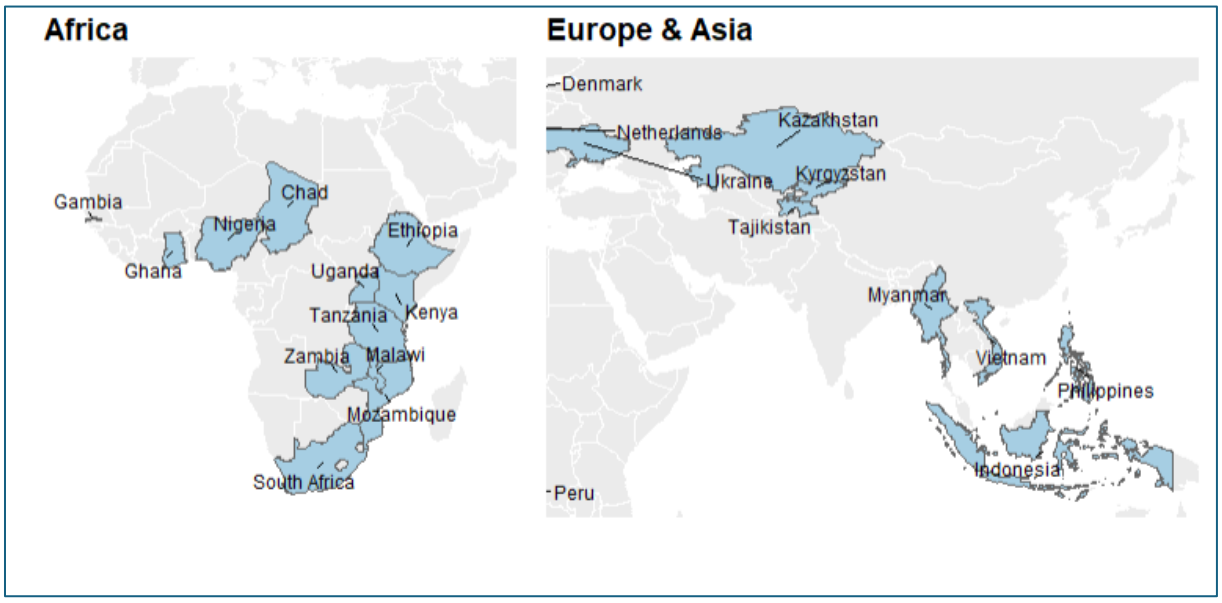
Other Information

Provision in the Articles of Association governing the approval of the annual accounts, annual report, and the result appropriation.
Article 17 of KNCV's Articles of Association specifies that the approval of the annual accounts and the annual report, including the allocation of the result, shall take place during the general members meeting.

Annex I - M&E Report 2025

In 2025, KNCV supported 23 countries across Europe, Asia, Africa, and South America, advancing TB diagnostics, prevention, treatment, digital innovation, and capacity strengthening. The organization played a catalytic role in scaling up transformative TB technologies globally.

Figure 5: The 23 countries KNCV supported in 2025.



Capacity strengthening remained central to KNCV's work. Over 1,200 healthcare providers were trained in DR-TB management, including shorter regimens such as BPaL, active drug safety monitoring (aDSM), community-based care models, and preventive treatment. In Tanzania, decentralized laboratory staff were trained in Nanopore sequencing for rapid detection of TB drug resistance and COVID-19, improving diagnostic speed and accuracy and enabling earlier treatment.

Innovative approaches to diagnosis and prevention were expanded. The One-Step (SOS) stool method was scaled up in Ethiopia and the Philippines, with 150 trainers capacitated. In Ethiopia, 1,339 stool samples were tested, resulting in 119 TB diagnoses, primarily among children. A paediatric TB preventive treatment (TPT) demonstration enabled 200 children to access dispersible rifapentine, generating critical evidence to support uptake of child-friendly formulations.

In the Netherlands, refresher TB training for staff across 23 Municipal Public Health Services (GGDs) ensured sustained capacity in screening, diagnosis, and linkage to care. And reaching to over 250 MSc students within 5-Dutch Universities contributing to TB modules and other overarching public health topics.

Digital innovation accelerated program impact. An AI chatbot was introduced in the Netherlands to strengthen TB knowledge, while eight staff were trained in its clinical application. The AI-powered treatment support app AIDA is currently supporting 458 people with TB across South Africa, Mozambique, and Nigeria, improving adherence and patient engagement.

KNCV also strengthened implementation of the Person-Centred Framework (PCF) and Integrated Health Tool (IHT) through coordinated national and regional efforts. WHO-convened sessions aligned approximately 140 stakeholders on PCF principles. In Nigeria, national and state-level trainings reached over 160 participants, while Ethiopia and Vietnam trained a further 180 stakeholders. Complementary in-person training and webinars enhanced IHT implementation, supported by ongoing remote mentoring.

Targeted programmes delivered measurable results. In Ethiopia, the SAS-P OptCare project trained 50 TB focal persons and identified 8,506 presumptive TB cases, resulting in 1,093 people diagnosed and treated across six hard-to-reach zones. The WHO-endorsed Child and Adolescent Benchmarking and Planning Tool was rolled out in five countries, mapping over 100 stakeholders and strengthening national coordination under National TB Program leadership.

Performance Against Global Targets

Progress against UNHLM TB indicators remains uneven. Treatment coverage is below the ≥90% target in most countries, with only Kazakhstan (99%) and the Netherlands (85%) approaching the benchmark. In contrast, treatment success rates are strong, with several countries - including Ethiopia, Nigeria, and Tanzania - meeting or exceeding the ≥90% target.

Catastrophic costs due to TB remain widespread and far above the 0% target, particularly in Malawi (85%), Tajikistan (80%), and Nigeria (71%). Rapid diagnostic testing performance is mixed: while Kazakhstan and Tajikistan meet targets, countries such as Ethiopia and Malawi remain significantly below.

Prevention indicators show the largest gaps. Although contact investigation coverage is strong in many settings, TPT coverage among household contacts remains critically low, with no country reaching the ≥90% target. Coverage among people living with HIV and children under five is highly variable, with a few countries achieving targets but many lagging far behind.

Rifampicin resistance testing is generally strong, though gaps persist in some countries. Case fatality ratios highlight ongoing disparities, with several countries meeting the ≤5% target, while others—particularly in sub-Saharan Africa—continue to report high mortality.

Overall, KNCV works closely in collaboration with other partners and stakeholders to minimized to overall impact of TB service disruption during the funding crisis; and support countries in scaling up opportunities. While important gains have been made in treatment

outcomes and innovation uptake, major gaps in coverage, prevention, and financial protection continue to constrain progress toward global TB targets.

Table X: Global Indicators from WHO global TB report 2025.

Global Indicator	Ethiopia	Indonesia	Kazakhstan	Kenya	Kyrgyzstan	Malawi	Nigeria	Philippines	Tajikistan	Tanzania	Uzbekistan	Viet Nam	Netherlands	Targets
1) TB treatment coverage	81%	77%	99%	81%	43%	74%	79%	75%	56%	64%	75%	58%	85%	≥90%
2) TB treatment success rate^^^	96%	86%	90%	89%	86%	90%	94%	84%	93%	96%	77%	89%	79%	≥90%
3) Catastrophic costs due to TB	^^53%	^38%	^^25%	**27%	^^54%	^^85%	**71%	**42%	^^80%	***45%		*62%		0%
4) Newly notified patients diagnosed with rapid tests	41%	65%	99%	63%	90%	47%	69%	74%	87%	79%	71%	62%	65%	≥90%
5) TPT Coverage - household contact	28%	7%	54%	40%	8%	11%	39%	11%	55%	14%		9%	74%	≥90%
- People with HIV	90%	9%	74%	^^32%	61%	61%	74%	70%	95%	7%	42%	61%		≥90%
- <age of 5 (estimated)	41%	9%	100%	3%	27%	54%	50%	17%	100%	73%	48%	5%	100%	
6) Contact investigation coverage	100%	99%	100%	97%	96%	95%	97%	76%	94%	95%	99%	80%		≥90%
7a) - % of bacteriologically confirmed TB cases tested for rifampicin resistance - **New cases**	68%	94%	100%	84%	96%	80%	81%	79%	92%	93%	94%	94%	91%	100%
7b) % of bacteriologically confirmed TB cases tested for rifampicin resistance - **Previously treated**	78%	83%	100%	87%	95%	90%	95%	76%	91%	94%	86%	100%	75%	100%
8) New TB drug treatment coverage - not available														≥90%
DR-TB treatment coverage	100%	77%	135%	117%	103%	103%	84%	88%	126%	103%	111%	81%	100%	
9) HIV Status among TB Patients (TB_STAT)	78%	57%	98%	98%	97%	100%	97%	62%	99%	100%		88%		100%
10) Case fatality ratio (CFR)	12%	12%	4%	22%	4%	21%	12%	6%	11%	23%	4%	7%	3%	≤5%

Testing for drug susceptibility is only possible among bacteriologically confirmed cases.

Catastrophic costs are provisionally defined as total costs that exceed 20% of annual household income.

*2016
**2017
***2019
^2020
^^2021 modelled data
^^^2022

Annex II – Scientific publications

1. McQuaid CF, Clark RA, White RG, Bakker R, Alexander P, Henry R, et al. Estimating the epidemiological and economic impact of providing nutritional care for tuberculosis-affected households across India: a modelling study. The Lancet Global health. 2025.
2. Salazar-Austin N, Cohn S, Nonyane BAS, Mulder C, Mulatu F, Bayu S, et al. Effectiveness of a Home-based Approach to Child Contact Investigation and TPT Management by Community Health Workers in Ethiopia: A Pragmatic Cluster-randomized Trial. Clin Infect Dis. 2025.
3. Malhotra A, Bedru A, Mulatu F, Nonyane BAS, Cohn S, Mulder C, et al. Cost and cost-effectiveness of pediatric home-based versus facility-based TB Preventive Treatment in Ethiopia (CHIP-TB). PLOS Glob Public Health. 2025;5(4):e0004466.
4. Shearer K, Nonyane BAS, Mulder C, Kaonga E, Nyirenda R, Mbendera K, et al. An evaluation of a choice architecture-based intervention on prescribing of TB preventive treatment to people living with HIV in southern Africa (the CAT study): a cluster-randomised trial. BMJ Glob Health. 2025;10(5).
5. Mavume-Mangunyane E, Issufo S, Ndima S, Valverde E, Peregrino RR, Tasca B, et al. Decision-makers' perspectives on the implementation of COVID-19 self-testing in Mozambique. Public Health Action. 2025;15(2):52–7.
6. Jerene D, van Kalmthout K, Levy J, Alacapa J, Deyanova N, Dube T, et al. Effect of digital adherence technologies on treatment outcomes in people with drug-susceptible tuberculosis: four pragmatic, cluster-randomised trials. Lancet. 2025;405(10485):1155–66.
7. Mulder C, Bergman AJ, Mulatu F, Chaisson R, Churchyard G, Bedru A, et al. Optimising child-friendly TB preventive treatment regimens. IJTLD Open. 2025;2(11):671–6.
8. Hontelez JAC, Spruijt IT, Bakker R, Cobelens F, Erkens C, van den Hof S, et al. Cost-effectiveness of tuberculosis infection screening and treatment among high-tuberculosis risk immigrants and asylum seekers in The Netherlands: A cohort modelling study. J Infect Public Health. 2025;18(10):102889.
9. Pinheiro M, Aguiar A, Moreira DN, Akkerman OW, Al-Suwaidi Z, Alffenaar JC, et al. A multinational Delphi consensus on tuberculosis screening of migrants in Europe. ERJ Open Res. 2025;11(6).
10. Tiemersma E, Yenew B, Diriba G, Jerene D, Bedru A, de Haas P. Incremental yield in detection of TB by testing multiple stool specimens from one person. IJTLD Open. 2025;2(4):235–7.
11. Ajide B, Moe CA, Barrameda J, Chirwa M, Rockman L, de Haas P, et al. Tongue Swab Xpert MTB/RIF Ultra Testing for Tuberculosis Using a Revised Consensus Protocol: A multi-country diagnostic accuracy study. medRxiv. 2025.
12. Alacapa J, Tadesse AW, Deyanova N, Dube T, Mganga A, Powers R, et al. Engagement With Digital Adherence Technologies as Measures of Intervention Fidelity Among

Adults With Drug-Susceptible Tuberculosis and Health Care Providers: Descriptive Analysis Using Data From Cluster-Randomized Trials in Five Countries. JMIR Public Health Surveill. 2025;11:e62881.
13. Alege A, Useni S, Ihesie A, Eneogu R, Agbaje A, Odume B, et al. Impact of the use of the ultra-portable digital x-ray with CAD4TB for active case finding for tuberculosis in Nigeria. Front Digit Health. 2025;7:1559203.
14. Ali S, Rahman NR, Ashraf, Rumman, Naveed A, Ghafoor A, et al. Comparative Analysis of Culture and Sputum Smear Conversion Timelines and Their Associated Factors in Smokers Versus Non-smokers With Drug-Resistant Tuberculosis. Cureus. 2025;17(3):e80704.
15. Biru M, Datiko DG, Jerene D, Yohannes AG, Molla Y, Suarez P, et al. Designing tuberculosis elimination framework through participatory processes in Ethiopia: Results from stakeholders' discussions. PLoS One. 2025;20(3):e0318209.
16. Burhan E, Sugiharto J, Soemarno M, Juan A, Runtu Y, Yuvensia A, et al. Treatment success rate and time to culture conversion under a prospective BPaL cohort study. IJTLD Open. 2025;2(5):284–90.
17. Carratala-Castro L, Munguambe S, Saavedra-Cervera B, de Haas P, Kay A, Marcy O, et al. Performance of stool-based molecular tests and processing methods for paediatric tuberculosis diagnosis: a systematic review and meta-analysis. Lancet Microbe. 2025;6(6):100963.
18. Chukwuogo O, Daniel O, Ihesie A, Eneogu R, Odume B, Agbaje A, et al. Knowledge, enablers, and barriers to TB preventive treatment among health care workers. Public Health Action. 2025;15(3):113–7.
19. Clark RA, Bakker R, Alexander P, Henry R, White RG, Sinha P, et al. Modelling the effect of a nutritional shock on tuberculosis in India. BMC Glob Public Health. 2025;3(1):56.
20. de Haas P, Hepple P, Babo Y, Srioetami F, Amare M, Sherefdin B, et al. VISITECT(R) CD4 advanced disease assay in routine use: Diagnostic accuracy and usability, Ethiopia and Indonesia. Trop Med Int Health. 2025;30(7):685–93.
21. de Zwaan R, de Vries G, Ubbelohde E, Mulder A, Kamst-van Agterveld M, Rebel K, et al. Verification of emerging genomic mutations in Mycobacterium tuberculosis allows transmission chains to be distinguished in an epidemiological typing cluster extending over thirty years. PLoS One. 2025;20(6):e0319630.
22. Dube TN, Mboniswa F, de Groot L, Khumalo S, Maraba N, Ndlovu N, et al. Acceptability of Digital Adherence Technologies to support people with drug-susceptible TB in South Africa. PLoS One. 2025;20(9):e0332103.
23. Flores I, Quelapio MI, Cabalitan C, Carpin J, Torres-Cervas MR, Trono M, et al. Effectiveness and safety of the BPaL regimen in the Philippines. J Clin Tuberc Other Mycobact Dis. 2025;41:100567.

24. Gande S, Ogbudebe C, Odume B, Chukwuogo O, Emefieh J, Babayi A, et al. Outcome of active TB case finding among a nomadic population in Nigeria. Public Health Action. 2025;15(2):47–51.
25. Horton KC, Schwalb A, Harker MJ, Gosce L, Venero-Garcia E, O'Brien L, et al. The potential impact, cost and cost-effectiveness of tuberculosis interventions - a modelling exercise. medRxiv. 2025.
26. Jaganath D, Nabeta P, Nicol MP, Castro R, Wambi P, Zar HJ, et al. Stool processing methods for Xpert Ultra testing in childhood tuberculosis: A prospective, multi-country accuracy study. Clin Infect Dis. 2025.
27. Jung JK, Lee JS, Slyzkyi A, Wares DF, Cho SN. Laboratory strengthening strategies to advance drug susceptibility testing for BPaL regimens in TB treatment. Public Health Action. 2025;15(4):145–8.
28. Jung JK, Quelapio M, Cho SN. Strengthening TB laboratory systems: addressing diagnostic and systemic barriers in drug-resistant TB. Public Health Action. 2025;15(2):88–90.
29. Keller S, Naidoo K, Zekarias M, Israel-Isah S, Shaka M, Gule G, et al. Feasibility and acceptability of GeneXpert MTB/XDR implementation among healthcare workers in three low-middle income African countries. PLoS One. 2025;20(6):e0326342.
30. Leung CL, Jerene D, Meghji J, Drage M, Mbawala W, Mpagama SG, et al. Post-TB sequelae and care: a systematic review and synthesis of qualitative research. IJTLD Open. 2025;2(6):339–45.
31. Lounnas M, Masama EN, Beneteau S, Kasakwa K, Kaitano R, Nabeta P, et al. Centrifuge-free stool processing methods for Xpert MTB/RIF Ultra tuberculosis diagnosis in children in Uganda and Zambia: an observational, prospective, diagnostic accuracy study. Lancet Microbe. 2025;6(8):101055.
32. Madden N, Tadesse AW, Leung CL, Goncalves Tasca B, Alacapa J, Deyanova N, et al. Process Evaluation of Pragmatic Cluster-Randomized Trials of Digital Adherence Technologies for Tuberculosis Treatment Support: A Mixed-Method Study in Five Countries. Trop Med Infect Dis. 2025;10(3).
33. Mengesha MM, Jerene D, Castor C, Follin C. Psychosocial support and HIV-related stigma intervention needs of adolescents living with HIV in southern Ethiopia: insights from adolescents, caregivers, and healthcare providers. Glob Health Action. 2025;18(1):2576956.
34. Mitiku I, Keller S, Abera A, Hailu H, Demissie Y, Melese D, et al. Feasibility and acceptability of self-testing for COVID-19 in Ethiopia: a mixed-methods study. IJTLD Open. 2025;2(11):630–8.
35. Mpunga J, Mbendera K, Mwenyenkulu T, Chirwa S, Kanyerere H, Girma B, et al. Feasibility of stool-based GeneXpert for the diagnosis of pulmonary TB in children. Int J Tuberc Lung Dis. 2025;29(8):370–4.

36. Mwanza W, Lutinala M, Mundia K, Klinkenberg E, de Haas P, Kabaso M, et al. Stool-based Xpert testing for diagnosis of TB in children and critically ill adults. Int J Tuberc Lung Dis. 2025;29(2):75–9.
37. Olabamiji J, Ihesie A, Ochei K, Nwokoye N, Eneogu R, Salau O, et al. Pilot implementation result of frequency, distribution, and factors associated with unsuccessful tests and error rates at Truenat sites in Nigeria. Scientific reports. 2025;15(1):19362.
38. Omotayo SA, Chukwuogo O, Ogbudebe C, Egbule D, Opara P, Bot T, et al. Finding missing TB cases in Northern Nigeria. Public Health Action. 2025;15(1):38–43.
39. Pelzer PT, Stuck L, Martinez L, Richards AS, Acuna-Villaorduna C, Aronson NE, et al. Effectiveness of the primary Bacillus Calmette-Guerin vaccine against the risk of Mycobacterium tuberculosis infection and tuberculosis disease: a meta-analysis of individual participant data. Lancet Microbe. 2025;6(2):100961.
40. Ruperez M, Busang J, Mureithi L, Shanaube K, Klinkenberg E, Gachie T, et al. Clinical outcomes of participants of a TB prevalence survey with an abnormal chest X-ray but no evidence of TB disease after a median follow-up of 9 months in Zambia and South Africa. PLOS Glob Public Health. 2025;5(6):e0003787.
41. Sheshi M, Odume B, Chukwuogo O, Ogbudebe C, Gordon I, Useni S, et al. Impact of social franchising on TB contact investigation and uptake of TB preventive therapy. Public Health Action. 2025;15(3):108–12.
42. Spruijt I, Tiemersma E. Three birds with one stone: screening of migrants for pulmonary TB, extrapulmonary TB and TB infection. Eur Respir J. 2025;66(1).
43. Sumner T, Clark RA, Prys-Jones TO, Bakker R, Churchyard G, White RG. The potential impact of new tuberculosis vaccines on the burden of tuberculosis in people with HIV in South Africa. AIDS. 2025;39(2):175–83.
44. Tadesse AW, Maraba N, Alacapa J, Gamazina K, Dube T, Onjare B, et al. Rates and Risk Factors for On-Treatment Mortality Among a Cohort of Adults Treated for Drug-Sensitive Tuberculosis: Analysis of Data From the Adherence Support Coalition to End Tuberculosis Consortium in Five Countries. Trop Med Int Health. 2025;30(12):1363–73.
45. Tadesse AW, Sahile M, Foster N, McQuaid CF, Weldemichael GT, Abdurhman T, et al. Digital adherence technology interventions to reduce poor end-of-treatment outcomes and recurrence among adults with drug-sensitive tuberculosis in Ethiopia: a three-arm, pragmatic, cluster-randomised, controlled trial. Lancet Digit Health. 2025:100895.
46. Useni S, Odume B, Tukur M, Chukwu E, Nwokoye N, Ogbudebe C, et al. Comparative analysis of the impact of portable digital X-ray on TB screening in hard-to-reach areas in Nigeria. Public Health Action. 2025;15(1):17–20.
47. Wickenden A, Dean L, Molyneux S, Godwin-Akpan TG, Kollie KK, Phillip M, et al. 'We cannot just keep it in our palm': A policy analysis of the integration of the case

management of neglected tropical diseases into the health system of Liberia. PLOS Glob Public Health. 2025;5(12):e0004328.
48. Xu W, Top J, Viveen MC, Slyzkyi A, Hermans N, van Erp S, et al. Limited value of Nanopore adaptive sampling in a long-read metagenomic profiling workflow of clinical sputum samples. BMC Med Genomics. 2025;19(1):8.
49. Abelti E, Dememew Z, Gebreyohannes A, Alemayehu Y, Terfassa T, Janfa T, et al. Community-Based Tuberculosis Preventive Treatment Among Child and Adolescent Household Contacts in Ethiopia. Trop Med Infect Dis. 2025;10(4).
50. Garcia-Prats AJ, Garcia-Cremades M, Cox V, Kredo T, Dunbar R, Schaaf HS, et al. Characteristics of children and adolescents with multidrug-resistant and rifampicin-resistant tuberculosis and their association with treatment outcomes: a systematic review and individual participant data meta-analysis. Lancet Child Adolesc Health. 2025;9(2):100–11.
51. Gill MM, Limaye R, Pelzer PT, Frick M, Kerkhoff AD. Prioritizing countries for TB vaccine readiness research using a global stakeholder-centric approach. PLOS Glob Public Health. 2025;5(8):e0004668.
52. Reuter A, Stillo J, Thi SS, Motta I, Migliori GB, Mesic A, et al. The time is now: making the case for compassionate use/pre-approval access to new TB drugs. IJTLD Open. 2025;2(12):701–4.
53. Sumner T, Clark RA, Prys-Jones TO, Bakker R, Churchyard G, White RG. The delivery of new tuberculosis vaccines to people living with HIV - when to vaccinate? BMC Infect Dis. 2025;25(1):878.
54. Useni S, Eneogu R, Ihesie A, Alege A, Agbaje A, Odume B, et al. Operational feasibility of the ultra-portable digital X-rays with Computer-Aided Detection (CAD) for community active case finding for TB in Nigeria: Health care workers and client's perspectives. PLOS Glob Public Health. 2025;5(10):e0005234.
55. Majidulla, A., Gerste, A. K., Baidya, A., Georgewill, O., Muralidharan, K. K., Dare, D. J., ... & Limaye, R. J. (2025). Adolescent vaccine introductions scoping review: A decade of insights from low-and middle-income countries (2013− 2023). Vaccine: X, 25, 100657.
56. Cegielski JP, Ahmedov S, Cheng J, Dubick C, Evans E, Jensen PA, Kanchar A, Kansal AR, Lin CC, Liu Y, Marll M, Mishra G, Mphahlele M, Nardell E, Nice JA, Scholten JN, Tudor C, van der Walt M, van der Westhuizen HM, Vauhkonen V, Vincent RL , Volchenkov G; Knowledge gaps and research priorities for understanding the transmission of Mycobacterium tuberculosis and other airborne infections, International Journal of Infection Control, 2025, 21: 23851 – http://dx.doi.org/10.3396/ijic.v21.23851
57. Yellappa V, Pell C, Jerene D. A “Just Transition” for Drug-Resistant Tuberculosis. Public Humanities. 2025;1:e177. doi:10.1017/pub.2025.10073

Annex III – Abbreviations

1HP 1 month Rifapentine + Isoniazid course

3HP 3 month Rifapentine + Isoniazid course

A/C Audit Committee

ACT4TB Active case finding, **C**ontact investigation and **T**B preventive treatment

ACTS Accelerated **C**oordinated **T**echnical and Programmatic **S**upport for Country-led TB Response

ADAPT Assessing Diagnostics at points of Care for Tuberculosis

aDSM active drug safety monitoring

AI Artificial Intelligence

AIGHD Amsterdam Institute for Global Health and Development

AIR-TBC AI-driven **R**espiratory Screening for Tuberculosis (**TB/TBC**)

AIV Advisory Council for International Affairs

AMR Antimicrobial Resistance

API Application Programming Interface

ART Antiretroviral Therapy

ASCENT Adherence Support Coalition to end TB

BoT Board of Trustees

BPal 6 Month treatment for patients with advanced forms of drug-resistant TB

BPaL (M) bedaquiline, pretomanid, linezolid and moxifloxacin

BSD "Basis Score voor Directiefuncties" - Basic Score for Management positions

CBF Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)

CDC Centers for Disease Control and Prevention

CE-Modelling Concentration Effect Modelling

CEO Chief Executive Officer

CFO Chief Finance Officer

CIOO Chief Information and Operations Officer

CEPI Coalition for Epidemic Preparedness Innovation

COP Community of Practice

CPD Continuous Professional Development

CPT Netherlands Committee for Practical TB Control

CRG Corporate Responsibility and Governance

CRM Customer Relationship Management

CSCPs Community Sputum Collection Points

CSO Chief Strategy Officer

CSR Corporate Social Responsibility

CTP Commission for Practical TB Control

DR-TB Drug Resistant Tuberculosis

ECDC European Centre for Disease Prevention and Control

EDCTP European and Developing Countries Clinical Trials Partnership

ESG Environmental, Social and Governance

ETBE Ethiopia TB Elimination project

F&A Finance & Administration division

FBN Fonds Bijzondere Noden

FTE Full-time equivalent

GA Grant Administrator

GAVI Vaccine Alliance

GDI Global Drug-resistant Initiative

GDF Global Drug Facility

GDN Goede Doelen Nederland

GDPR Global Data Protection regulation

GeneXpert® (See Xpert MTB/RIF assay, below)

GF Global Fund

GGD Municipal Public Health Services

GGD GHOR Nederland Association of GGD's (Municipal Public Health Services) and GHOR (Regional Medical Emergency Preparedness and Planning offices) in the Netherlands

GLI Global Laboratory Initiative

GM Grant Manager

HCW Healthcare Workers

HIV Human Immunodeficiency Virus

HQ Head Quarter

HR Human Resource

HRH Her Royal Highness

HSS Health System Strengthening

ICR Indirect Cost Rate

ICT Information and Communication Technology

IDDS The Infectious Disease Detection and Surveillance

IHT Intensive Home Treatment

IJTLD International Journal of Tuberculosis and Lung Disease

ILO International Labour Organization

IMPAACT4TB Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB

IPC Infection Prevention and Control

ISS Institute of Social Studies

IT Information Technology

KIT Koninklijk Instituut voor de Tropen

KNCV Koninklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose

LL.M Master of Laws

LON USAID funding Mechanism for Local Organizations

MADS Master's in Development Studies

M&E Monitoring and Evaluation

MHC Municipal Health Centres

MOH Ministry of Health

MSc Master of Science

MT Management Team

NGO Non-Governmental Organization

NIH National Institutes of Health

NSP National Strategic Plan

NSPOH National School of Public and Occupational Health

NTP National Tuberculosis Program

ODA Official Development Assistance

PAS4AMR portable adaptive sequencing to detect antimicrobial resistance

PATH Program for Appropriate Technology in Health

PCF4TB People-Centered Framework for TB Programming initiative

PFZW Pensioenfonds Zorg en Welzijn (Pension fund for health care)

PhD Philosophiae Doctor

PL Postcode Loterij (Postal code Lottery)

PLHIV People Living with HIV

PPA Patient Pathway Analysis

PPRD Pandemic Preparedness

PTLD Post TB Lung Disease

PWC Price Waterhouse Coopers

RGHI Rotterdam Global Health Initiative

RI&E Risk Invertarisation and Evaluation / Risk Assessment and evaluationSOP

RIVM Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)

RMCF Resource Mobilization Communication and Fundraising

SEARO South East Asia regional WHO office

SDGs Sustainable Development Goals

SGF Samenwerkende GezondheidsFondsen

SMT Dr. C. de Langen Stichting voor Mondiale Tbc- Bestrijding/Stichting Mondiale Tuberculosebestrijding (Dr. C. de Langen Foundation for Global TB Control)

SOP Standard Operating Procedure

SOS stool test Simple One Step stool test

STAG-TB Strategic and Technical Advisory Group on TB control

Stool4DR-TB Stool-based testing for DR-TB diagnosis

SVOP Stichting Voorzieningenfonds Oud Personeelsleden KNCV

TA Technical Assistance

TB Tuberculosis

TB/DM Diabetes Mellitus / Tuberculosis

TBE&HIS Tuberculosis Elimination and Health Systems Innovation

TBCTA Tuberculosis Coalition for Technical Assistance

TB/HIV Tuberculosis and/or Human Immunodeficiency Virus

TB MAC Modelling and Analysis Consortium

TBCTA Tuberculosis Coalition for Technical Assistance

TBI Tuberculosis Infection

TBIPC Tuberculosis Infection Prevention and Control

T/C Technical Committee

tNGS Targeted next-generation sequencing

TPT Tuberculosis Preventive Treatment

UMC University Medical Centre

UNHLM United Nations High Level Meeting

UNION International Union Against Tuberculosis and Lung Disease

Unitaid International organization that invests in innovations to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively.

USAID United States Agency for International Development

WC Works Council

WHO World Health Organization

WHO ERC World health Organization Research Ethics Review Committee

WHO Euro World Health Organization European Region

WHO GTB World Health Organization Global Tuberculosis programme

WHO NSP World Health Organization National Strategic Plan

Xpert An automated diagnostic assay/test that can identify TB and resistance to rifampicin

XDR-TB Extensively Drug-Resistant Tuberculosis