ANNUAL REPORT AND ACCOUNTS 2020

Version

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Section One: KNCV in 2020

A. Message from the Executive Director

I would like to thank all the front line health care workers globally for your courage, commitment, and resilience in 2020; you are all this year's heroes. To our KNCV Tuberculosis Foundation (KNCV) staff at all levels: your quick flexibility and innovation to adapt to the new norm to ensure the continuation of (tuberculosis) TB services is applauded. Special appreciation to our donor partners, technical agencies, and private donors for your confidence, support, and suppleness to KNCV in the fight against TB, including COVID-19 and its impact on TB services.

KNCV commiserates with all the families that lost loved ones to TB, COVID-19, and other related deaths and difficulties during the tough year 2020. We hope never again in our lifetime to experience this kind of global tragedy.

The year 2020 has re-echoed the following facts in public health:

1. *The interdependence of global health, economy and security*
2. *The notion that no individual/nation is saved until everyone/every nation is safe*
3. *The vulnerability of the health system even among developed nations*
4. *The role of coordination, collaboration and quality communication among all nations and technical partners in public health*

The year 2020 was also a 'stormy year' for KNCV. It was characterized by implementing a major organizational restructuring, the end of two decades of stable funding from USAID flagship projects and the first year of implementation of the new KNCV strategic plan (2020-2025). All these had to happen amidst the COVID-19 pandemic. However, it was also an opportunity for KNCV to put to practice innovative approaches towards technical assistance and project implementation; especially the role of digital technology in TB control.

KNCV benefited from its operational principles of working through countries existing health systems (National TB Program / Ministry of Health), building competent in-country teams and working as a network organization with other local independent KNCV entities. This mitigated the severe disruptive effect of the COVID-19 pandemic on KNCV projects and TB services. We continued to implement over 29 projects in at least 12 countries, including interventions to minimize the impact of COVID-19 on TB.

I am proud of our team for pushing innovations to challenge the status-quo in TB prevention and care. Especially in facilitating a cultural change for data-driven TB planning at all levels through the lens of the patients. We worked on the continuous introduction of shorter and life-saving regimens with patients accessing BPaL (a three-drug regimen that consists of bedaquiline, pretomanid and linezolid) under operational research in Ukraine and Tajikistan and 3HP (TB preventive treatment – TPT – with 3 months of weekly isoniazid and rifapentine) in Ethiopia, Indonesia, and Malawi. We generated additional evidence on the stool test GeneXpert method for childhood TB diagnosis and the role for digital technology in the entire cascade of TB prevention and care. In 2020, the team contributed to fifty manuscripts and conference papers on the implementation of science and for better policy and guidelines development.

For 2021, we will continue to engage all partners and beneficiaries for regular feedback on the quality of our services. At the same time we will strengthen the organizational capacity for virtual/digital environment, on-the-ground long term Technical Assistance, specialized need-based short term Technical Assistance (STTA), and working with national academic/research institutes. Though COVID-19 poses a significant challenge to the entire health system and TB programs, KNCV is well positioned to change the challenges to opportunities by leveraging resources for COVID-19 to support TB services and utilize our TB expertise for supporting the COVID-19 response, especially in developing countries.

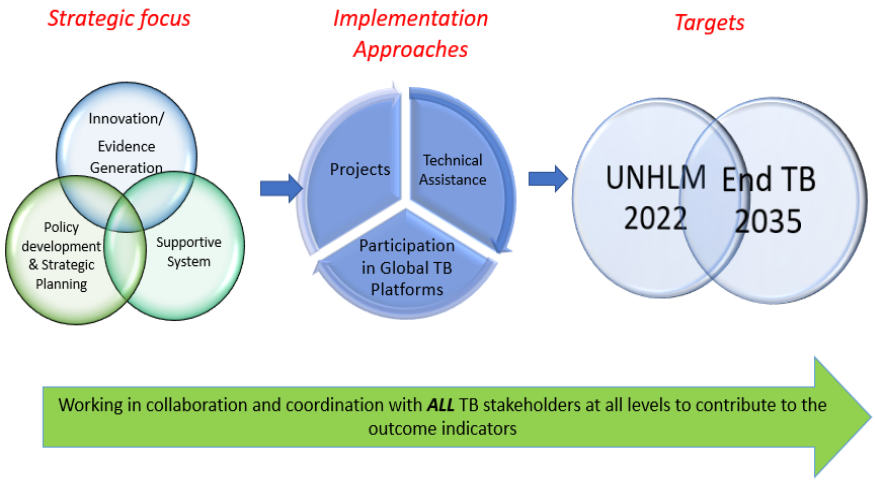
B. KNCV at a glance

Who: *KNCV Tuberculosis Foundation is an international non-profit organization dedicated to the fight against TB and related comorbidities; and to strengthen the fight against Anti-Microbial Resistance, Surveillance & Research. Our mission is to end human suffering due to TB through the global elimination of tuberculosis.*

Our vision

What we do: *KNCV is guided by its strategic plan, which aligns with global policies and targets. Figure 1 shows KNCV strategic focus, implementation approaches, and collaboration with other partners towards global TB targets. Our vision is to save lives and accelerate the decline of the TB epidemic through the implementation of effective, efficient and sustainable specific strategies that combine patient-centeredness with epidemiological impact. We do our work with 29 major projects in 12 countries and numerous assignments in these and additional countries.*

Figure 1: KNCV strategic focus, implementation approaches, and collaboration with other partners towards global TB targets.



How we work:

- *Collaborate and coordinate with both national and international partners*
- *Work within the health care system (National TB Program/Ministry of Health), including private sector*
- *As a network organization with national entities*
- *Documentation of best practices and capacity building to ensure scale-up and national ownership*
- *Dissemination of evidence via publications and conferences*

Quote Mustapha Gidado, Executive Director KNCV Tuberculosis Foundation:

"All we do must directly influence the quality of life of TB patients and their families."

C. KNCV in Key figures for 2020

A. Continued to implement over ***29*** major projects in ***12*** countries in close collaboration with over ***100*** local (mostly) and international partners and engage at service delivery in over ***1,000*** health care facilities. ***6,000*** health care workers including community volunteers engaged and empowered for different TB services. We have additional smaller assignments involving a number of other countries (including interventions to minimize the impact of COVID-19 on TB).

B. Introduction of new tools, capacity & infrastructure:
   a. SOS stool test in ***3*** countries
   b. Operational Research (OR) BPaL in ***10*** countries with patient enrollment ongoing in Ukraine ***(20 patients)*** & Tajikistan ***(10 patients)***
   c. 3HP in ***4*** countries with enrollment in Ethiopia ***(3110 people)*** and Malawi ***(3233 people)*** ongoing and enrollment just started in Indonesia.
   d. Digital Adherence in ***5*** countries with enrollment in Philippines ***(229 patients)*** ongoing and just started in Ethiopia.
   e. Development of National Strategic Plan and Global Fund concept note completed in ***10*** countries

C. Contribution to science and policies
   a. ***50*** peer-reviewed publications
   b. ***14*** technical briefs and generic tools on different TB thematic areas

D. Contribution to UN HLM TB indicators
   In table 1 is a snapshot of the progress towards achieving United Nations High-Level Meeting (UN HLM) TB indicators in 12 countries where KNCV is providing long term technical assistance to the National TB Program (NTP), partners and stakeholders. These are the 2019 data as reported by the World Health Organization (WHO) in 2020.

   In 2020 in most countries performance was significantly impacted by the COVID-19 pandemic; the 2020 data will be shown in the 2021 report.

   The darker the green shading in the table, the closer the country is to achieving the target values for the indicator. Priority areas for attention include improved access to TB preventive treatment, access to diagnosis of TB, drug resistance testing for all TB patients, linkage to TB and DR TB treatment and psycho-socioeconomic support.

Table 1: Performance towards EndTB/UNHLM key operational indicators in 12 countries where KNCV is involved through multible projects.

End TB/ UNHLM operational indicators	Ethiopia	Indonesia	Kazakhstan	Kyrgyzstan	Malawi	**Nigeria	**Philippines	Tajikistan	Tanzania	Uzbekistan	*Vietnam	Netherlands	UNHLM Targets
1) TB treatment coverage	71%	67%	98%	87%	62%	27%	68%	74%	59%	73%	60%	87%	**≥90%**
2) TB treatment success rate	96%	94%	91%	91%	88%	87%	92%	91%	92%	92%	93%	86%	**≥90%**
3)* Catastrophic costs due to TB						71%	35%		45%		63%		**0%**
4) Newly notified patients diagnosed with rapid tests		27%	92%	75%	22%	57%	37%	85%	23%	74%	32%		**≥90%**
5) LTBI treatment coverage - **PLHIV (newly enrolled)**		12%	40%	67%	26%	73%	54%	76%	6%	77%	44%		**≥90%**
- Children aged <5 years	33%	9%	18%	19%	61%	16%	3%	100%	6%	64%	20%	100%	**≥90%**
6) Contact investigation coverage	89%	3%	100%	100%	89%	88%		83%		100%		100%	**≥90%**
7) % of Bact confirmed TB cases tested for Rif res - **New cases**	36%	52%	98%	93%	44%	79%	57%	100%	79%	100%	75%	81%	**100%**
- Previously treated cases	85%	100%	92%	95%	40%	100%	89%	100%	92%	100%	100%	87%	**100%**
8) DR-TB treatment coverage	100%	48%	121%	89%	98%	83%	82%	73%	97%	108%	93%	100%	**≥90%**
9) TB patients with known HIV status	83%	51%	99%	95%	99%	97%	33%	98%	99%	100%	86%	63%	**100%**
10) Case fatality ratio (CFR)	15%	11%	3%	5%	26%	35%	5%	10%	23%	8%	6%	3%	**≤5%**

Section Two: What we do

A. Introduction by Technical Director

Innovation lies at the heart of KNCV work. From conceptualization and development of innovations to the implementation of demonstration projects and technical assistance to scale-up.

We have defined our course in the KNCV Strategic Plan 2020 – 2025 KNCV. This period concerns a pivotal era in implementing the Global End TB strategy. During these five years optimization and scale-up of the use of existing and innovative approaches has to take place as well as universal health coverage and social protection. At the same time the world needs to prepare for the introduction of game-changing innovations by 2025, like vaccines, new drugs for treatment of TB infection and active TB disease and a point of care diagnostic test. Only then the world will be in a position to end TB by 2035.

To implement our strategic plan, Research is the central element of the three KNCV strategic approaches: Evidence generation, Policy Development & Strategic Planning and Development of Supporting Systems (see *figure 1*).

Furthermore, KNCV has defined nine innovation pathways to contribute to reaching the target of eliminating TB as a global health problem by 2050 and the interim goals by 2035 and 2025 in collaboration with stakeholders in TB Elimination.

The COVID-19 pandemic is threatening to derail the progress made over the past decade by overburdening health systems and diverting attention and funds for TB Elimination. KNCV has however continued her innovation advance, while adapting strategies and shifting to COVID-19 – safe approaches, to mitigate against the impact of COVID-19 on TB patients and national TB programs. This included remote engagement with national TB programs, remote training and mentoring. At the same time lessons were learned from the COVID-19 response for application in TB Elimination and vice versa.

Main achievements on the KNCV innovation pathways in 2020

On pathway 1: Improving and developing the evidence base for TB Elimination including methodologies for epidemiological measurements and integrated disease surveillance systems

KNCV worked with NTPs and other partners advancing methods and tools to estimate the national and subnational burden of TB. In a demonstration study, subnational TB burden estimates were made in Tanzania, Indonesia, and Nigeria. The estimates are used to guide subnational TB elimination planning and the methodology and results were published.

KNCV also contributed to novel approaches to epidemiological reviews for strategic planning in Ethiopia and Bangladesh and eight other countries based on the People-Centered Framework (see also pathway 9). The People-Centered Framework approach enables countries to analyze and plan their program in a patient-centered way, solicit better stakeholder engagement as well as commitment from the outset and helps to optimize resource allocations

KNCV also supported the finalization and publication of the national TB prevalence survey in Vietnam which applied updated methodology.

KNCV took a role in further developing the TIME Modelling suite, and contributed to a modelling study on the natural history of TB and related publications.

KNCV actively contributes to developing the fore mentioned methodologies which enable better understanding of the TB epidemiology and more effective planning.

On pathway 2: Building system-readiness for the deployment of new or improved TB vaccines

In collaboration with LSHTM, AIGHD and TBVI, KNCV is contributing to preparations for vaccine studies. Together we develop a global directory of clinical trial sites and explore strategies for vaccination strategies in key countries to advance system readiness for uptake of novel TB vaccines.

On pathway 3: Improving early management of TB infection

With KNCV support, in 2020 in Ethiopia, Indonesia and Malawi, children and people living with HIV gained access to a novel treatment to prevent TB, called 3HP, under the IMPAACT4TB project. This project contributes to global evidence generation, policy development and the development of supporting systems and strategic planning to scale up the use of 3HP in demonstration countries. Such shorter, better tolerated TB preventive treatments are essential for achieving TB Elimination globally.

In the Netherlands, KNCV studied approaches to make preventive treatment accessible to migrants, generating the evidence resulting in policy recommendations.

On pathway 4: Early identification of all patients with all forms of TB in all age groups, especially children and vulnerable or at-risk populations

With SMT funding KNCV developed a successful approach for bi-directional screening and treatment of TB and Diabetes in Ethiopia. This is now being mainstreamed by the Government of Ethiopia and in the Ethiopia TB Elimination (ETBE) project. ETBE has a major focus on scale-up of early and complete case finding, followed by appropriate treatment, with an important research component. This project is funded by USAID and jointly implemented by MSH and KNCV.

On pathway 5: Reducing stigma

In 2020 KNCV finalized the development of the TB stigma reduction tool box, containing materials aimed at empowering people with TB, health care workers and communities to reduce and overcome stigma. Stigma and discrimination are recognized as barriers to fight the TB epidemic. Reducing TB stigma is therefore essential because it hinders care seeking, contact tracing, outbreak investigations, treatment initiation, adherence and quality of care.

Highlight was a stigma symposium early in the year, organized by KNCV, which brought together health care workers, patients and technical partner organizations from all over the world, resulting in a rich exchange of experience.

The KNCV stigma measurement tool was incorporated in the Stop TB Partnership (STP) Stigma Assessment Implementation Handbook (STP TB Stigma Assessment Implementation Handbook.pdf (stoptb.org) and launched in March in Geneva.

On pathway 6: Innovation and optimization of diagnostic technologies and strategies, especially the use of multi disease testing platforms

Despite the COVID-19 situation KNCV made important steps in the further development of the SOS stool method, which is a method for painless and non-invasive TB diagnosis for children. Based on

preliminary findings from different sides, early 2020 WHO recommended stool as one of the possible samples used for the diagnosis of TB, causing increased interest in the SOS stool for Xpert method.

KNCV developed the standard operating procedures, a remote training methodology and materials and implementation tools for projects implemented in Ethiopia, Indonesia and Vietnam. The pilot project in Vietnam showed the success of this method under field conditions for children and PLHIV who cannot produce a sputum, leading to a decision by the NTP for full roll-out in the ten implementing sites.

KNCV is also studying the implementation requirements for the new Fuji LAM test for an easier diagnosis of TB in PLHIV.

Together with partners we were awarded an exciting new project testing the triage approach for isoniazid and rifampicin resistant TB patients, using the Cepheid XDR test prior to treatment allocation. This is expected to make the diagnostic processes much easier and shorter, increasing patient's chances for cure.

KNCV built on earlier work done on the introduction and scale-up of the Xpert diagnostic platform, supporting countries to mobilize resources for procurement of COVID-19 tests that can be deployed in their Xpert network and expanding the networks.

On pathway 7: Improving patient centered treatment of active TB, including drug resistant TB

In 2019 KNCV conducted acceptability, feasibility and costing studies for the BPaL treatment regimen, developed by the TB Alliance. In 2020, within six months of WHO officially endorsing its use, Ukraine and Tajikistan were the first countries, with KNCV support, that managed to provide access to this 6 month, 3 drug, fully oral treatment (the BPaL regimen) for patients with serious forms of drug resistant TB. This life-saving treatment replaces a treatment of 4-6 drugs of 20 month duration. Another eight countries will follow soon: KNCV is supporting BPaL introduction there with funding from a Dutch NGO, the TB Alliance and the Korean International Cooperation Agency and in partnership with the International TB Research Centre of South Korea. This marks a revolutionary shortening of the treatment of serious forms of drug resistant TB, improving the lives of patients and their families and reducing the burden of drug resistant TB on health systems.

On pathway 8: Development of electronic information systems and digital health solutions along the patient pathway

Yayasan KNCV Indonesia (YKI), one of the KNCV affiliated NGOs, developed and implemented SITRUST, a custom build and flexible mobile application and web platform that facilitates laboratory sample transportation, digital tracking of samples and the communication of test result. In 2020, YKI and KNCV collaborated to customize this platform for the Ethiopian context where KNCV is introducing the SOS stool method (see under pathway 6). Improved sample transportation has already led to many early diagnosis of TB in children.

KNCV finalized two TB Reach funded demonstration projects in Tanzania and the Philippines in which digital adherence technologies (DAT) were utilized to support patients with taking their TB medication.

With the Unitaid-funded ASCENT project, KNCV and coalition partners collaborate closely with the NTPs in five countries in Asia, Eastern Europe and Africa to implement DAT in the framework of comprehensive patient support interventions. This project develops the tools for implementation and planning for DAT and studies the (cost) effectiveness of the DAT intervention. These studies will

inform national and global policy development and planning for wider utilization. The project already paved the way for procurement of DAT's through the Global Drug Facility, which will facilitate uptake by countries.

On pathway 9: Strengthening of health systems and multisectoral, public and private, solutions along the patient pathway, including health financing and country ownership

The People-Centered Framework (PCF) Approach, combined with modelling and costing tools has been developed. Its use was demonstrated in ten high TB-burden countries, supporting national strategic planning.

Another important undertaking is KNCV's collaboration with WHO on the development of e-hybrid e-learning packages to promote and enable the rapid dissemination of global TB guidelines.

KNCV has also further developed her webinar program. During the first months of the COVID pandemic, KNCV conducted and contributed to webinars on airborne infection control, learnings from TB stigma for COVID-19, experiences of patients and health workers on TB under COVID-19.

B. Feature stories

#1 BPaL - Drug-resistant TB patients regain hope and plan for their future

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Early achievements in Tajikistan and Ukraine mark hopeful beginning of introducing BPaL innovation globally

As a result of KNCV's support, and less than six months after WHO issued its recommendations on the BPaL treatment regimen, Tajikistan and Ukraine became the first countries where DR-TB patients (outside of clinical trials) have gained access to this new, more effective and shorter treatment that can save their lives.

After long years of taking treatment for drug-resistant TB (DR-TB) without being cured, many patients are regaining their hope of living a long and healthy life with their loved ones because of a new treatment, called the BPaL treatment regimen. They now see an end to their suffering from DR-TB due to a new safe, effective, and relatively short treatment, that was only recently recommended for use for these patients by WHO. The new treatment will save lives and improve the quality of life of the individual.

"I hope, I hope again… This new treatment is my last hope to recover and I will try all my best to conquer TB because I love life and love my little daughter who needs her mother. Let the illness and treatment be in the past. Now is a new start in my life and I am sure this time my recovery will be complete." – patient on BPaL in Tajikistan

KNCV has extensive experience in supporting the introduction of new drugs and regimens for DR-TB. These new drugs and regimens are a critical way to end patients' suffering. In collaboration with several partners (TBA, ITRC, SMT, KOICA, TB REACH and NTPs) in ten countries, KNCV is providing technical assistance for the implementation of the new BPaL treatment regimen under Operational Research (OR) conditions (as recommended by WHO).

What is BPaL?

The BPaL treatment regimen only needs to be taken for six to nine months. It contains fewer pills and has no injections (compared to the previously WHO recommended 18-20 months regimens). This should increase access to care and enable patients' to complete the full course of the treatment. The Nix TB trial demonstrated a 90% success rate (compared with < 50% in the same group of patients with the older regimens). With better treatment outcomes, there should also be a reduction in the spread of DR-TB.

Tajikistan and Ukraine lead the way

As a result of KNCV's support, and less than six months after WHO issued its recommendations on BPaL, Tajikistan and Ukraine became the first countries where DR-TB patients (outside of clinical trials) have gained access to this new, more effective and shorter treatment. Hopefully, other countries (e.g., Kyrgyzstan, Myanmar, Nigeria, The Philippines, Uzbekistan, and Vietnam) where KNCV supports planning for, and implementation of operational research (OR) projects, will soon be enrolling patients on BPaL.

"Introduction of the new regimen and the new drug pretomanid will improve the results of treatment of people with drug-resistant TB significantly and subsequently reduce the spread of drug-resistant TB in our society." - NTP Deputy Director, Tajikistan

Global-level feedback group

To support better coordination and information sharing, KNCV has established a global-level feedback group with WHO Global TB Department and WHO Regional offices, Global Drug Facility(GDF), TB REACH, TB Alliance (TBA), WHO/TDR, ITRC and the enrolling countries. The treatment outcomes of all patients enrolled under the BPaL operational research supported by KNCV, will be collected and analyzed in order to build the global body of evidence for this new regimen, and subsequently support future global policy making and scale-up.

Closing the gap of the global DR-TB crisis

Our bigger goal is to ensure that the BPaL regimen is more widely available to save thousands of people with DR-TB and close the gap that fuels the global DR-TB crisis. In 2019 only 38% of the estimated number (465,000) of individuals who developed multidrug-resistant (MDR)-/rifampicin resistant (RR)-TB were enrolled on treatment.

The early achievements made in Tajikistan and Ukraine mark the beginning of our dream of introducing this innovation globally. Despite all the challenges, we are confident that with KNCV's support, countries will move ahead with BPaL OR implementation. The experiences gained will guide future policy changes and assist other countries in successfully implementing the BPaL treatment regimen to the benefit of thousands of DR-TB patients and achieving elimination of TB.

"I think all patients should have access to BPaL treatment. Everyone needs a chance for a fast recovery. And this infectious disease must not be spread and affect even more people" – patient on BPaL from Ukraine.

Impact from the COVID-19 pandemic

However, the coronavirus pandemic has impacted all TB care and control activities. The BPaL OR implementation process has also been affected. From travel restrictions to overwhelmed health sectors, which led to the reshaping and reallocation of medical staff from TB hospital/dispensaries to support COVID-19 treatment centers. There has been disruption of many activities at the chosen pilot sites. In response, KNCV switched to providing technical assistance by 'remote' methods to in-country project staff and NTP. This included the development of a generic BPaL implementation package (containing planning tools, BPaL OR protocol, harmonized data collection forms, and training materials) and subsequent sharing of the generic material with in-country staff for local adaptation and use. We shifted to remote/virtual trainings through various IT packages (e.g. TEAMS/webinars/Zoom). Despite the disrupted environment due to COVID-19, these actions led to possibly increased collaboration and capacity building of NTP's, local KNCV offices and local NGOs.

"Looking to my future with optimism and confidence, I hope for a fast recovery. I really want to return to my family as soon as possible." – patient on BPaL in Ukraine.

#2 3HP - How to save a life

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How three countries are leading the way forward in TB prevention

In 2020, preventive action for individual and public health has enjoyed a moment in the spotlight courtesy of the COVID-19 pandemic. KNCV fought to ensure that the focus on prevention from TB was not left in the shadows – delivering a new type of TB preventive treatment that will make it easier for individuals and communities who are at risk for TB to protect themselves from developing active TB disease. In 2020, the spotlight on TB prevention shone particularly brightly in Ethiopia, Indonesia and Malawi.

Imagine if you will: you are diagnosed with HIV and living in a rural part of Ethiopia. Right now you are feeling healthy and well – after all, as you have been informed, HIV can be diagnosed easily even before any of the severe symptoms become a problem. Your health care provider counsels you that treatments for HIV are available and easy to take. On the other hand, you are now facing the fact that you must take these HIV tablets every day for the rest of your life. On top of that, you hear that you are at a high risk for a number of other life-threatening conditions including TB. Even though you don't have the TB disease— yet —your health care provider offers you two treatment options that can prevent TB. Would you like to take another tablet of medicine, in addition to your HIV medicine, every day for six months? Or would you prefer to take a combination treatment for TB prevention once a week over 12 weeks, alongside your HIV medicine? Which would you choose?

Critical intervention

TB preventive treatment is a critical intervention in the fight against TB. The new 3HP treatment, which involves taking two anti-TB medicines, isoniazid (H) and rifapentine (P) together at a high dose, once a week for three months, is now transforming the delivery of TB prevention, in combination with support for programmes and people at highest risk. 3HP requires less time and fewer doses than existing treatment. It is easier to complete the treatment than the 6 months daily regimen. Therefore, it is more effective than previous options.

3HP will also help the health system save costs compared to the current costs of treatment with the previous longer treatments. Costs will also be saved—both human and financial—by preventing future TB cases. Isoniazid and rifapentine have both been available for many decades. Over the last ten years, scientific evidence supporting their use together in the 3HP regimen has been published from clinical trials conducted in both high- and low-income countries

Countries around the world are building momentum

Recommendations and guidance from the WHO is highly valued at country level. These recommendations are critical for health interventions to move from research and piloting into large scale, nationally mandated programmes. In 2020, KNCV contributed to the publication of landmark global WHO guidance documents that highlight what are the highest impact recommended components of TB prevention programmes, including the 3HP regimen. In 2020, coinciding with investments from external funding partners such as the Global Fund and PEPFAR, KNCV worked to build momentum for large-scale access to more cost-effective and patient-friendly life-saving TB prevention across the world.

Ethiopia, Indonesia and Malawi lighting up the way forward

Amidst the pandemic, KNCV-supported programmes in Ethiopia, Indonesia and Malawi led the way to implement and scale up access to 3HP in 2020. This is a major accomplishment: it required leaders with vision, dedicated advisors, new supply chains and passionate advocates to bring this to fruition. In Ethiopia and Malawi, the programmes are focused on benefiting people with HIV who are at risk of TB – just as in the example described above. And in Indonesia, the programme is focused on enabling access for the youngest children who are vulnerable to the most severe and deadly forms of TB.

Barriers to rapid uptake

Due to a number of barriers, this evidence did not immediately translate into access to this better preventive treatment option for eligible people. Rapid uptake was hampered by a lack of political commitment change from the status quo, pricing of 3HP compared to cheaper option, and lack of practical strategies and tools for implementation for countries to adapt to their particular situations in the field. Since 2017, KNCV has worked with the IMPAACT4TB consortium to address these access and address such problems.

COVID-19 setbacks

In early 2020, the COVID-19 pandemic drastically set back this momentum. In the early phase of the response— with many factors still unknown— health systems and decision makers scrambled to minimise transmission and redirect resources. TB preventive services were first in line for temporary suspension. Nonetheless, eventually, they have become a beacon for the effort to make up lost ground in the fight against TB. KNCV is working with decision makers in Ethiopia, Indonesia, Malawi and Tanzania to ensure that renewed momentum for preventive services in TB becomes one of the lasting impacts of the COVID-19 pandemic.

Next steps: the world

KNCV is building on these outstanding successes to ensure that experiences in these countries can expand the benefit of this innovation to other communities with a high burden of TB. These new programmes in the three countries have included delivery of training to thousands of health care workers. These tried-and-tested training resources can now be shared, adapted and used elsewhere. Experiences of patients and providers are being reported back to global decision makers and pharmaceutical manufacturers. As a result, new products to further improve TB prevention are already on the way.

These efforts from pioneering national programmes, supported by KNCV, will catapult TB preventive treatment across the world. We expect to see new products being manufactured at much greater volume. We also expect bolder policies for expanding eligibility for TB preventive treatment to increase the number of people who can benefit. This is all in the aid of a common cause: avoiding needless suffering due to TB amongst those at highest risk the world over.

#3 People-Centred Framework Approach to TB Programming

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Over the past year and a half, the People-Centred Framework (PCF) Approach, combined with modelling and costing tools, have been used to support national strategic planning efforts in ten high TB-burden countries. Despite the COVID-19 pandemic, all ten countries managed to complete their National Strategic Plans (NSPs) in 2020 and effectively utilise them to successfully apply for Global Fund Funding support for the period of 2021-2023.

The aim of the PCF Approach is to facilitate a participatory, methodical and evidence-based approach to TB programming, designed to enhance the quality, people-centeredness and responsiveness of NSPs. It enables countries to solicit better stakeholder engagement and commitment from the outset, as well as helping to optimise resource and service allocations.

The PCF Approach provides a structure to identify gaps and barriers along the TB care continuum – i.e., the patient journey from experiencing first symptoms of TB to being cured. This is achieved by systematically reviewing relevant data and other available evidence (e.g., epidemiological data, user experiences and preferences, health system information, etc.), identifying priority problems and designing responsive people-centred interventions – i.e., ensuring that services are tailored to the needs and preferences of the service users and eliminating access barriers.

As one NTP advisor put it: *"Being data driven, it [PCF] provided a structure and forced us to use this structure [for gap analysis and mitigation]. Patient perspectives, stories and access barriers to care are taken into account."*

This is very much in line with the aims of the global End TB strategy and sustainable development goals: Closing the gaps in the TB care continuum by providing high quality services - accessible, affordable, and tailored to the needs of the affected populations.

The PCF project is funded by the Bill & Melinda Gates Foundation and implemented in close collaboration with the WHO, The Global Fund, Linksbridge, and other partners. The project ran from 23rd May 2019 to the 31st May 2021. The PCF for NSP approach was originally piloted in Kenya and then applied in nine early adopter countries: Cambodia, Ethiopia, Ghana, Indonesia, Namibia, Rwanda, Uganda, UR Tanzania, & Viet Nam.

Despite the COVID-19 pandemic, we are very happy to announce that all these ten countries managed to complete their NSPs in 2020. They effectively utilised the NSPs to successfully apply for Global Fund Funding support for the period of 2021-2023.

#4 Access to a rapid and painless diagnosis of TB is now possible

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The success of KNCV's SOS stool method for rapid testing

The SOS stool method for rapid testing can reduce the need for invasive specimen collection procedures and/or referral. First results show that application of the SOS stool method rapid test at the primary health care level can be a cost-effective intervention and the method is well-accepted by caregivers, health care workers and laboratory technicians.

The ASTTIE and PODTEC projects, ran by KNCV, have made it possible to obtain a fast diagnosis by using samples that are easily available from all children. For this we use stool, which can easily be obtained from children without pain or stress. Stool can now be tested for TB by using the Simple One-Step stool processing method, developed by KNCV, followed by the rapid diagnostic test. This greatly improves the access to a painless TB test for all children.

The second successful development is that the transfer of samples from the health facility to the laboratory – which is done by the postal services - and report back of results can now be tracked via an app for mobile phones. This referral system which is much faster than previously, makes it possible for laboratories in rural settings, that lack the infrastructure for these rapid tests, to still make a diagnosis on the same day. Moreover, with this possibility of referring a sample for testing, it is no longer needed that a sick child and its caregiver travel to another health facility.

Background: The development of the KNCV stool test for TB by rapid testing

TB is diagnosed by detecting *Mycobacterium tuberculosis* (MTB) bacteria in sputum. However, not everyone can produce sputum. This is especially difficult for young children. (Semi) invasive methods are available to obtain a sample from such patients. These methods entail putting a tube in the nose, lungs or esophagus of a patient and 'washing' the nasopharyngeal area, the lungs or the stomach, respectively.

These methods can be painful and sometimes require admission to a hospital. They require skilled health care workers and cause stress for the children and their caregivers. TB bacilli can also be detected in stool by using the rapid diagnostic test, but until recently, there were no simple methods available to prepare the stool for this test. KNCV developed a simple stool processing method that does not require any additional consumables or equipment than already available in the laboratories that perform the rapid test.

In 2017, the first experiments were done on stool of healthy children, showing that a very simple one-step processing method could provide successful test results by using the rapid test. Most other simple stool processing methods require additional steps and, therefore, the method was named the KNCV Simple One-Step (SOS) stool method.

Ongoing research confirms that the SOS stool method can detect TB in children and PLHIV

Experiments, in which TB bacilli in known concentrations were added to stool, confirmed that the SOS stool method can successfully detect TB in stool. In ongoing subsequent studies in Indonesia and Ethiopia, sputum and stool of children with complaints suggestive of TB are tested by using the rapid test to assess how sensitive the SOS stool method is compared to the routinely used sputum test. So

far, over 600 children have been enrolled. Preliminary results show that the SOS stool method can indeed detect TB in the stool of children with TB-suggestive complaints.

Compared to other rapid stool tests, the SOS stool method is the simplest and most sensitive

In two other ongoing studies in several African countries and India, the SOS stool method is compared to two other simple stool processing methods for rapid testing: the optimized sucrose flotation (OSF) method and the stool processing kit (SPK). The preliminary results of these studies suggest that the SOS stool method is more sensitive than the other two methods. In practice, this means that the SOS stool method will detect more children with TB than the other two methods. Moreover, the SOS method is the simplest of the three methods. The OSF and the SPK methods require more steps and additional (commercial) supplies and/or equipment, and are therefore not readily applicable at the lower-level laboratories.

Vietnam is the first country to adopted the SOS stool method in its routine TB diagnostics for children and PLHIV

In 2020, the World Health Organization recommended the rapid testing of stool as an initial diagnostic test for children and persons living with HIV (PLHIV) with signs and symptoms of pulmonary TB. However, no guidance has been provided yet on the processing of stool for rapid testing. Based on the interim results of the ongoing studies mentioned above, the SOS stool method has the best potential to be rolled out on a large scale in the near future. Vietnam is the first country to do that. The National TB Program of Vietnam has recommended that the ten hospitals that piloted the new SOS stool method for rapid testing should continue to use this test in their daily routine for children and PLHIV with signs and symptoms of TB. The pilot study in that country showed that the results obtained for sputum were very comparable to those obtained for stool: for 91.5% of the PLHIV and 94.6% of the children the stool and the sputum results were identical.

The SOS stool method is well-accepted by caregivers, health care workers and laboratory technicians

In all our studies caregivers and nurses collecting the stool samples have been enthusiastic about this new possibility, and most prefer to collect stool over sputum. Also laboratory technicians, even those who were not routinely working with stool before, judged the SOS stool method as a feasible and easy-to-apply method.

SOS stool method for rapid testing: a breakthrough

So far the conclusion is that the SOS stool method for rapid testing can reduce the need for invasive specimen collection procedures and/or referral. It therefore makes a diagnostic test available for children and PLHIV at the health care level where they present first. It is as simple as sputum testing with the rapid test and uses no other materials or equipment than used for sputum rapid testing. The test uses stool, which is a non-invasive specimen that can be easily obtained from every patient. Initial modeling work shows that, even if the test's sensitivity is lower than that of sputum testing, by reducing the need for invasive sample collection methods and referral, application of the SOS stool method rapid test at the primary health care level would probably be a cost-effective intervention. Therefore, the SOS stool method is internationally regarded as a breakthrough for the diagnosis of child TB, although it cannot replace the clinical diagnosis.

Text box:

Meskrem Mathiwos is a 13-year old girl living in Mizan Teferi, South Ethiopia. Her dream is to become a teacher. Because she developed a persistent cough, she visited the local health center. She was screened for TB by the clinician and a sample of her sputum and stool were sent to the laboratory at the Mizan-Tepi University Teaching Hospital. Within less than two hours, a rapid diagnostic laboratory test detected DNA of tuberculosis bacilli in the sputum and the stool. Meskrem is currently treated for TB.

Meskrem waiting for her TB treatment at the health facility.

#5 'We conquer TB and TB stigma'

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2020 brought together patients, healthcare workers as well various stakeholders on various occasions to share and express their human experiences related to shame, guilt, self-isolation related to the treatment of TB. Stigma and discrimination are recognized as some of the most commonly identified barriers for people affected by TB to access health services.

On 21 January 2020, the TB Stigma Symposium titled 'You have to know my story' was held to listen and to be heard, to learn and to change, to see those who are invisible, to become better humans, to deliver better more compassionate services and to accept and acknowledge need for support.

Country representatives from Manila, the Philippines and Akwa Ibom and Lagos States in Nigeria and Almaty city Kazakhstan and The Netherlands came together to make use of cross-experience sharing for a consultation on further needs in regards for stigma reduction activities and intervention packages. The symposium took place in Madurodam, The Hague; a fitting location since the miniature city was once founded to generate money for TB control. Her Royal Highness, Princess Margriet, patroness of KNCV, brought a surprise visit to the symposium.

One of the programs that KNCV has developed to fight TB stigma is called TB Photovoices. Photovoices is a method that gives people - in this case affected by TB - the opportunity to tell their story and express their feelings through means of photography. The program provides cameras to (former) TB patients so they can capture photographic evidence and symbolic representations to help others see the world through their eyes. Actions involved in TB Photovoices, taking photographs and telling stories related to the photos, are believed to be empowering. Once people are empowered, participants are likely to possess greater authority to advocate for an improved quality of life, for themselves and their communities.

Fernando Punay was one of the participants of TB Photovoices in Manila, the Philippines. He was also one of the speakers during the TB Stigma Symposium in the Hague. "Thank you for giving us this incredible opportunity," he said. And thank you for restoring our confidence." Then Fernando proudly held up his camera: "For many this is just a camera. For me this is my voice."

Patients stories from TB Photovoices culminated in both a photobook and exhibition called 'We conquer TB and TB stigma'. It is a collation of the works and stories of some incredible people – TB survivors or more aptly TB champions, as we like to call them. We are very grateful for the trust they put in us to gather their works into one book/exhibition to tell the powerful stories of their experiences – the highs and the lows – throughout their TB journeys. They agreed to tell their stories so that others can get a glimpse of "their world" in the hope that it will break down stigma and barriers around TB, inspire empathy and support, and above all, encourage others – who are at the beginning of their own TB journey.

Adaptation of existing processes and tools were based on the country experience exchanges and consultation among patients, health care workers and stakeholder. It allowed to make considerable improvements / additions to the already existing three stigma reduction interventions developed by KNCV:

1. The stigma reduction intervention for health care workers and healthcare institutions '*The Allies Approach - Tuberculosis Stigma Reduction for Health Care Institutions*'. This approach addresses self-stigma among healthcare workers, the stigma they may enact on patients as

well as stimulating policy changes in facilities. All approaches should lead to a mutually supportive alliance between patients and health care providers.

2. The self-stigma toolkit, '*From the inside out – dealing with self-stigma and shame*'. The toolkit is designed to help people with TB identify, understand, and address self-stigma and anticipated stigma. In particular, the package aims to challenge and overcome self-stigmatizing beliefs to improve well-being and ensure affected people can lead productive lives that are free of self-judgment.

3. The forementioned **'***TB Photovoices'*: A method to empower people, affected by TB, HIV or both diseases to express and communicate their experiences. It rebuilds self-esteem through group coaching and capacity building in photo documentary skills to express emotions and feelings.

A Consultation Group also spontaneously created a virtual support and experience sharing WhatsApp Community for mutual sharing and encouragement.

#6 Two stories from a year dominated by the COVID-19 pandemic

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In 2020 COVID-10 swept the world, it spread rapidly and marked everyone - young and old, sick and healthy. COVID-19 had an enormous impact on the prevention, diagnosis, treatment and quality of TB care and is one of the the most challenging crisis ever faced.

Lockdowns and overcrowded hospitals made it difficult in 2020 for TB patients, - like Fikkeradis Abera, a young mother from Ethiopia -, to get the right care. Thanks to the work of KNCV, she could still count on the right TB medication and treatment. Even in these difficult times.

The story of Fikkeradis: *"If I don't get my medicines, I may not die from corona, but I will die from TB"*

"My name is Fikeraddis Abera. I am married and have a two-year-old son. I am a housewife and my husband – the breadwinner – works as a construction worker every day. I was diagnosed with TB four months ago. It changed my life. I was weak and I felt useless. I have no idea how I contracted TB. My husband and son didn't get it, thank goodness! "

After Fikeraddis was diagnosed with TB, she now had to walk every day to the center of her hometown, Addis Ababa, to pick up her medicines. A long trip through a lot of crowds. Fortunately, after two months this became a weekly instead of a daily visit.

"Every time I walk to the health center for my medication, I am very careful to avoid contamination with the new coronavirus. I try to be careful for myself and for my son who is going with me. But I have no choice. If I don't get my medicines, I may not die from corona, but I will die from TB. "

"Corona and TB turned our house upside down. My husband, who used to earn 150 Birr (less than 4 euros) a day, now has to stay at home because the construction sector is at a standstill. This is a challenge for him. He is a person who is used to leaving the house before 6 a.m. and not returning until around 8 p.m. Now he is angry and miserable by staying at home."

"The increased stress from my illness and our deteriorating financial position have made this period one of the most difficult of my life. Fortunately, the TB drugs are free. If I stop taking these drugs, I can get the worst form of TB. That's why I would like to finish the treatment and get well soon. I want to be able to raise my child. And that gives me the courage to be careful and still get my medicines in time."

The COVID-19 pandemic did not only negatively affect patients, it also had an impact on the well-being of healthcare workers at the front-line of the pandemic.

It required extra efforts to support those in need and to protect themselves. Healthcare workers involved in the COVID-19 response were at increased risk of physical and psychological stress. They experienced extreme working conditions, enduring exhausting long (and extra shifts), and working under difficult circumstances wearing personal protection equipment and following extra safety protocols.

The story of KNCV country representative and project manager Andre Daniel E. Villanueva, M.D.: *"The trust we have as a team has only grown stronger"*

"Even before the COVID-19 pandemic, I was already always very conscious of social distancing, the wearing of a face mask and face shield, and sanitizing my hand after touching any surface outside my home. It has been very helpful in understanding the mode of transmission of COVID-19 and translate this in terms/scenarios for easy understanding. This pandemic also made me more conscious of boosting up my own immune system, which I think was the core secret in fighting this disease.

Such behavior continues in work settings. Since March 2020, we have been working from home and have regular interactions virtually. Meeting at our physical office was scheduled, only when there was a real need. The same was the case for field project visits where we needed to provide technical assistance and support to the NTP and healthcare workers in the DOTS facilities (clinics and hospitals). Working outside our homes was on a voluntary basis and was also pre-approved. Once approved, a private rental vehicle was provided to limit unnecessary exposure to a bigger crowd. We also received funding for personal protective equipment for staff.

In retrospect, I believe that this challenge has further validated that life is too short, something we cannot take for granted. I think that going through this challenge together as one, the trust we have as a team has only grown stronger."

C. KNCV Network: Country Offices and Affiliates

KNCV has its central office in The Hague and has foot on the ground in different forms in different continents. KNCV has in-country staff in KNCV branch offices in Nigeria, Tanzania, Malawi, Vietnam, Ethiopia, Kyrgyzstan, Uzbekistan and Philippines. KNCV is also working in close cooperation with a number of legally and financially independent entities that carry the KNCV name in Indonesia, Kyrgyzstan, Kenya and Nigeria. Building on the work KNCV branch offices started these affiliates are now continuing the work independently, but with strong ties as affirmed through partnership agreements.

The year in review: the evolving role of KNCV affiliates

In 2020, there at least ten projects implemented by the KNCV local entities in three countries (Indonesia, Kyrgyzstan & Nigeria). These pioneering local organizations are now all beneficiaries of USAID LON, Global Fund, TB Reach projects, and private donors/research grants in-countries. The local KNCV entities are equally engaging and working with at least 13 other local organizations, including patients groups and civil society. The synergy within the network is guided by the principles of '*equals'* while ensuring capacity building and knowledge sharing.

The local KNCV entities emphasize project implementation with on-the-ground solutions and collaboration with NTP and other TB stakeholders to take best practices to scale. While KNCV The Hague focuses on introducing innovations, specialized Technical Assistance, evidence generation, and capacity building for the local entity, especially in project and financial management systems. The figure below shows the relationship and success within the KNCV network organization. [Infographic will be added in the lay-out phase]

KNCV Nigeria: "is now one of the leading USAID LON implementing partner in 14 States with a five-year grant, adapting a mixed model of community and health facility case-finding strategies complemented with a digital solution." [Picture will be added in the lay-out phase]

KNCV Kyrgyzstan: "as a sub-grantee of AFEW under TB Reach Wave 8 is working with private health care facilities to mitigate the impact of COVID-19." [Picture will be added in the lay-out phase]

Yayasan KNCV Indonesia: "in addition to implementing multiple projects in Indonesia, we are sharing our best practices with other countries [Ethiopia & India] especially on a system to support specimen transportation." [Picture will be added in the lay-out phase]

These successes were facilitated by KNCV The Hague investments in capacity building of local entities, including seed funds, development of governance and operational structures, including financial, procurement, and human resource policies. KNCV The Hague supported the local entities with Technical Assistance in resource mobilization and application/response to proposals.

Looking ahead

Moving forward, the KNCV network will focus on business development, quality improvement, and strengthening of the financial management systems while striving to support the establishment and development of more local entities. The KNCV network will use its platform for coordination and knowledge sharing among all the member organizations to capture the needed synergy for TB prevention and care: "local NGO with local solutions for sustainability & International NGO for innovation & capacity transfer."

D. Introduction to our projects worldwide

Early 2020 the COVID-19 epidemic engulfed the world, posing limitations on gatherings and travel and causing global disruption of health services, threatening lives and livelihoods.

This immediately led to unprecedented changes in working methods, moving many activities on-line. Examples are a laboratory e-course on the SOS stool test, managing to kick-start its introduction in Vietnam despite the COVID-19 situation and e-supported forms of technical assistance (e-TA) through TEAMS, Skype and ZOOM for Global Fund proposals. This change in TA methodology paved the way for successful implementation of many projects in 2020, despite the limitations in face-to-face communication. In some projects necessary travel was postponed till 2021.

All donors were found to be flexible, allowing measures to mitigate against the disruption of travel and patient access to health services as well as the threat to staff safety. All allowed re-allocation of travel budgets, some even provided additional funding for necessary project inputs, like the procurement of masks for health workers, additional in-country staff for home visits to continue decentralized sample collection, or procurement of additional Xpert tests. Some donors provided additional funding for COVID-19 related research as add-on to existing studies.

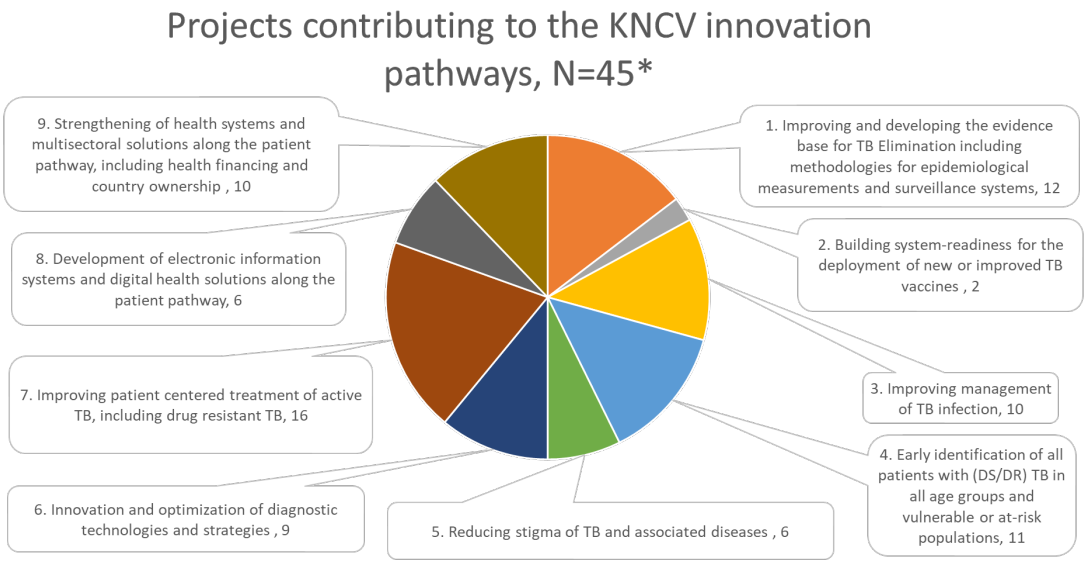
All projects are implemented by KNCV project teams. These consist of at least a technical lead and a grant manager who are jointly responsible for the quality of the work, the timeliness of implementation, liaising with technical partners, donors and other stakeholders, project communication and project governance. All consultants working on a project are part of the project team, coordinated by the technical lead.

Beyond KNCV, we work and coordinate with TB partners and stakeholders at all levels. This drives the success of projects and program performance and improvements in global and national policies. Community and patient perspectives are crucial to embed people-centeredness in our approach and ensure that interventions and the process of implementation fit the local context.

The M&E section shows the overall progress made on the KNCV strategic roadmap during 2020 and the combined project results, linking to the UN HLM and End TB Strategy priority indicators. The section ‘KNCV Projects Worldwide’ gives short descriptions of the individual project achievements against project objectives and their relevance for TB Elimination.

In total 45 projects, contributed to the realization of the KNCV strategic roadmap. The 29 major projects are described in more detail later in this section. The portfolio was well distributed over the nine innovation pathways, as shown in figure 2.

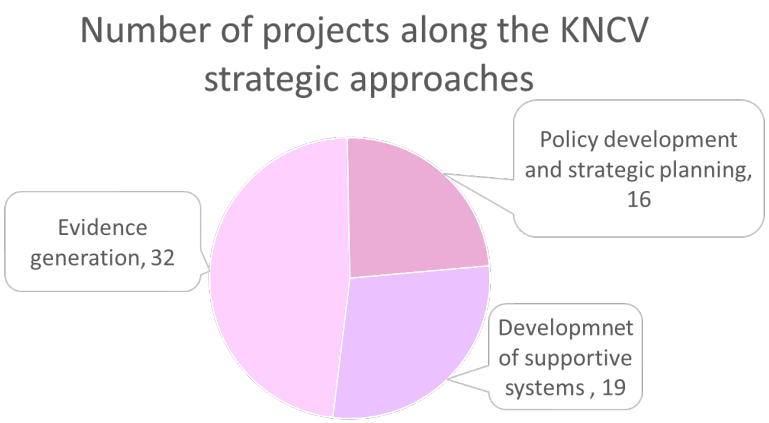
Figure 2: Projects contributing to the nine KNCV innovation pathways.



**) one project may serve more than one strategic pathway*

Most projects apply to more than one of the three KNCV strategic approaches, as shown in figure 3. In 32 projects evidence was generated, 16 projects focused on policy development and strategic planning, while 19 projects built supportive systems.

Figure 3: Number of projects along the three KNCV strategic approaches.



E. KNCV country map

[Map of the project will be made and added in the lay-out phase]

F. Our projects worldwide / project reporting

1. Adherence Support Coalition to End TB (ASCENT)

TB is still the deadliest infectious disease worldwide, killing over 4.000 people every day. This is unnecessary as TB can be cured with appropriate treatment. A number of barriers however, prevent patients from recovering from this disease, including long and complicated treatment regimens that involve the daily intake of medicines over the course of 6-24 months.

By leveraging today's smart information and (mobile) communication technologies the ASCENT project (Adherence Support Coalition to End TB) aims to support TB patients with their treatment in a modern and more effective way through the use of digital adherence technologies (DAT) such as smart pill boxes, medication sleeves and video supported treatment.

"Digital adherence technologies can truly make a difference for patients and the fight against TB in the Philippines," says Dr. Andre E. Villanueva, ASCENT Project Manager in the Philippines. "At ASCENT we are looking forward to providing these technologies to empower patients and health care workers, while generating evidence and collaborating with government and other TB stakeholders, including civil society organizations to make future scale-up possible."

By generating evidence, establishing a global market and engaging stakeholders, ASCENT aims to make future scale up possible so that these digital innovations can be available to all TB patients worldwide.

Achievements 2020:

- Received approvals for both the four-country evaluation of DAT for TB treatment and evaluation of DAT for TB treatment in Ethiopia study protocols from WHO ERC in April 2020. In addition, country level IRB approval has been received in all five project countries.
- Establishment of Global DAT Task Force
- Released a free Total Cost of Ownership (TCO) Tool, to enable accurate budget forecasting for the implementation and use of DATs in TB treatment.
- A first shipment of 500 boxes that will help TB patients with their treatment adherence was delivered to the KNCV office in Dar es Salaam. The ASCENT team will customize the boxes, after which they will be distributed to the health care facilities that are participating in the innovative project.
- Health facility staff were trained on DATs
- Enrollment of TB patients on digital adherence technologies started in the Philippines and Ethiopia. Ukraine, Tanzania and South Africa will follow soon.

Countries: Ethiopia, Philippines, South Africa, Tanzania, Ukraine

Donor: Unitaid

Project period: December 2022

2. ASTTIE

For children and people living with HIV (PLHIV) it is very difficult to produce sputum. As a result, TB in both groups is often difficult to diagnose. Or worse, diagnosis is delayed or missed preventing these groups from timely accessing adequate treatment for TB. Alternative methods for TB testing are available at clinics. But such methods can be painful and stressful, and require skilled healthcare workers and equipment that is often not available in primary health care facilities.

New methods for TB testing are being developed but require assessments in countries before they can become routine methods of TB diagnosis. These methods use of stool of children and urine of PLHIV to diagnose TB.

This study assesses both methods in Ethiopia and Indonesia. The expectation is that the findings of these studies in both countries will be used to provide recommendations on how this testing can be incorporated in global and also country specific TB diagnostic processes. Ultimately, this should lead to having these diagnostics available for children and PLHIV in countries around the world.

Following the start of the WHO funded project in 2019, KNCV prepared and submitted study protocols in each of the countries. Following protocol approval in 2020 both countries trained relevant health facility and laboratory personnel and started including children and PLHIV to the study.

Due to COVID-19, inclusion of children and PLHIV was delayed as relevant health facilities had to divert their services to cater for COVID-19 patients only. Towards the end of 2020, the study implementation accelerated and will continue till June 30, 2021 after which the findings will be assessed and disseminated so that these methods can be incorporated into country TB diagnostics.

Countries: Ethiopia and Indonesia

Donor: WHO

Project period: September 2019 – 30 September 2021

3. The BMGF funded Treatment Adherence project

"The implementation of digital adherence technologies (DAT) in Ukraine is a crucial step towards human-centered TB treatment", says Dr. Kateryna Gamazina, PATH's country in Ukraine. "We work to make sure DATs will allow better patient outcomes." Dr. Gamanzina's team in Ukraine is one of the three countries supported by KNCV in the introduction of DATs.

In 2017, KNCV received a grant from the Bill & Melina Gates Foundation to establish DAT demonstration projects. With BMGF funding, KNCV was able to learn from previous DAT initiatives in India and investigate successful approaches with key stakeholders. Besides Ukraine, KNCV developed pilots in Tanzania and the Philippines. The in-country pilots were funded by TB REACH with BMGF supporting KNCV's experts to provide training and on-the-job support.

In addition to the pilot projects, the BMGF funding enabled KNCV to promote DATs globally. KNCV developed a DAT Implementation Toolkit (www.adherence.tech). The toolkit provides a step-wise approach for countries who want to make the switch to digital adherence technology as part of their health system.

KNCV also coauthored WHO's "Handbook for the use of digital technologies to support tuberculosis medication adherence" and contributed to the *Digital innovations, TB and implementation research* meeting.

The BMGF support was instrumental in the start-up of KNCV's follow-on ASCENT project. This project builds on the important lessons learned in the pilot projects, and the developed implementation package.

Countries: Tanzania, Ukraine, the Philippines (TA to pilots)

Global (TA for DAT implementation packages, stakeholder engagement and DAT guidance)

Donor: Bill & Melinda Gates Foundation

Project period: October 2017 – September 2000

4. BPaL Nigeria

New treatment for drug resistant TB : BPaL introduction through operational research

In 2020, KNCV started a new pilot project together with the Nigerian National TB & Leprosy Program. The project focuses on patients with highly resistant TB. These patients are currently on a long treatment regimen of at least 18 to 20 months with a high pill burden. By introducing the BPaL regimen – a three-drug regimen consisting of bedaquiline, pretomanid and linezolid to these patients – the project aims to reduce the length of treatment to six months.

The BPaL regimen was included in the latest WHO DR-TB guidelines, however introduction is only recommended under operational research conditions. Supported by KNCV, the Nigerian National TB & Leprosy Program will implement the BPaL regimen in four Nigerian states. The project will enroll at least 50 patients in the pilot study and provide high-quality health care, including access to relevant TB diagnostics and safety monitoring requirements throughout. The Ministry of Health (MOH) will use the results to prepare for roll-out of the BPaL regime across Nigeria.

In 2020, the project entered the research preparation phase. Project activities took off with the development of an operational research protocol. A first project milestone was achieved in August when this protocol was approved by National Health Research Ethics Committee in Nigeria. An operational research committee established by NTBLCP and supported by KNCV is tasked to monitor progress of patient enrollment and ensure that study implementation is in compliance with the approved protocol.

To prepare for patient enrollment, the project team organized several (virtual) meetings to introduce and discuss the research project with key stakeholders to gain their commitment and support. The project developed a high-tech database (REDcap) to ease quality data collection. KNCV experts developed easy-to-use data collection tools working closely with in-country clinicians and laboratory staff. In addition a facility checklist was developed and used during field visits in all four states to assess the readiness of participating DR-TB treatment centres and TB reference laboratories.

Capacity building at all levels is an important activity when introducing a new treatment regimen in a country. As part of the 2020 research preparation phase, KNCV developed trainings materials and supported a Training of Trainer (TOT) session for trainers at national level. The TOT allows them to train and provide on-the-job mentoring to health care workers in facilities in the four project states.

The conclusion of the research preparation phase in 2020 – with the approval of the research protocol, developed research database, tools and a number of well-equipped trainers – ensures the project is well prepared for the enrollment of the first patient in early 2021.

Country: Nigeria

Donor: Dr. C. de Lange Stichting (SMT), s-Gravenhaagse Stichting, KNCV earmarked reserves

Project period: January 2020 – December 2020, with a no-cost extension to November 2021

5. BPaL bridging project

New treatment for drug resistant TB: BPaL introduction through operational research

The ‘BPaL bridging’ project has brought hope to patients with severe forms of drug-resistant TB.

Because with 18 or more months of treatment, including months of daily injections, patients suffering from severe forms of drug-resistant TB (DR-TB) had less than a 50% chance of successful

outcome. Many had lost hope. However a novel all-oral regimen of 6 months duration (the 'BPaL' regimen) had a 90% favorable outcome in a trial in South Africa. This will be a game changer for patients and National TB Programs (NTPs). With WHO now recommending implementation of the regimen, under operational research (OR) conditions, hope is returning.

Under the BPaL bridging project, KNCV provided TA to Kazakhstan, Kyrgyzstan, Indonesia, Myanmar, Philippines, Tajikistan, Ukraine, Uzbekistan, and Vietnam, to facilitate local preparations for BPaL OR. The project work complemented activities via TB REACH Wave 7, domestic and Global Fund funding respectively in Tajikistan, Ukraine and Kazakhstan. Following events in March 2020 that resulted from the COVID-19 pandemic led to a subsequent delay in approval and initiation of the linked TBA/KOICA BPaL introduction project (planned from April 2020). Project activities and budgets were reprogrammed and the project period amended from January to September 2020.

A generic BPaL Operational Research (OR) protocol and data collection tools were developed, with final versions available in September 2020. With WHO EURO, a standardized set of data for collection and harmonized data collection were agreed for use in the respective Central Asian Region countries and Ukraine, where both modified STR and BPaL ORs will occur. The respective countries adapted the generic tools to develop their own national OR protocols. By September 2020, OR protocols had been approved by national ethical boards in Kyrgyzstan and Tajikistan. They were ready for submission in Ukraine and Uzbekistan, and were finalized for submission in Kazakhstan, The Philippines and Vietnam. Development in Myanmar was on-going.

Support was provided to the countries for development of the required documents and systems for BPaL introduction. Specifically, the development of guidelines, OR protocols, data collection and management systems, Monitoring and Evaluation systems, and training materials. By September 2020, draft training materials were available in Kyrgyzstan and Tajikistan, while preparation of those material had started in Ukraine. In Kazakhstan, Myanmar, the Philippines, Uzbekistan and Vietnam development work was awaiting the approval of the OR protocol.

Countries: Kazakhstan, Kyrgyzstan, Indonesia, Myanmar, Philippines, Tajikistan, Ukraine, Uzbekistan, and Vietnam

Donor: TB Alliance

Project period: January to September 2020

6. CEPHEID Project

Service provision for GeneXpert systems

Since 2014, Cepheid – the company that produces GeneXpert machines – has appointed KNCV as Authorized Service Provider for the use of GeneXpert across all states in Nigeria. This means that

KNCV supports the installation of new GeneXpert systems as well as training, maintenance and repair services.

KNCV has a dedicated staff spread out in different geographic areas of the country but also utilizes a network of hundreds of superusers of GeneXpert to increase turn-around-time and local capacity for service provision. KNCV has a toll-free hotline and a web-based service provision customer intake and management system.

A total of 413 GeneXpert machines are now used in the fight against TB and COVID-19. With 396 machines for TB while 17 machines are used for COVID-19. KNCV has supported the Nigeria government to acquire Cepheid cartridges to test for SARS-CoV-2. These cartridges were used by the KNCV lead WoW mobile diagnostic units to test for TB and COVID-19 in hard to reach communities stricken by both diseases simultaneously.

In 2020, the KNCV team trained 87 people in person and 142 people virtually. KNCV was key in getting SARS-COV-2 cartridges into Nigeria to test for COVID-19. KNCV was also key in providing training on how to use and interpret such cartridges.

KNCV has also provided training on other GeneXpert test for other infectious disease including HIV detection in children and HIV treatment monitoring as well as training for a new more sophisticated GeneXpert machine (10 color spectrums for detection vs. 4 color spectrums currently used). These new machines will have the capacity for a new cartridge expected to detect drug resistance for TB from multiple anti-TB drugs in less than 90 minutes.

The GeneXpert network of machines in Nigeria is expected to expand even further in 2021 and KNCV will be there to continue to provide quality dedicated service provision.

Country: Nigeria

Donor: Cepheid

Project period: 2014 - present

7. CIb project

Support to TB Elimination in the Netherlands

Together with the Center of Infectious Disease control (Cib), KNCV supports and coordinates national TB control policy development in close collaboration with national partners. In the Commission for Practical TB control (CPT), the project supports policy and guideline development. In addition, we enable quality control, training for professionals involved in TB control, development of health education materials and patient support activities.

The project reached important achievements in 2020. Despite the considerable impact from the COVID-19 epidemic, the KNCV project team quickly adapted. We organized and hosted online events, also for external partners. The project was instrumental in updating CPT guidelines on TB contact investigation, TB and HIV, and drug-resistant TB. We supported the CPT to recommend how to address hygienic and other practical issues enabling TB control activities to be minimally disturbed by the lock-down measures. For a wide national and international audience, the team co-organized a KNCV webinar highlighting the lessons learned from TB contact investigation also applicable to COVID-19 contact investigation.

An important milestone in 2020 was a successful implementation project to change the moment of BCG-vaccination of high risk infants in The Netherlands to an earlier age of 2 months instead of 6 to 9 months. Through this policy change, The Netherlands will be now following WHO recommendations to vaccinate neonates at the earliest possible moment. The project launched a blue print implementation guide for GGDs in a plenary meeting of TB control professionals. This was very well attended.

This project year was also marked by a historic agreement between KNCV, Cib/RIVM and GGD GHOR Nederland. We reached an agreement to handover health education development, monitoring and evaluation of screening interventions and the support of guideline development to the Center of Infectious Disease control. This is a next step in the transition process of national tasks to Cib, which started in 2012 when KNCV handed over the support of the National TB Register and TB surveillance. We will continue this process 2021 when TB education materials that were developed by KNCV, will be available on the same web portal as materials for government implemented infectious disease control. The final handover of the support to the CPT will take place on 1 January 2022.

Country: The Netherlands

Donor: Center of Infectious Disease control (Cib)

Project period: January 2020 – December 2020

8. E-DETECT

E-DETECT TB was a four-year collaborative project of TB experts, universities, charities and national TB programs supported by the EU. The project started in 2015. The different work packages (WPs) in the project sought to utilize evidence-based interventions to ensure early diagnosis, improve integrated care and support community and prison outreach activities in low and high-incidence countries.

KNCV was actively involved in three work packages: WP4 Outreach for early diagnosis, WP6 Establishing a database of latent and active TB in Europe, WP7 Supporting national TB programs. The project ended in 2019, but a no cost extension was granted in 2019 to enable analysis of the data of the multinational database with screening data from UK, Sweden, Italy and The Netherlands

established in WP6. Despite a further delay caused by involvement of the partners in the response to the COVID-19 epidemic, the project could be finalized officially in September 2020.

The analysis of the multinational data confirms that the yield of screening for TB and TB infection (TBI) is largely predictable according to factors, such as migrant typology and country of birth or nationality. However, comparison of the effectiveness of national screening programs is challenged by variations in the target populations, screening algorithms and policy changes over time. Further analyses, including cost-effectiveness analysis, of the multinational data on TBI screening data will help to develop optimal eligibility criteria for age, country of origin and type of migrant. The long term goal is to make the database available for more European countries, potentially as part of ECDCs TB surveillance.

Countries: UK, Sweden, Italy and The Netherlands

Donor: EDCTP

Project period: 2015 -2020

9. GF Vietnam

KNCV was a sub-recipient to the NTP under the GF funded project. This was a three year project from 2018 – 2020 which successfully completed on December 31, 2020. KNCV implemented activities contributing to the specific objectives of the grant: To ensure universal access to high-quality diagnostic and therapeutic services by actively and proactively identifying vulnerable groups and inaccessible groups, especially children, in association with other private and public health facilities. To provide routine TB diagnosis and treatment for vulnerable groups and newly infected groups. To expand access to diagnostic and treatment services for MDR-TB, XDR-TB, enhance the optimal use of new tools, drugs and treatment regimen, and maximize support to patients. To ensure updated epidemiological information, available information and program implementation effectiveness data to support NTP in management and policy development.

In 2020 KNCV successfully implemented a pilot on alternative methods for TB testing among children and PLHIV. Instead of using sputum, which is difficult to produce for children and PLHIV, a method of stool testing was piloted in children. Further KNCV supported the implementation of active case finding activities among elderly in various communes. More than 6,500 elderly people in 10 communes were screened TB by X ray and Xpert. The detected TB people will be registered and treated according to type of TB disease (DS or DR-TB).

Country: Vietnam

Donor: The Global Fund

Project period: 2018 – December 31, 2020

10. IMPAACT4TB

Shorter treatment to prevent TB: IMPAACT4TB

TB preventive treatment (TPT) is a critical tool in the fight against TB. By providing TPT to people who are at high risk of developing the disease, either those who have been exposed to someone with infectious TB or those who have other risk factors such as HIV infection, it is possible to prevent those individuals from suffering from TB and avoid further transmission in their families or communities.

The most widely used TPT regimen involves taking one medicine, isoniazid, every day for six months, but many people who could benefit from TPT struggle to complete this regimen due to the length and side effects. When taken at higher dose in combination with rifapentine in a regimen called '3HP', TPT can be reduced to 12 doses taken weekly over three months with fewer side effects. The IMPAACT4TB project aims to reduce TB incidence and deaths among PLHIV and children <15 years of age who are household contacts of pulmonary TB patients (child contacts) through sustainable provision of affordable, quality assured 3HP.

As part of the IMPAACT4TB consortium KNCV is leading the implementation of 3HP in Ethiopia, Indonesia, Malawi and Tanzania. Initiated in 2017 and planned to continue through 2022, this has already achieved initial objectives of generating evidence to support inclusion of the 3HP regimen in WHO recommendations, which was accomplished in 2018. The next phase of the project sought to gather the necessary commitments from national governments and pharmaceutical manufacturers to establish a viable market and affordable access price for rifapentine; and in 2019 the sole producer of rifapentine agreed to reduce the price for one course of treatment from USD45 to USD15.

In 2020, the consortium had further success with the launch of a fixed dose combination product for 3HP from a second manufacturer, again at the affordable access price of USD15. This was a pivotal moment that compelled funders and decision makers to join forces by including 3HP as a preferred TPT regimen for national programmes.

In 2020, KNCV brought these preparatory steps to fruition by supporting the delivery and uptake of 3HP by eligible individuals in Ethiopia, Indonesia and Malawi. This involved constant engagement with the vision of decision makers in national programmes, reprogramming of activities in the face of the COVID-19 pandemic, training of hundreds of health care workers, development of new supply chains and partnership down to facility level. This approach has ensured that the tens of thousands of direct beneficiaries of 3HP provided by IMPAACT4TB are just the start – with the commitment of national programmes and multinational funders, the introduction of 3HP for TPT will benefit many more people in years to come.

Countries: Ethiopia, Indonesia, Malawi and Tanzania
Donor: Unitaid
Project period: 2017 – 2022

11. Integrated TB/diabetes screening project

Mr. Zenebe, a 43-year driver and married with two children both below 15-year old, was diagnosed with TB in July 2020 and started his TB treatment at Bole 17 health center in Addis Ababa. This was his second episode of TB disease. During this round of treatment, he developed burning sensation in his hands and feet as well easy fatiguability. These symptoms can easily be confused with side effects of anti-TB drugs. His treating physician Dr Bitania, who recently completed a TB/diabetes training course organized by KNCV (funded with SMT funds), tested and confirmed diagnosis of diabetes and put him on treatment. Mr Zenebe is now cured of his TB disease, is relieved of symptoms of diabetes complications, and his blood sugar is controlled. He later recalled that his father too had diabetes.

The above story highlights the added value of the integrated TB/diabetes screening project in improving TB and diabetes care. The aim of this project was to demonstrate feasibility of an integrated TB screening approach in an urban setting in Ethiopia. In 2020, KNCV supported the NTP to achieve the following:

- Developed training materials and standard operating procedures for integrated TB/diabetes screening.
- Trained 134 health workers drawn from 34 public health facilities in Addis Ababa.
- Engaged 26 private health facilities for X ray and other diagnostic tests that are not available in public health centers.
- Supplied glucometers to health facilities for blood sugar testing.
- Supervised and mentored health workers in project sites

With the above inputs, the project in 2020:

- Screened 620 TB patients for diabetes, identified 27 patients with diabetes, and linked them to diabetes care.
- Screened 5, 406 diabetes patients for TB based of whom four patients with confirmed TB were linked to TB care.

The COVID-19 pandemic caused some delays in project activities. To overcome this challenge, the project implemented mitigation measures including personal protect materials to project sites. The project will continue in 2021 and will screen additional patients.

Country: Ethiopia

Donor: SMT

Project period: 2020 – 2021

12. People-Centred Framework Approach to TB Programming

Over the past year and a half, the People-Centred Framework (PCF) Approach, combined with modelling and costing tools have been used to support national strategic planning efforts in ten high TB-burden countries. The aim was to facilitate a participatory, methodical, and evidence-based approach to TB programming, designed to enhance the quality, people-centeredness and responsiveness of National Strategic Plans (NSP). The PCF approach enabled countries to solicit better stakeholder engagement and commitment from the outset, as well as helping to optimise resource and service allocations. This is very much in line with the aims of the global End TB strategy and sustainable development goals: Closing the gaps in the TB care continuum by providing high quality services - accessible, affordable, and tailored to the needs of the affected populations.

"Being data driven, it [PCF] provided a structure and forced us to use this structure [for gap analysis and mitigation]. Patient perspectives, stories and access barriers to care are take into account." (NTP Advisor)

The PCF project is funded by the Bill & Melinda Gates Foundation and implemented in close collaboration with the WHO, The Global Fund, Linksbridge, and other partners. The PCF for NSP approach was originally piloted in Kenya and then applied in 9 early adopter countries: Cambodia, Ethiopia, Ghana, Indonesia, Namibia, Rwanda, Uganda, UR Tanzania, & Viet Nam. The approach is designed to enhance the responsiveness and quality of TB Programmes and their National Strategic Plans (NSP). It provides a structure to identify gaps and barriers along the TB care continuum – i.e., the patient journey from experiencing first symptoms of TB to being cured. This is achieved by systematically reviewing relevant data and other available evidence (e.g., epidemiological data, user experiences and preferences, health system information, etc.), identifying priority problems and designing responsive people-centred interventions – i.e., ensuring that services are tailored to the needs and preferences of the service users and eliminating access barriers. Despite the COVID-19 pandemic, all ten countries managed to complete their NSPs in 2020 and effectively utilise them to successfully apply for Global Fund Funding support for the period of 2021-2023.

Countries: The PCF for NSP approach was originally piloted in Kenya and then applied in 9 early adopter countries: Cambodia, Ethiopia, Ghana, Indonesia, Namibia, Rwanda, Uganda, UR Tanzania, & Vietnam

Donor: Bill & Melinda Gates Foundation

Project period: 23rd May 2019 – 31st May 2021

13. Painless Optimized Diagnosis of Tuberculosis in Ethiopian Children (PODTEC)

Bethlehem Yesak is a 20-year old breast-feeding mother from North Bench woreda who came to the nearby health center with symptoms of TB, after having been misdiagnosed as pneumonia in a private clinic. With support from PODTEC, her sputum samples were referred to an Xpert testing

center using the SITRUST mobile application. Her results returned within few days with confirmatory TB diagnosis, and she was put on treatment. Her two month and four-year-old children also received TB preventive treatment after excluding active TB. *Their condition has improved with the treatment*.

Lack of child-friendly diagnostic tools is one of the key barriers to detecting and treating TB in young children. In children who cannot spontaneously produce sputum, a sample can only be obtained via invasive methods that cannot be performed at primary healthcare facilities. PODTEC was designed to address lack of child-friendly diagnostic tools and delay in specimen transportation as critical barriers to childhood TB care in Ethiopia.

The project identified the KNCV developed, stool-based TB diagnostic method known as simple-one-step, as a child-friendly approach for further optimization and pilot implementation in Ethiopia. In addition, the project adapted the SITRUST application developed by YAYASAN KNCV Indonesia as digital solution to facilitate specimen transportation.

In 2020, PODTEC achieved the following:

- Optimization study was started after obtaining full ethical approval from the local ethics committee.
- Preliminary results from PODTEC combined with those from a related study that focuses on determining the accuracy of the stool method were shared at an international conference, and in a manuscript was submitted for scientific publication.
- Adapted SITRUST for specimen transportation and piloted in two zones.
- Pilot implementation was started in two remote zones through which 326 TB cases were detected by screening 1629 presumptive cases.
- COVID-19 mitigation measures were successfully implemented. These included supplies of over fifty-thousand face masks, other personal protective materials, and laboratory supplies; integrated screening for COVID-19 and TB; and education/awareness creation.

Despite all the efforts, COVID-19 clearly contributed to slowing in the optimization study enrollment. In 2021, we plan to finalize the optimization study; strengthen implementation zonal level implementations; and share the results.

Country: Ethiopia

Donor: KNCV

Project period: September 2019 – 31 December 2021

14. Pharmacovigilance Africa (PAVIA)

Pharmacovigilance is important to everyone receiving medication. Strong pharmacovigilance will ensure that adverse events are timely detected, managed and reported, so that drug safety profiles get more complete. This way, the authorities can warn treating clinicians about previously unknown adverse drug reactions that they need to be aware of to safeguard their patients' health. For this, strong relationships are needed between the public health programs and the pharmacovigilance system.

The Pharmacovigilance Africa (PAVIA) project aims to strengthen pharmacovigilance systems in four sub-Saharan African countries (Ethiopia, Eswatini, Nigeria and Tanzania), leveraging the experience gained in the introduction of active drug safety management and monitoring (aDSM) for multidrug-resistant TB (MDR-TB). This form of active pharmacovigilance has been introduced in all four countries with the introduction of new drugs and regimens for MDR-TB. PAVIA is a consortium of 13 European and African partners, led by the Amsterdam Institute of Global Health and Development and funded by EDCTP. For this project, at KNCV we monitor the performance of the project in strengthening the pharmacovigilance systems in the country. Important indicators are the number of reports on adverse drug reactions (ADR) received by the national pharmacovigilance authority in general, and on drugs used in the TB program specifically.

For this, KNCV works closely with local PAVIA PV coordinators. Despite major disruptions due to the COVID-19 pandemic, also this year, these coordinators have played a pivotal role in supporting the flow of ADR reports from the TB program to the authorities. They have been assisting with or leading the collection, verification, coding, data entry and analysis of aDSM reports. In Tanzania and Eswatini, solutions are being developed that allow for a regular and automatic data transfer between NTP's aDSM data collection systems and the national pharmacovigilance database deployed by the national pharmacovigilance units. These activities have led to an increase in reporting of TB treatment related ADRs.

Not only the reporting needs to be strengthened, but also the capacity to analyze the incoming reports and the creation of warnings or signals about certain medicines or adverse drug reactions. Therefore, on the initiative of the PAVIA consortium, activities to sustainably strengthen the national pharmacovigilance systems have been outlined in a national pharmacovigilance roadmap. These roadmaps have been endorsed by the national medicines regulatory authorities in all four countries.

Furthermore, the PAVIA PV coordinators assist with the development of guidelines and training materials. A national pharmacovigilance policy was developed for Eswatini and updated in Nigeria with support of PAVIA.

The experience gained through the PAVIA project has led to integration of pharmacovigilance in the routine of the TB programs. Some countries, the pharmacovigilance authorities have already started to engage more actively with other public health programs, so that in future, any patient suffering

from major diseases can benefit from the improved understanding of the safety of the drugs they are taking that strong pharmacovigilance ultimately brings.

Countries: Ethiopia, Eswatini, Nigeria and Tanzania
Donor: EDCTP
Project period: Jan 2018 – Feb 2022

15. Public private mix (PPM) Nigeria

This project, for which KNCV was involved in the technical proposal development from the onset, has had a coalition funded by the Global Fund and lead by the Institute for Human Virology of Nigeria (IHVN) with KNCV and other NGOs as sub-recipients. It is designed to increase TB case detection in Nigeria which remains low, around 25% of people with TB are diagnosed, reported and put under appropriate TB care. Around 2/3 of Nigerians approach the private sector rather than the public sector when they become ill with TB symptoms but the private sector has very few providers engaged in TB detection and care.

This project envisioned engaging private health care providers into TB case detection and care where they are more likely to present with TB symptoms. KNCV engaged in the project coalition to support 3 states (Akwa Ibom, Benue, Cross Rivers) to engage private-for-profit health care providers. This project was based on practices already developed under the USAID Challenge TB project. The project engaged informal private-for-profit health providers including patent medicine vendors (PMVs) who sell over-the-counter drugs and community pharmacists (CPs) in TB symptom identification and referral. Performance -based incentives were provided for number of people referred and number of people referred who are confirmed with active TB.

This was matched with engaging formal private-for-profit clinicians to diagnose and treat TB. Further, a sample transport was enabled with a hub & spoke model linking health facilities without GeneXpert testing capacity to such testing or as a less desirable resort to enable them to test with available smear microscopy. Professional unions and umbrella societies representing these private-for-public providers were also engaged. Sensitizations and training on TB diagnosis, treatment and recording and reporting were provided. Providers were also oriented on use a recording and reporting App called MATS. Linkage coordinators were engaged to liaise between the various facilities, specimens and results as well as recording and reporting.

Performance-based incentives were provided for all engaged; they were paid via paperless internet banking onto their telephones. Routine supervision and monitoring were established. As a result of this project, KNCV was able to detect 7,063 people with active TB including 87 people with drug-resistant TB; the vast majority of those detected were put onto appropriate anti-TB treatment. KNCV has been requested by IHVN to be part of the 2nd Global Fund grant (2021-2023) with increased geographic and programmatic scope compared to the previous grant KNCV supported.

http://ihvnigeria.org/global-fund-public-private-mix-gf-ppm-project/

https://www.health.gov.ng/doc/NFM_Nigeria_PPM-action-Plan-anx6.pdf

Country: Nigeria

Donor: The Global Fund

Project period: 2019 - 2020

16. TB and HIV advocacy to strengthen and sustain Dutch Engagement in ODA for Health

Advocacy is essential to sustain Dutch Official Development Assistance (ODA) for Health. Health is not a primary focus in Dutch development policy. The funding for HIV (and TB in its slipstream) is categorized as part of the SRHR (Sexual and Reproductive Health and Rights) focus and budget line. SRHR accounts for € 400M annually, a little over 13% of the overall ODA budget. Against this background, creating policy understanding on TB and HIV with policy makers and political pressure in Parliament is essential for continued policy space with the Ministry of Foreign Affairs on HIV, TB and R&D for Health.

Given the intertwined TB and HIV epidemics, KNCV and Aidsfonds have defined a joint advocacy agenda, while building on synergies arising from complementary networks and competencies. Over the course of the three-year project (2018 – 2020) specific focus areas have included: engaging high level Dutch policy makers in the 2018 TB and HIV global conferences in the Netherlands and the UN HLM on TB in New York; the Global Fund replenishment in 2019.

For 2020 the COVID-19 epidemic provided an excellent opportunity to drive a broader agenda on Global Health in an enlarged coalition of NGOs. We convened webinars as a newly formed Dutch Global Health Alliance of NGOs and knowledge institutes. The Clingendael Global Health Initiative provided the convening platform for high-level policy dialogue. In 2020 KNCV's specific project aim was to leverage parliamentary support for Product Development Partnerships (PDPs). TB Ambassador and Member of Parliament Anne Kuik initiated two important Parliamentary motions, on PDPs and the desirability of a Dutch Global Health Strategy respectively. Both motions were supported across the political aisles.

The year 2020 and the project concluded on a high note with explicit political support for innovation (PDPs) and a call for a Dutch Global Health strategy. This together with a strengthened advocacy voice and coaliton provides a solid base for advocacy going into Parliamentary elections in March 2021 and Cabinet formation subsequently. A follow-on advocacy project jointly with Aidsfonds is anticipated.

Country: The Netherlands

Donor: KNCV is a sub-awardee of Aidsfonds in this grant

Project period: 2018 - December 2020

17. TB ENDPoint

The tuberculosis bacteria can survive in the body without causing illness. This poses millions of people worldwide at risk to develop TB disease at a later moment in time. This can be prevented by screening and treatment of the TB infection (TBI). The TB ENDPoint project studied the implementation of TBI screening and TB preventative treatment (TPT) among migrants in the Netherlands who are at high risk for TBI and thus TB disease.

The TB Endpoint project (December 2015-September 2020) was funded by ZonMw. A consortium of Public Health services, RIVM, GGD GHOR Nederland, the University of Amsterdam and the Erasmus University Rotterdam led by KNCV studied the feasibility, impact and cost effectiveness of TBI screening and treatment among migrant groups with a high risk for TB. The project also assessed in which migrant groups with a high risk of developing TB, TBI screening can replace current screening using a chest X-ray.

The results show that screening of TBI detects as many TB patients as screening with a chest Xray. More importantly, a considerable number of migrants infected with TB completed TPT. There are a few essential preconditions for successful implementation. These are cultural sensitive education about TB and TBI, the use of professional interpreters to overcome language barriers, and sufficient patient support during their treatment. An important factor for high TPT uptake is the commitment of healthcare workers to offer TPT to those diagnosed with TBI: in other words healthcare workers should be willing to follow the mantra “intention to test is intention to treat”.

The consortium implemented a pilot in three different migrant groups in the Netherlands that have a high risk to developed TB disease. As a next step, a separate cost-effectiveness study (CEA) analyzed in which target groups TBI screening and TPT is cost-effective or more cost-effective than the current screening policy. For new immigrants and asylum seekers from countries with a TB incidence of more than 200 persons per 100,000 population the CEA shows that TBI screening is cost-effective and cost-saving compared to the current chest X-ray screening. For new immigrants from countries with a TB incidence 100 to 200 persons per 100,000 population, considerable health gains can be achieved, although screening with a chest Xray is cheaper. This means screening for TBI is more cost effective. Finally, for settled migrants TBI screening was not cost-effective. However, the study indicated that - if the costs for TBI screening tests and professional interpreters were reduced - the cost effectiveness in all target groups would improve!

The Dutch committee for Practical TB control will use the results of the study when revising the current screening policies of migrant populations in The Netherlands.

Country: The Netherlands
Donor: ZonMw
Project period: December 2015-September 2020

18. TB Nurses Guideline in The Netherlands

In the Netherlands TB nurses have a pivotal role in the management and care of patients as well as TB contact investigation. They support all new patients (including those diagnosed in hospitals) with respect to their clinical condition, social background and public health aspects and provide guidance during the treatment. In sum, nurses are indispensable in TB control!

However, TB nurses in the Netherlands face a few challenges. They are trained on the job and guidelines for TB nursing care do not exist or are based on weak underlying evidence. As a consequence, there is a considerable variation in practices. With the declining number of patients in The Netherlands, on-the-job training is difficult and uniform practices based on the best available evidence are more and more important.

KNCV's project – funded by ZonMw – helps to address these challenges and develops a guideline on nursing care for TB and LTBI patients in the Netherlands. The project took off in 2019 and is supported by a working group of TB nurses from each of the four TB regions in the Netherlands, representatives from the TB Nursing association, the TB public health doctors association, and a TB survivor.

In 2020, we started the desk research to explore existing guidelines, protocols and updated an KNCV's existing literature review, which can be accessed here: https://pubmed.ncbi.nlm.nih.gov/30304052/

We also analyzed existing bottlenecks. We sent a questionnaire to approximately 350 stakeholders and 50 persons who were treated for TB or LTBI. With the survey, we aim to capture stakeholder and patient questions or best practices on TB nursing care. These will be answered and incorporated in the guideline.

Even though the COVID-19 pandemic led to a slight delay in finalization of the guideline, the project team is set to discuss a first draft with all stakeholders mid-2021 and will start pilot implementation at the end of 2021.

Country: The Netherlands

Donor: ZonMw

Project period: December 2019 – December 2021

19. The Tuberculosis Local Organization Network (TB-LON) in Nigeria

Nigeria has the sixth highest burden of TB globally and the highest burden in Africa. In early 2020, USAID announced the establishment of a TB local organization network that seeks to drastically increase the number of TB patients detected and treated in Nigeria over the a period of five years.

USAID awarded the USD 30 million to KNCV Tuberculosis Foundation Nigeria to work with 14 state TB programs to reduce the TB burden.

KNCV Nigeria is working with a consortium of partners to implement this project, one of which is KNCV International in the Netherlands. Both organizations share the same organizational philosophies and approaches to working in the TB field. Both have complementary capabilities and experience. KNCV International supports the project through targeted technical assistance on several key areas (Digital Health solutions, Diagnostics, PMDT and (Operational) Research) and plays an advisory and supportive role in strategic project management areas.

In 2020, the main activities supported by KNCV International are:

- **Technical Assistance on Digital health solutions:** KNCV experts adapted a mobile data collection platform and an Early Warning Outbreak Recognition System allowing early detection of disease outbreak. These were integrated to support geographic information system mapping of community hotspots, high-risk groups for TB, key affected populations, service areas and First line Care providers**.** This will facilitate community TB case finding and linkage to care.

- **Technical Assistance on Diagnostics:** KNCV experts support the introduction of TB-LAMP, a novel molecular diagnostic test that does not require sophisticated instrumentation and can be used as a replacement for smear microscopy. KNCV Nigeria adapted the by KNCV International developed GeneXpert SOS stool method to improve diagnosis of childhood TB. This new processing method will be reviewed and compared to the original SOS method.

- **Technical Assistance on programmatic management of drug-resistant TB:** KNCV supported the introduction of shorter all-oral treatment regimens for DR-TB through the development of a new algorithm for TB patient triage based on the latest WHO recommendations. This algorithm uses KNCV's "right diagnosis, right treatment" principle to ensure appropriate use of TB diagnostic methods and selection of the right treatment regimen.

- **Technical Assistance on Patient Pathway analysis (PPA)**: This method is designed to improve patient-centered care in public health programs. KNCV has extensive experience with PPA and provides technical assistance to the National TB & Leprosy Control Program (NTBLCP) in a study to better understand the alignment between patient care seeking behavior and TB service availability. This joint activity ensures capacity building of the NTBLCP staff and relevant partners and will inform priority setting and planning for more patient-centered availability of services.

- **Focused Strategic Management Support:** KNCV provides guidance and assistance to in-country project management on operations & finance, review of sub-awards, procurement and budgets. In addition, KNCV International and KNCV Nigeria organized a one-week training week aimed to focus on practical learning: how do we do things in practice / what do we need to take note off? We touched base upon a wide range of topics, including compliance, integrity and USAID rules & regulations.

Country: Nigeria

Donor: USAID

Project period: 2020 - 2025

20. TB REACH Ethiopia - Mothers for TB prevention in children –

"For me, there is no other blessed work than saving the lives of children" said Tadelech Eshetu, a community volunteer from Arba Minch, after having completed a training on how to detect and link eligible children for TB preventive treatment (TPT). "My awareness about TB disease is completely transformed and now I can help my community to prevent it" remarked Beza Akalu, another volunteer woman from Addis Ababa.

Improving TB Preventive Treatment among Under-five Children through Engagement of Women's Indigenous Associations in Ethiopia is the aim of this TB REACH project in Ethiopia. It was designed to address the low rates of TPT initiation and completion in young children in remote hard-to-reach and urban slum areas of Ethiopia.

In partnership with Love In Action Ethiopia (LIAE), a local NGO, we engaged women-led local associations called Iddirs as community mobilizers, contact tracers and treatment supporters. Iddirs are primarily organized as community networks to facilitate funerals. We trained 154 Iddir volunteers drawn from 60 Iddirs in three zones and provided them with transportation allowances and airtime.

They were then networked with catchment health facilities in which TB focal persons were oriented about the new project approach. The Iddir volunteers tracked and linked to health facility family members of index TB cases for contact investigation and monitored children on TPT for adherence and side effects through weekly home visits. Zonal project teams mentored and supported mothers and health workers through weekly check-ins and organized quarterly meetings to review the progress.

By December 2020, the project identified 470 under-five households and put 100% of eligible children on TPT. Women volunteers made regular home visits ensuring adherence to the recommended regimens. Of 32 mothers expected to complete treatment by the end of the year, 96% (31) completed successfully, with only one mother refusing to complete treatment due to perceived side effects.

Women volunteers have become familiar with the activity as trusted partners by their community. Additional adherence support through SMS messaging is initiated in Addis Ababa where access. The project also supported a comprehensive gender assessment in the project areas so as to tailor the interventions toward addressing identified gender gaps.

COVID-19 was the major challenge encountered during the year. We supported project teams to use personal protective materials and appropriate other preventive measures to mitigate the impact of

COVID-19. Since virtual trainings are not feasible in remote rural areas, we used small group training approach. The project will continue into 2021 aiming to reach additional households.

Country: Ethiopia

Donor: Stop TB Partnership

Project period: November 2019 – November 2021

21. TB REACH - Scaling up TB Care to Nomadic populations in Northeastern Nigeria

Mina (name changed), an elderly woman had been experiencing persistent symptoms for 3 months despite visiting various traditional medicine vendors for treatment. One of the community volunteers visited her community. Upon following through with the ACF activities, Mina was identified as bacteriologically-positive for TB and initiated on treatment. She has now completed treatment and is an active advocate for the project by engaging in various talks to raise awareness for TB.

From October 2018 until June 2020, KNCV led a project, funded by TB REACH, that was implemented on the ground by two community-based organizations (CBOs) in three states in northeastern Nigeria (Adamawa, Gombe and Taraba). KNCV provided technical and fiduciary guidance to the CBOs (Janna Health Foundation and SUFABEL Community Development Initiative). This project expanded TB care to hard-to-reach nomadic populations in an innovative manner through involvement of nomadic leadership, while retaining an evidence-based approach. The objective was also to stimulate policy change on the allocation of scarce resources to improve TB case detection.

The project focused on four interventions: 1) mass screening TB and HIV, 2) contact tracing of individuals with TB, 3) tent-to-tent screening and 4) Screening for childhood TB. Awareness campaigns among individuals presumptive of TB and nomad community were conducted during interventions 1 to 3. Community leaders, both male and female, were engaged as TB advocates. A cadre of volunteers were recruited and many were provided with motorcycles to reach rural areas for screening and to transport sputum specimens to TB laboratories.

In 2019, nearly ½ million nomads (men, women and children) were actively screened for TB. As a result of the success of this project, the Global Fund, TB REACH and USAID have provided additional funding to the aforementioned CBOs to sustain these effective case-finding activities among hard-to-reach nomadic populations. It is also seen as a model for other nomadic populations across Nigeria.

In 2019, nearly 3,000 confirmed TB cases were diagnosed and put on appropriate treatment as a result of this project. The expert TB Reach M&E reviewers concluded that a statistically significant additional number of TB cases were detected (bacteriologically confirmed and all forms, Graphs 1 & 2 below) as a result of this project compared to a control population (neighboring state of Jigawa, see project map below). In addition, as nomads are at greater risk for zoonotic TB due to drinking unpasteurized milk and exposure to animals with bovine TB, an operational research project was

initiated by KNCV in collaboration with the CBOs and the National TB & Leprosy Programme, Nigeria. This study will help to understand the magnitude of the burden of zoonotic TB among the nomadic population and potential measures to prevent it.

We successfully finalized the project implementation even though the geographic areas where the project was implemented are considered 'conflict areas' and we continued despite the COVID-19 pandemic.

Country: Nigeria

Donor: Stop TB Partnership, with additional funding from The Global Fund, TB REACH and USAID

Project period: October 2018 until June 2020

22. TB REACH Philippines

Successful TB REACH project in the Philippines sets the stage for utilizing Digital Adherence Technologies in the fight against TB.

"Running a small eatery starts with going to the market at 4:00 AM to buy fresh produce. With my day as busy as it is, I found the daily reminders very helpful. These cued me to take my medication amid the frenzy of making a living. And every time I got a response that the code I texted was recorded, I felt one step nearer to winning my battle with TB. And win I did!"

These are words from Rolan Ragot (27), a Person Living with HIV and TB survivor in the Philippines who completed his TB treatment with 100% daily medication adherence. Rolan was one of 380 TB patients supported in their treatment through the use of DAT through a demonstration project 2018-2020.

KNCV supported adult drug-sensitive (DS) TB patients in three private clinics in highly urbanized cities of Metro Manila to adhere to and complete their treatment using a tool called 99DOTS. Through utilizing low-cost medication sleeve packaging, toll-free SMS lines, and an integrated online platform, KNCV enabled patients to register their daily dosing without the need to visit the facility for everyday observation. Not only did this contribute to a more patient-centered treatment approach and result in high acceptability from patients, it empowered overburdened healthcare workers to monitor treatment adherence remotely via an automated online dashboard and app, enabling them to target follow-up on patients needing the most support.

"Attending to 50–75 patients every day left me little time to see who among my TB patients needed to be followed up. Today with my patients logging in their daily dose to the 99DOTS platform, I'm able to monitor their adherence and prioritize those who required extra support. 99DOTS has made my work easier. With some free time on my hands, I could now help women run income-generating activities such as preparing sweetened coconut meat called *bukayo*. Now I could talk with and see how malnourished children with TB are faring when they come in for their daily feeding program. Life

is good!" notes Chyrrna Riccy "Iccy" M. Belmonte (28), a registered nurse serving at Canossa Health and Social Center, a private facility in one of Metro Manila's poorest urban areas.

In addition to conducting operational research to analyze the acceptability and accuracy of the DAT intervention, KNCV assessed the practicalities and scalability of implementing 99DOTS, and its impact on improving treatment outcome among the patients. This demonstration project played a major role in establishing KNCV as a forerunner in the use of DAT for TB patients, and formed the foundations for the follow-on, 5-country ASCENT project, led by KNCV and now being implemented in the Philippines, Tanzania, Ethiopia, Ukraine, and South Africa.

Country: The Philippines

Donor: TB REACH (Stop TB Partnership & Canada)

Project period: 2018 -2020

23. TB REACH Tajikistan - New treatment for drug resistant TB - BPaL

BPaL introduction through operational research

"I hope, I hope again… This new treatment is my last hope to recover, and I will try all my best to conquer tuberculosis because I love life and love my little daughter who needs her mother. Let the illness and treatment be in the past. Now is a new start in my life, and I am sure this time my recovery will be complete," said 48-year old Aietbegim, a Tajikistan citizen, when she started the BPaL regimen.

BPaL is a novel, six-month regimen composed of the three most potent anti-TB drugs, Bedaquiline, pretomanid, and linezolid. WHO endorsed BPaL use under operational research (OR) conditions for patients with highly drug-resistant tuberculosis (TB) in late 2019. Tajikistan is the first country in Central Asia to introduce BPaL under OR with support of the TB REACH Wave 7 project titled "Evidence generation for shorter MDR/XDR-TB treatment in Tajikistan" in December 2019. KNCV, in collaboration with the NTP in Tajikistan, developed the OR protocol to estimate the effectiveness and safety of BPaL among patients with multidrug-resistant (MDR-) and pre- extensively drug-resistant (pre-XDR-) TB and inform its scale-up in Tajikistan and globally. The protocol was approved by the Ethical Committee of the Ministry of Health of Tajikistan.

KNCV also developed a training curriculum. The KNCV country office in Tajikistan provided training on TB patient management on the BPaL treatment for the national TB treatment expert committee members, TB doctors, and primary health care staff. In collaboration with WHO/Europe harmonized data collection system is being developed for the BPaL OR data collection in Tajikistan, and other countries in Central Asia, and Ukraine, also supported in their BPaL introduction by KNCV. Pretomanid for the full BPaL treatment course for 100 patients was procured and delivered to Tajikistan.

The BPaL treatment was introduced in three pilot sites in Tajikistan: Dushanbe, Rudaki, and Vahdat.

The COVID-19 pandemic resulted in a delay of the patient enrollment on the BPaL regimen until December 2020. Five patients only could be enrolled in 2020. As the project's anticipated end is March 2021, KNCV and the NTP requested a no-cost extension of the project for another six months. The NTP, KNCV, and TB REACH are advocating to ensure funding for proper treatment monitoring, after treatment follow-up, data analysis, and disseminating the results of the pilot BPaL cohort of 100 patients in Tajikistan.

Country: Tajikistan

Donor: Stop TB Partnership, TB REACH Wave 7 grant

Project period: 21 November 2019 - 31 March 2021 (with a request for a six months no-cost extension)

24. TB REACH Tanzania - Digital adherence support tools for TB patients

"Using 99DOTS[1] has strengthened the relationship and improved patients trust in their health care providers." - This is a quote from a male health worker in a facility in Tanzania where the 99DOTS digital adherence tool (DAT) was implemented from February 2019 to June 2020.

In 2020, the operational research study was implemented to establish evidence on the utility, acceptability, and feasibility, of using the 99DOTS DAT amongst TB patients in a rural setting. This research was part of the TB Reach funded 99DOTS adherence technology demonstration project implemented by KNCV to support patients to comply and complete their TB treatment in the artisanal mining populations in Geita region of rural Tanzania.

From qualitative surveys and 200 patient interviews, the 99DOTS DAT was highly acceptable by TB patients, with 97.5% of patients agreeing that the platform helped them to adhere and complete their treatment indicated that the SMS reminders helped them remember to take their medicine, and the DAT was easy to use.

Additionally, 98% of patients, regardless of gender, age, income, or education status, felt comfortable using the tool and made them feel more connected to their health care providers. 99DOTS, however, worked better for those who were sole owners of the phone (89% had over 90% adherence rates compared to 11% patients who used phones owned by friends/family).

[1] 99DOTS is a pharmaco-economic approach for monitoring and improving adherence to TB medication. 99DOTS combines a paper or card stock sleeve that fits over a medication pill pack and includes printed instructions for the patient on how to take the daily medication dose and log this into the system. Dose reporting can be done by phone call or text message.

The platform was also acceptable to health care providers (22), who all indicated that 99DOTS DAT simplified their work, saved time on managing a high patient load and improved the relationship between them and their patients.

The feasibility of 99DOTS was largely hindered by the need for patients to have daily access to a mobile phone that is credited with the minimum balance to call the platform. Not having airtime was the most common reason cited for taking medicine without calling the 99DOTS platform.

In conclusion, we see that SMS based DAT using 99DOTS has the potential to transform TB care delivery in Tanzania to provide patient-centered care with differentiated attention to at-risk patients based on timely adherence data available to health care workers from the DAT platform.

We observed in the demonstration project that 99DOTS DAT is particularly feasible for patients who are sole mobile phone owners, however, we saw that phone ownership within this population in Tanzania is very low.

To address some of these issues and support scalability in Tanzania and other countries, the Unitaid funded ASCENT project (Adherence Support Coalition to End TB), - led by KNCV in collaboration with consortium partners -, has commenced implementation of an integrated DAT intervention. This will include different types of DATs (Smart pill boxes, Video Observed Treatment Support – VOT, and a revised 99DOTS) to 4 more regions in Tanzania. The ASCENT project will expand research into effectiveness of the different DATs implemented for different patient types (DS-TB, MDR-/RR-TB, LTBI).

Country: Tanzania

Donor: Stop TB Partnership

Project period: July 2018 – July 2020

25. TB REACH Ukraine - New treatment for drug resistant TB - BPaL

BPaL introduction through operational research

"Ukraine is one of the countries in the world, hardest hit by XDR-TB. We are proud and thankful to be the first among the drug-resistant tuberculosis high burden countries to offer the BPaL regimen to our patients. This will save many lives", says Dr. Nataliia Lytvynenko, principal investigator from the National Institute of Phthisiology and Pulmonology.

The BPaL regimen was developed by the non-profit TB Alliance and is implemented in Ukraine by the local NGO OATH with technical support from KNCV Tuberculosis Foundation. The project "Evidence generation for shorter MDR-/ XDR-TB treatment in Ukraine" is carried out in close collaboration with the NTP and National Institute of Phthisiology and Pulmonology and funded by Stop TB Partnership's TB REACH that received financial support from Global Affairs Canada.

In Ukraine, KNCV supported the OR protocol development to estimate the effectiveness and safety of the BPaL among patients with multidrug-resistant (MDR-) and pre- extensively drug-resistant (pre-XDR-) TB and inform its scale-up in the country and globally. The protocol was approved by the Ethical Committee of the Ministry of Health of Ukraine.

Furthermore, KNCV developed standardized data collection forms and project monitoring indicators. In collaboration with WHO/Europe harmonized data collection system is being designed for the BPaL OR data collection in Ukraine and other countries in Central Asia, also supported in the BPaL introduction by KNCV. KNCV supported Ukraine in Pretomanid needs calculation, order placement and facilitated with GDF the delivery of the drug in Ukraine for the first 70 patients.

The BPaL treatment is provided only at the National Institute of Phthisiology and Pulmonology, but TB patients are being screened for the BPaL treatment eligibility in nine oblasts. KNCV established the international BPaL expert committee to support the BPaL introduction following the OR protocol.

The COVID-19 pandemic resulted in a delay of the patient enrollment on the BPaL until November 2020. Ukraine is the first country to introduce BPaL under OR and already had enrolled twenty-one patients in 2020; Ukraine's BPaL patient management experience resulted in the OR protocol update. As the project's anticipated end is March 2021, OATH requested a no-cost extension of the project for another six months. The NTP, OATH, KNCV, and TB REACH are advocating to ensure funding for proper treatment monitoring, after treatment follow-up, data analysis, and disseminating the result of the pilot BPaL cohort of 135 patients in Ukraine.

Country: Ukraine

Donor: Stop TB Partnership, TB REACH Wave 7 grant

Project period: 21 November 2019 - 31 March 2021

26. TREATS

The project TREATS, which stands for Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for Active TB, is measuring whether the intervention ‘universal testing and treatment for TB and HIV’ offered in the PopART study, was also successful in reducing the prevalence and incidence of TB. TREATS is using the same 21 communities across Zambia and South Africa.

In the second year 41,302 households were visited of which 11,950 individuals were tested as part of the TB prevalence survey in Zambia, and 4,379 in South Africa. In addition 4,657 young adults were enrolled in the incidence study in Zambia and SA; these individuals will be followed for two years to assess the impact of PopART on the rate of new TB infections across focus communities. These results were reported during the first ever virtual Union World Conference.

Please click on https://treatsproject.org/treats-gallery to find videos on the activities of TREATS. KNCV leads the implementation of the TB Prevalence Survey and the implementation of new

innovations for the diagnostics within this survey and interventions. Global discussion arose after recent national TB prevalence survey showed discordant results for Xpert and culture resulting in challenges in interpretation and to define a TB case.

In 2019, the first communities in both countries a so-called intensive diagnostic phase (IDP) was conducted to gain key insight in the optimal diagnostic algorithm for the survey using a combination of different diagnostic tests. Furthermore, a point of care test was incorporated to learn whether this test could help to distinguish between those truly going through an infection or who might be tested TB positive due to TB infection in the past. The final IDP data analysis provided important insight to define the rest of the project and also for global level evidence. The results of the analysis will soon be published.

Due to the impact of the COVID pandemic a combined TB and COVID testing strategy was needed. TREATS team successful received additional funding through EDCTP, for the so called TREATS COVID study. The survey restarted in both countries with the combined testing (in Zambia only) and an adjusted algorithm minimizing the use of culture as learned from the IDP. Field work is now expected to be completed end of Q2 of 2021.

Countries: Zambia and South Africa

Donor: EDCTP

Project period: October 2018 – October 2021

27. TREATS COVID

The TREATS COVID project is linked to the TREATS (Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for Active TB) project and will harness support from within the existing TREATS study consortium. This project is a great example of integrating diagnostic services for TB and COVID-19.

In the project so far 3,840 household members were symptom screened for COVID-19. Out of these 436 reported having COVID-19 symptoms and 34 reported having a positive household contact. 470 people were referred to the clinical site: at the site 304 were tested for COVID-19. 10,5% out of the people tested were positive. The most recurrent symptoms reported were dry cough, loss of taste, fever and shortness of breath.

The role of KNCV is to provide technical support on laboratory and data management aspects and brings in new innovations. The project is funded by EDCTP. The main aim of the COVID addition is to measure the prevalence and spread of COVID-19 in Zambia. Adding this into TREATS provides the unique opportunity to examine the relationship between COVID-19, TB and HIV in terms of disease severity and clinical outcomes. The COVID screening and testing is nested within the ongoing TREATS prevalence survey and is conducted in the Bwacha – Ngungu community of Kabwe in Zambia, (see

https://treatsproject.org/treatscovid). In addition to the set up up of mobile field sites for the TB prevalence a clinical tent is set up to facilitate more in-depth clinical investigation for COVID related illness as well as additional laboratory testing.

Field operations started in August 2020, the pilot started after some delay due to the difficulty to obtain COVID-19 PCR tests for diagnosis. As there is a global shortage of COVID tests for routine testing it was a huge challenge to order tests for 'research' purposes. We successfully succeeded to import and validate the so called "VitaPCR" test which is now used for the diagnosis of COVID after which systematic testing started from Mid-November.

To complete the TREATS teams additional staff were trained to conduct door-to-door screening for COVID19 signs and symptoms in the full community. If someone in the house hold shows COVID-19 related symptoms the person is directly referred to the TREATS COVID clinical tent, were a COVID-19 test, a full blood count, malaria test and C-reactive protein test (CRP) is done. Next, an X-ray is taken and read using the CAD4-COVID software. Also venous blood is taken from a subset of a-symptomatic and all symptomatic participants to perform an antibody test. In parallel a study in collaboration with FIND is incorporated to validate rapid antigen testing also in combination of self-sampling. The results of the study will be extrapolated to the wider population of Zambia using mathematical modelling and there with providing more insight in the epidemiology of the virus in sub-Saharan Africa.

Countries: Zambia and South Africa

Donor: EDCTP

Project period: August 2020 – December 2021

28. Urban TB project Ethiopia

"Through our volunteers we can run a bush-fire movement in tracing missing people with TB and sustaining community TB care activities'' says Kitaw T/Mariam, an MDR-TB survivor and executive director of Organic Health Care, one of the local organizations that receives technical assistance from KNCV.

The Urban TB LON project is a one-year USAID funded project implemented by the prime partner REACH-Ethiopia with technical assistance from KNCV. The aim of the project is to find missing people with TB and ensure sustainability of urban TB programming through strengthening the capacity of local organizations in three urban settings, Addis Ababa, Dire Dawa and Harari, targeting a total population of 4,421,972.

The Urban TB LON project has been supporting community TB service delivery of health facilities and four CSOs working on TB. With technical assistance from KNCV, the project achieved the following:

- Developed a roadmap for finding missing people with TB based on findings from a baseline assessment and organizational capacity assessment conducted at the start of the project. Four CSOs have been identified and engaged in the project and organizational capacity development plans were prepared for the selected CSOs.
- Strengthened human resource capacity by training 495 health care workers on TB program management and comprehensive TB/HIV and TB refresher training.
- Oriented 435 CSO volunteers on how to conduct house-to-house TB screening in urban slum areas. The volunteers identified 470 presumptive TB cases of whom 125 confirmed TB cases were linked to treatment.
- Screened 1052 household contacts of bacteriologically confirmed PTB cases and detected 7 TB cases out of them. Of those screened, 350 under fifteen child contacts were identified and 296 (85%) of them put on preventive treatment.
- Screened 107 prison inmates in Harari region and identified 33 presumptive and 3 confirmed TB cases.
- The project has mapped complementary resources for maximizing efficiency in resource utilization and improving the quality of work. Availability of idle mobile vans donated by the Challenge TB project was identified and will be used for specimen transportation during mass screening campaigns.

COVID-19 was the greatest challenge during implementation of this project, as urban areas were the most severely affected part of the country.

Country: Ethiopia

Donor: USAID

Project period: March 2020 – September 30, 2021

29. WHO Digital Training Packages

Through quality training of health care staff, countries will be able to provide quality services for prevention, care and treatment of adults and children with TB. This is in line with the Sustainable Development Goals and End TB Strategy as well as the United Nations High Level Meeting Targets.

Within the WHO funded Digital Training Packages Project, KNCV, in collaboration with WHO, is developing training modules on diagnostics, drug resistant TB and TB preventive treatment for strategic resource persons and primary health care level staff.

KNCV's education specialists and technical consultants are working jointly on the development of the training modules. The training modules are based on the latest released WHO handbooks and guidelines as well as WHO endorsed materials from other partners. The modules provide programmatic and clinical updates on the respective topics.

The project started in September 2019 and during 2020 the development of online training modules as mentioned above commenced. These will be finalized by September 30, 2021. At the same time follow-on trainings will be developed during which the participants can apply the knowledge from the online training modules into day-to-day work situations. The e-learning modules will be available through the digital environment of OpenWHO.

Due to the COVID-19 pandemic it was decided that the initially planned face to face training (as follow on training to the e-learning modules) will be provided in a virtual environment. The added advantage is that health care workers from all over the world can attend not only the e-learning course but also the virtual follow-on courses.

The courses will be accredited internationally and/or nationally in selected countries. An initial inventory was made of the various accreditation bodies at international and national level. The accreditation process will be finalized this year.

The project will also develop prototypes for online training modules. In the future the release of new handbooks and guidelines can then be accompanied by up to date training materials which will make the introduction of new guidelines easier.

Donor: WHO

Project period: September 2019 – September 2021

Section Three: KNCV strategic monitoring and evaluation report

The KNCV 2020-2025 strategic M&E framework monitors progress towards KCNV goals and advances on the KNCV strategic roadmap.

In 2020 an on-line platform for quantitative data collection was designed. This was implemented across projects early 2021. Quantitative data on project specific and KNCV strategic indicators were collected, facilitating reporting of combined project results to indicate progress towards the top 10 End TB and UN HLM targets.

During 2021 the KNCV M&E data collection platform will be further developed to facilitate collection, analysis and use at all levels of project specific and KNCV strategic indicators. It will also assist in data visualization.

Despite the COVID-19 pandemic, KNCV progressed well on implementing the KNCV 2020-2025 strategic plan, progressing on the innovation pathways. Highlights for each of the innovation pathways are mentioned in the introduction by the Technical Director.

Progress towards reaching the global interim elimination goals by 2025 was achieved by generating evidence, contributing to strategic planning and policy development, the building of supportive systems and human resource capacity.

Table 2 below provides an overview of the progress KNCV made along the nine innovation pathways in 2020.

Table 2 – Progress along the nine KNCV innovation pathways.

Innovations per strategic pathway	**Conceptuali-zation**	**Develop-ment**	**Demon-stration**	**Scale-up**
1) **Improving and developing the evidence base** for TB elimination at national and sub-national levels.	*Expected landscape by 2025: countries will have the tools to make valid TB burden estimates, perform meaningful surveillance of TB (and HIV, DM, COVID and AMR as needed) , evidence and models will be available to design an optimized mix of interventions for TB elimination and capacity will be present in key countries for their use*.			
a. Improved TB burden estimation tools				
b. Innovative methods for TB prevalence surveys				
c. Innovation of drug resistance surveys				
d. Risk group selection tool for early management of TB infection				
e. Modeling of age specific risk for TB infection				

f. Epidemiological modeling TB				
g. Cost-effectiveness modeling				
h. Impact modeling on TB vaccines				
i. Impact modeling COVID/TB				
j. DM/TB risk scoring methodology				
k. AMR surveillance				
2) **Building system - readiness for the deployment of new or repurposed TB vaccines**	*Expected landscape by 2025: Evidence and tools to develop vaccine delivery strategies will be available for countries to prepare the deployment of new or repurposed vaccines*			
a. Multi-disciplinary assessments in support of development of TB vaccination strategies				
3) **Improving the early management of TB infection**	*Expected landscape by 2025: Tools and guidance are developed and implemented widely, such that safe and effective TB preventive treatment is provided to all people who may benefit according to their risk of developing TB, with service delivery models following a people-centered approach.*			
a. Optimizing models of care and service delivery systems.				
b. Digital tools to facilitate diagnosis and treatment of TB infection				
c. Development of testing and treatment algorithms integrated with ACF				
d. Introduction of effective and patient friendly treatment regimens and formulation				
e. Preventive treatment options for TB infection in people exposed to drug resistant TB.				
4) **Early diagnosis of all patients with active TB**	*Expected landscape by 2025: Evidence based methodologies and models of care will be available for diagnosis and treatment follow-up of people with TB and TB infection, as close as possible to the homes of the patients, with community ownership*			
a. Applying standardized methodologies to identify the gaps in diagnostic services and treatment coverage				

i. Patient Pathway Analysis (PPA)				
ii. Prevalence surveys				
iii. Inventory studies				
iv. Sub-national TB prevalence estimations				
b. Data driven design of strategies, models of care and service delivery systems for access to TB diagnosis and treatment				
i. HIV/TB				
ii. DM/TB				
iii. COVID-19/TB				
iv. AMR				
v. Mother and child care programs				
vi. DR-TB migrant populations				
5) **Reducing stigma of TB** and comorbidities	*Expected landscape by 2025: the application of evidence stigma reduction tools is mainstreamed in National Strategic Plans and major donor funded programs*			
a. Advocating for mainstreaming of stigma reduction in NSPs and grant applications				
b. Making tools available for stigma measurement				
c. Tools to raise awareness about stigma and stigma prevention & intervention packages				
d. Capacity building and evidence generation on the use of stigma reduction tools in key countries				
e. Collaborating on use of TB stigma reduction tools for application in other diseases like COVID.				
6) **Innovation and optimization of diagnostic technologies and strategies** for diagnosis and treatment for TB infection, TB, DR-TB in health facility and community settings	*Expected landscape by 2025: Evidence-based methodologies and algorithms will be available for diagnosis and treatment follow-up of people with TB, DR-TB and TB infection of all ages as close as possible to the homes of the people seeking care.*			
a. Innovative diagnostics for TB infection				
b. Innovative diagnostics for incipient disease				
c. Blood based diagnostics for TB disease				

d. Innovative diagnosis active TB disease				
e. Innovative diagnostics for treatment & post-treatment monitoring				
f. Leverage synergies on multi-disease platforms				
g. Diagnostics relevant for anti-microbial resistance (AMR)				
h. Innovative diagnostics for TB/HIV coinfection (FujiLam, stool on Xpert)				
i. Diagnostics for COVID-19				
j. Diagnostic network strengthening (all ages, gender sensitive)				
k. Use of artificial intelligence e.g. in chest X-ray reading				
l. Diagnosis close to home: POC diagnostics				
m. Optimized diagnostic algorithms				
n. Quality management systems for diagnostics.				
7) **Improving patient-centered treatment of active TB, including drug resistant TB**	*Expected landscape by 2025: BPaL and subsequent fully oral DR-TB regimens are implemented in key countries and up to date generic implementation tools packages for regimen change are available for all countries*			
a. Introduction of new drugs and novel, all oral and shorter treatment regimens				
Introduction of new drugs and novel, all oral and shorter treatment regimens for DR-TB				
b. Introduction of child friendly formulations,				
c. Patient-centered care, including HIV, DM, COVID				
AMR stewardship				
d. Implementation packages, tools and trainings on TB care innovations				
e. Blended packages of patients support				
8) **Development of electronic information systems and digital health solutions along the patient pathway**	*Expected landscape 2025: Evidence-based, people-centered digital health solutions are available & targeted to support TB Prevention, diagnosis, treatment and care, as well as TB program management and strategic planning.*			

a. Development & implementation of digital adherence technologies for patients and healthcare workers, decision makers with policy guidance				
b. Defining a framework for a surveillance and health information systems with potential linkages to national systems (such as DHIS2)				
c. Strengthening community-led health surveillance using mobile tools				
d. Strengthening diagnostic networks through ICT-enhanced sample transportation laboratory connectivity systems;				
e. Incorporation of digital adherence support tools in funding mechanisms and country policies				
f. Building data visualization pipelines and platforms facilitating data use				
9) **Strengthening of health systems and multisectoral solutions along the patient pathway**	*Expected landscape by 2025: The People-Centered Framework approach is well documented and mainstreamed in planning, budgeting and program optimization; the PCF is widely implemented for all aspects of TB programming beyond the first adopter countries;* *Service quality assurance and assessment tools are available and used for quality health insurance mechanisms in demonstration countries.* *WHO and KNCV have strong ongoing collaboration on the provision of quality blended learning packages on best practices for TB Elimination, used around the world.*			
a. Developing evidence for information driven, (sub-) national strategic planning, budget allocation (PCF)				
b. Developing tools for implementation of the PCF in				
i. Planning,				
ii. Monitoring, evaluation				
iii. Health service delivery network optimization				
c. Promoting a multi-sectorial accountability framework				
d. Promoting strategic national and decentralized health financing				

e. Promoting social and economic protection for all in need				
f. Development of essential service packages, linking service quality to health financing				
g. Development of WHO digital training packages				
h. Development of WHO digital learning platform for TB				
i. Strengthen capacity building of the global health workforce for a healthy workforce and safe working environment				

Monitoring progress towards UNHLM and End TB top 10 indicators and global targets

For the 11 countries where there are KNCV country offices or local affiliated entities, KNCV monitors the national progress towards the End TB 2025 targets, see table 1 below (same as table 1 on page 7).

KNCV contributed to these achievements by providing technical assistance for the development, demonstration and/or scale-up of innovations. Along the innovation pathway, KNCV supported evidence generation and use, strategic planning, policy development and the building of supportive systems and human resource capacity.

Table 1 presents the 2019 Global TB report (GTBR 2019) data with color coding for progress towards End TB 2025 targets: the darker the green, the closer the country is to achieving the UN HLM target. Indicator 6 is not routinely collected and was estimated from the available data.

Table 1: Performance towards EndTB/UNHLM key operational indicators in 12 countries where KNCV is involved through multiple projects.

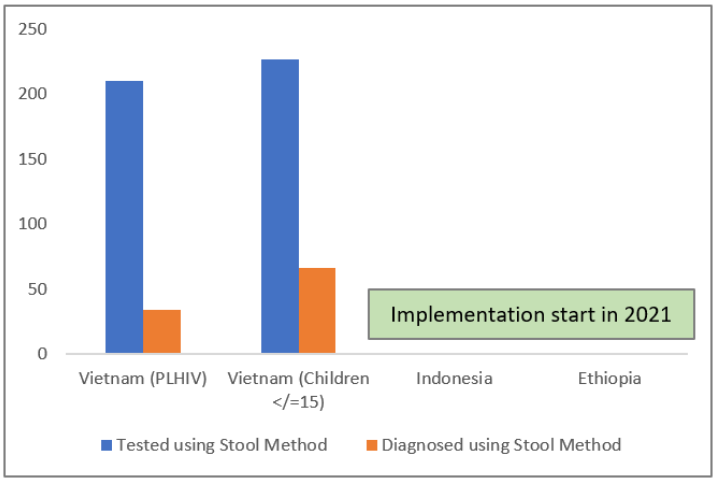
End TB/ UNHLM operational indicators	Ethiopia	Indonesia	Kazakhstan	Kyrgyzstan	Malawi	**Nigeria	**Philippines	Tajikistan	Tanzania	Uzbekistan	*Vietnam	Netherlands	UNHLM Targets
1) TB treatment coverage	71%	67%	98%	87%	62%	27%	68%	74%	59%	73%	60%	87%	**≥90%**
2) TB treatment success rate	96%	94%	91%	91%	88%	87%	92%	91%	92%	92%	93%	86%	**≥90%**
3)* Catastrophic costs due to TB						71%	35%		45%		63%		**0%**
4) Newly notified patients diagnosed with rapid tests		27%	92%	75%	22%	57%	37%	85%	23%	74%	32%		**≥90%**
5) LTBI treatment coverage - **PLHIV (newly enrolled)**		12%	40%	67%	26%	73%	54%	76%	6%	77%	44%		**≥90%**
- Children aged <5 years	33%	9%	18%	19%	61%	16%	3%	100%	6%	64%	20%	100%	**≥90%**
6) Contact investigation coverage	89%	3%	100%	100%	89%	88%		83%		100%		100%	**≥90%**
7) % of Bact confirmed TB cases tested for Rif res - **New cases**	36%	52%	98%	93%	44%	79%	57%	100%	79%	100%	75%	81%	**100%**
- Previously treated cases	85%	100%	92%	95%	40%	100%	89%	100%	92%	100%	100%	87%	**100%**
8) DR-TB treatment coverage	100%	48%	121%	89%	98%	83%	82%	73%	97%	108%	93%	100%	**≥90%**
9) TB patients with known HIV status	83%	51%	99%	95%	99%	97%	33%	98%	99%	100%	86%	63%	**100%**
10) Case fatality ratio (CFR)	15%	11%	3%	5%	26%	35%	5%	10%	23%	8%	6%	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*
****2015*
*****2018*

Specific innovations contributing to reaching UN HLM and End TB top 10 indicators and global targets

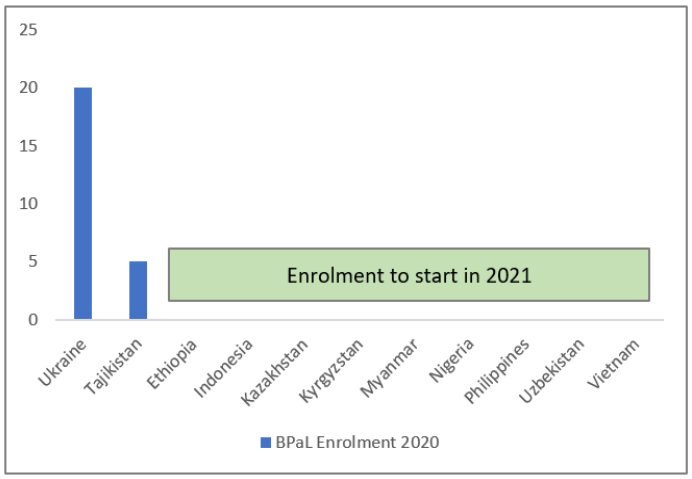
In addition, KNCV had a leading role in the development and/or introduction of a number of innovations:

Graphic 1: SOS stool Xpert test under programmatic conditions in Vietnam.

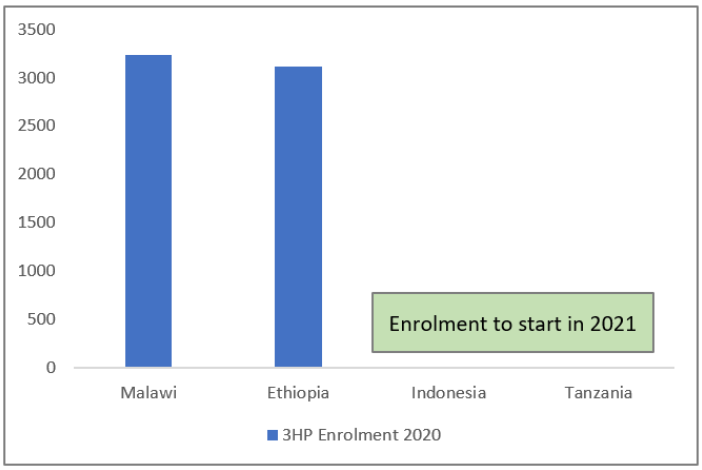


Vietnam was the first country which, with KNCV support, piloted the SOS stool Xpert test under programmatic conditions and started enrolling patients diagnosed by the SOS stool Xpert test as shown in graphic 1. Indonesia and Ethiopia are applying the SOS stool Xpert test in research settings.

Graphic 2: Introduction in ten countries of BPaL regimen with KNCV support.

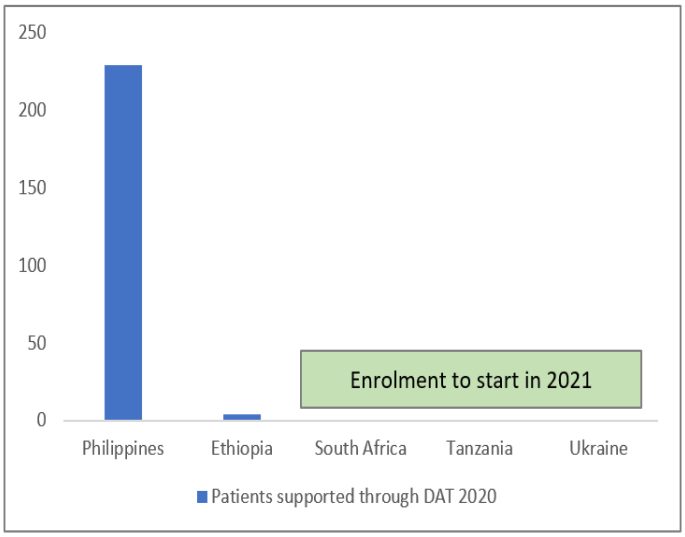


Overall ten countries started introduction of the life-saving new BPaL regimen with KNCV support, two of which started enrolment in 2020: Ukraine enrolled 20 patients and Tajikistan ten patients (graphic 2).



In four countries KNCV supported policy development and capacity building for the new 3HP regimen for the treatment of TB infection (TB preventive treatment). In Ethiopia and Malawi patients already started using the new regimen, see graphic 3.

Graphic 3: Policy development and capacity building in four countries supported by KNCV.



In five countries KNCV is introducing DAT in the framework of comprehensive support interventions for people on TB treatment (graphic 4); the first country providing routine DAT support to patients is the Philippines with 229 patients supported through DAT during their treatment in 2020. Ethiopia followed late 2020; in three other countries KCNV supported the development of the necessary infrastructure.

Graphic 4: Introduction of DAT in the framework of comprehensive support interventions for people on TB treatment in five countries.

KNCV strategic indicators

1. Peer reviewed publications

KNCV made important contributions to the science of TB during 2020: 50 scientific publications were (co-) developed by the organization covering a wide range of topics (link to publications list will be added in lay-out phase].

Figure 4 shows that scientific work was published on all strategic pathways, except for pathway 2

(building system readiness for TB vaccines) and pathway 8 (development of electronic information systems and digital health solutions). For these pathways study enrolment started in 2020; publications along these pathways are expected from 2021 onwards. The DAT work already resulted in published practical tools, reported later.

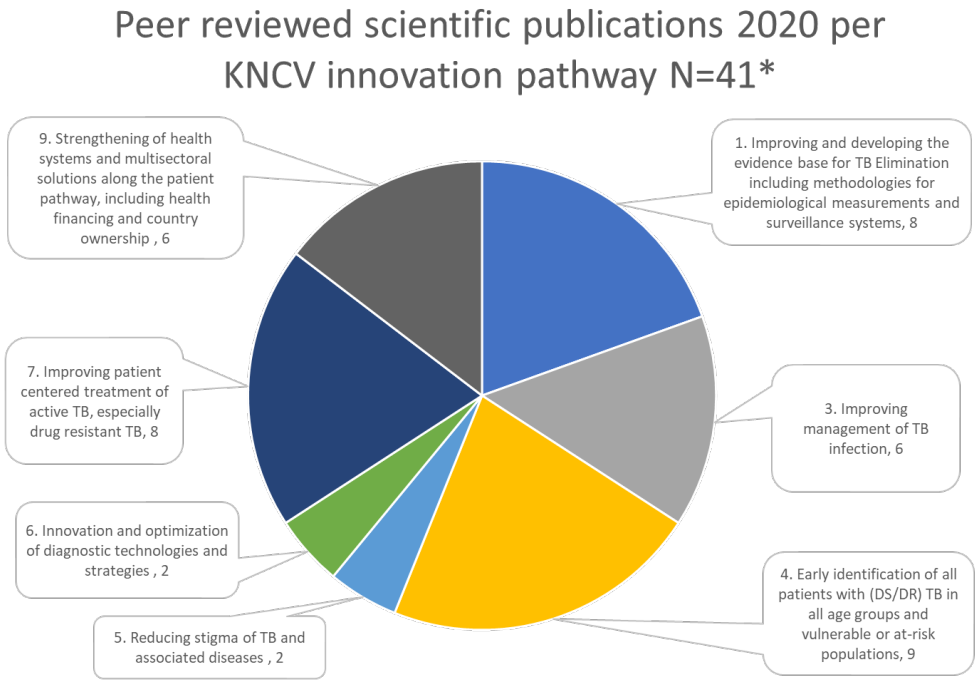


Figure 4: Scientific work published on all strategic pathways, except for pathway 2 (building system readiness for TB vaccines) and pathway 8 (development of electronic information systems and digital health solutions).

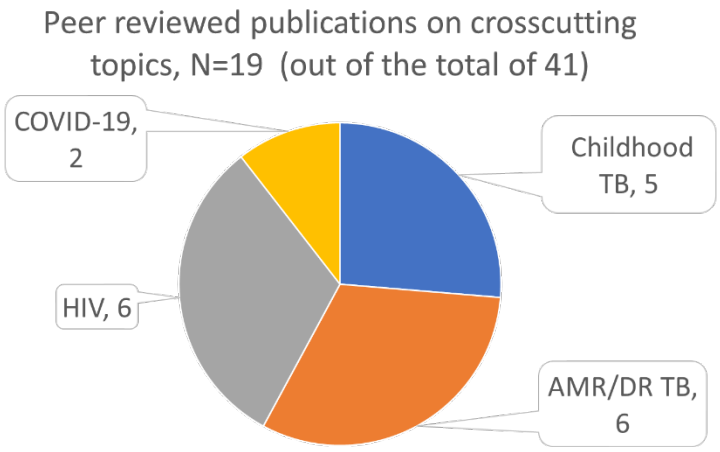
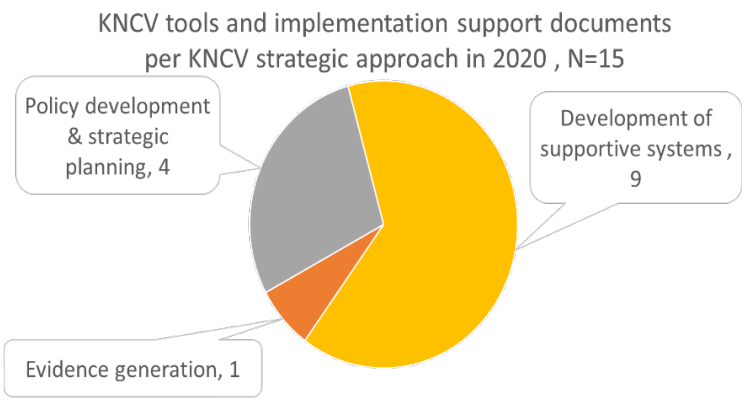


Figure 5 shows due attention was paid to the crosscutting KNCV priorities of Childhood TB, AMR, HIV and COVID-19, with 19 out of the 41 publications paying specific attention to these topics.

Figure 5: Peer reviewed publications on crosscutting topics.

2. Technical briefs, tools and generic implementation support materials

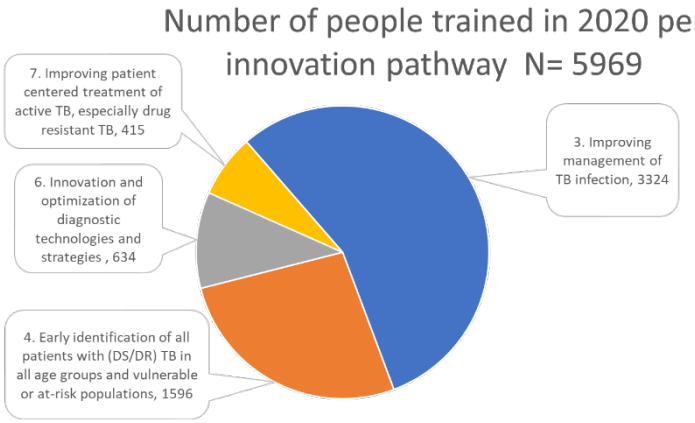


Apart from peer reviewed scientific publications, KNCV developed a number of tools and to support policy development and strategic planning (4), the development of supportive systems (9) and evidence generation (1) (graphic 6). These documents are available at the KNCV website [link will be added in the lay-out phase]

Figure 6: KNCV tools and implementation support documents per KNCV Strategic approach in 2020.

3. Training of the health workforce

KNCV developed and delivered training packages using both cascade and direct training models to facilitate the rapid dissemination of knowledge, adapted to local contexts.



Training was provided to **nearly 6,000** staff and healthcare workers in areas related but not limited to diagnostics, new drugs, TB preventative therapy and child focused TB case finding. Capacity building of NTPs, local organizations, and health care workers prepared these partners to identify gaps, develop work plans, and implement and monitor interventions (figure 7)

Figure 7: Number of people trained in 2020 per innovation pathway.

Further dissemination of knowledge was achieved through KNCV webinars attended by large numbers of stakeholders across countries particularly in relation to COVID-19 and the People-Centered Framework for NSP development.

Table 3 shows the number of people trained per project. Starting from 2021 sex disaggregation will be consistently presented from all project.

Table 3: Number of people trained per project.

Project	Females	Males	Total
ASTTIE	52	15	67
Endowment Funds SMT Nigeria 2020	5	16	21
TB Reach Nigeria – NOMADS	159	344	503
TB REACH Wave 7 Tajikistan	41	55	96
Support of TB control in the Netherlands	122	2	126
ASCENT	194	62	256
TB-DM - Endowment Funds SMT 2020 (Ethiopia)	87	80	167
PODTEC	55	86	141
USAID LON Ethiopia	648	236	884
TB Reach Wave 7	318	108	426
IMPAACT4TB			3282
Total	1681	1004	5969

4. Community empowerment

Engaging community members remains a key feature of KNCV work (table 4). Leveraging community and patient perspectives ensures that interventions and the process of implementation fit the local context. In addition community and patients are important to advocate for accountability to ensure people-centeredness and sustainability.

In Ethiopia, **416 TB survivors** (volunteers) were engaged in awareness creation and identification and referral for diagnosis of patients presumed to have TB. Furthermore **278 women** were engaged and trained in identifying children under 5 years in contact with pulmonary TB patients

Table 4: Engaging community members per project.

Project	Male	Female	Total
Guideline development for nursing care		1	1
ASCENT	23	27	50
USAID LON Ethiopia	203	213	416

TB Reach Wave 7		278	278
Total	226	519	745

5. KNCV Geographical reach

In 2020, KNCV operated in **29 major projects in 12 countries** across Africa, Central Asia, East Asia and Europe. The map [map with KNCV supported countries with the type of project indicated per country will be added in the lay-out phase] shows the countries concerned and an indication of the type of projects per country (1 epidemiology, 2 vaccines, 3 prevention, 4 access and finding the missing people with TB, 5 stigma, 6 diagnostics, 7 treatment, 8 information systems and digital health, 9 HSS and strategic planning). KNCV has additional, smaller assignments involving several other countries. This includes interventions to minimize the impact of COVID-19 on TB.

In all countries KNCV worked with the national level NTP and its partners. In 11 of these countries KNCV also engaged with in total 1192 subnational level health facilities and implementing sites.

6. The number of collaborating partners and implementing sites

KNCV collaborated with **over 100** local and global partners throughout 2020, supporting implementation of projects in over **1,000 health facilities** . Linkages with other projects in TB and HIV/ AIDS, NTPs, and other partners expanded the impact of KNCV work. Coordination, collaboration, and complementarity with TB stakeholders at all levels drives the success of projects and improvements in global and national performance in TB

7. Media expressions on KNCV-led activities

Highlighting the work of KNCV activities at both project and global level via media channels became even more significant in the absence of traditional face to face communication and networking events. KNCV led activities were mentioned 250 times in the media during 2020.

Supplementary information Section B provides the overview of scientific articles published in 2020 with KNCV (co-) authors.

Section Four: the Organization in 2020

A. Technical division

During 2020, the Technical Division to a large extent switched to remote technical assistance and trainings in order to ensure project implementation and continuation of work under the COVID-19 travel restrictions. Strategy implementation was a key focus area in the year under review.

Reinforcing KNCV strategy implementation processes

During 2020 the Technical Division (TD) consolidated its collaboration in task forces on thematic innovation areas, as a means to operationalize the strategic plan 2020-2025 as guided by the KNCV Theory of Change. The task forces define and evolve interlinked development pathways, which jointly form the 'KNCV strategic roadmap'. Both within and between the task forces there is a rich exchange of ideas and experience. The task forces closely collaborate with the resource mobilization and communication team.

To enable progress monitoring along the 'strategic roadmap' KNCV in 2020 developed and adopted an organizational Monitoring & Evaluation (M&E) framework. A customizable data collection tool for organizational and project M&E indicators was introduced.

In support of scientific work, an area of increased focus in the Strategic Plan 2020 – 2025, KNCV developed an internal regulatory framework and established the KNCV ethical review board towards the end of 2020. During the year we also developed a standard operating procedure on scientific publications and updated its data management policy.
Responding to the emergence of COVID-19 and its effect on the TB epidemic and service delivery, an addendum on COVID-19 was developed as part of the 2020-2025 strategic plan.

KNCV knowledge management for internal and external knowledge exchange on TB epidemic and TB control practice

The structure for knowledge sharing within the KNCV network includes direct participation of technical staff from KCNV branch and affiliated offices in task forces and quarterly technical division meetings and network-wide seminars. This year seminars were held on the People-Centered Framework, the use of RedCap, 3HP for TPT and the BPaL regimen. With the unfolding COVID-19 epidemic KNCV also stepped up in organizing knowledge sharing webinars for external partners and our KNCV network. Topics included 'Contact Investigation', 'TB Infection Control', 'Patient and Health Worker experiences and the Perspectives of TB/MDR-TB patients and Frontline Healthcare workers'. KNCV contributed to a webinar on Stigma, organized by the Union Against TB and Lung Diseases.

In 2021 KNCV will further strengthen accessibility of information, publications, tools, trainings etc. to NTPs, interested healthcare workers, partners as well as KNCV network organizations.

During 2020, in collaboration with NTPs and other partners, KNCV realized 50 scientific publications. KNCV also stepped up its knowledge exchange through webinars, attended by TB partners from across the globe.

KNCV Technical leadership

Global and regional policy engagement: KNCV joined strategic meetings with WHO, the Stop TB Partnership, the GF and its TB "Situation Room". KNCV experts continued participation in global and regional forums like the Global Laboratory Initiative (GLI), GDI (Global Drug resistant TB Initiative), Regional Green Light Committee of the WHO South East Asia and Euro Regions, a listing is provided in supplementary information A.

In the area of COVID19 and the TB response, KNCV contributed substantively to the development of a Stop TB Partnership guidance document on accelerating the TB response under the COVID-19 pandemic.

To expand KNCVs work in modeling, KNCV continued its participation in TB MAC (Modeling and Analysis Consortium) and developed a strategic partnership with Avenir Health and the London School of Hygiene and Tropical Medicine on projects related to the TIME model. The TIME model is a mathematical model, able to predict the impact of certain interventions, which can then be used for strategic planning purposes.

In the area of digital health technologies, KNCV in 2020 enabled the establishment of the Global Task Force on Digital Adherence Technologies, hosted by the Stop TB partnership and KNCV hosting the secretariat. Both with UNITAID ASCENT project funding.

Development of KNCV technical role in The Netherlands

As an important development for the coming years, an agreement was reached with the RIVM and GGD/GHOR Nederland on the transition of several tasks in Dutch TB control, currently implemented by KNCV to RIVM over the period 2020-2022:

- Development and dissemination of patients information, education, communication materials
- Monitoring and evaluation of TB screening in The Netherlands
- Administrative support to functioning of the CPT and guideline development.

Going forward KNCV will retain tasks in quality audits, screening evaluation and continue to provide technical advice and participation in TB control, Also, KNCV will continue to provide assistance to case management and patient support, to capacity building for professionals in TB control, technical advice to GGD GHOR and professional associations as well as will continue to inform the public about TB.

B. Finance and Operations

The year in review

Following the merger of the Finance and Operations Division in the final quarter of 2019, the team has fully adjusted to the new structure during 2020. Financial, operational and project management expertise and processes are fully aligned and bundled in one team with joint priority setting and coordination. An updated Modus Operandi further underpins inter-divisional processes and coordination.

In the first quarter of 2020, the close out of the Challenge TB Project as well as the close out of the Building Models for the Future project took place. The financial and audit reports were successfully submitted by the end of June. Some administrative procedures are still ongoing on the side of USAID to fully close the dossier and this will require monitoring by KNCV.
Starting mid-March, our processes were adapted to working remotely from home. Our financial and project management systems have proven to be robust and the IT systems supported this way of working without any major hick-ups.

The division is focused on ensuring efficient and effective project management in spite of COVID19 limitations. Our processes ensured accountability and continued to drive project results, as well as assuring compliance with relevant internal and external rules and regulations and execution within agreed time lines and budgets. Planning on project level as well as organizational level has been more challenging than ever in this uncertain context. This required frequent adjustments in planning, and good communication with donors. Through adjustments to our planning and ways of working we minimized the negative impact of Covid19 on project results as well as KNCV financial results.

Evolving the F&O team

The team has gained significantly more experience in managing different rules and regulations of multiple donors. Project audits dealing with different donor regulations like for example USAID, EDCTP, Unitaid, TB Reach have all been successfully completed during the year.

As the organization shifted from country-focused to project-focused we organized country coordination differently: project overarching management of the country offices has been shifted to the Head of Human resources/Country office coordinator, with Grant managers from the F&O division supporting this. Oversight on and management of in-country projects and the country offices is normally supported by regular visits of HQ staff to the country offices. This has not been possible since March 2020. Internal auditing of the country offices by our HQ staff currently takes place remotely.

F&O staff contribute to all different stages of the project cycle, from proposal development, project set up, management of ongoing projects to responsible close out and closing down of projects.

During 2020, proposal development budgeting formats have been evolved. In collaboration with Resource mobilization F&O developed an updated format for KNCV proposal overview. This facilitates close monitoring of our funding outlook at project as well as organizational level.

C. Resource Mobilization: Broadening our funding base

In the past years we have observed and contributed to significant policy and funding changes in the TB landscape. In 2020 changes in the TB funding outlook became more apparent with funding mechanisms (e.g. USAID LON, TB Reach) focusing exclusively on local organizations. The KNCV network was successful in securing USAID funding in countries where we have a strong presence on the ground (Nigeria, Ethiopia, Indonesia). We are also proud partners of MSH in the USAID Eliminate TB in Ethiopia (ETBE) project, which was developed and awarded in the course of 2020.

At the same time, COVID-19 had an impact on the funding landscape, with donors (e.g. EDCTP, Global Fund and others) quick to react and offer mitigating funding to manage setbacks in ongoing TB programs.

Our long term strategic partnership with TB Alliance evolved to the next level as we became partners in the KOICA funded LIFT-TB project. Due to the COVID-19 pandemic the complex project development was moved largely online, but nevertheless the fruitful collaboration of TB Alliance, ITRC and KNCV was selected by KOICA for funding by mid-2020. KNCV is an implementing partner in the project.

In 2020 KNCV also continued the intensified coordination between advocacy, communications, resource mobilization and technical areas. Due to COVID-19 many meetings, seminars and conference moved online, which made an online presence and profile all the more important. Both in the Netherlands and internationally we continue to build on increased visibility and recognition of KNCV's brand and expertise.

[text box dream fund]

It is a privilege for KNCV to be awarded the Dream Fund of the National Postcode Lottery for our proposal "Never again a pandemic". In this project KNCV seeks to develop and demonstrate the use of one test that diagnoses all infectious diseases and their resistances at once (the so-called MinION). KNCV sees an unprecedented opportunity in the fight against TB and multi-drug resistant TB (MDR-TB). And going beyond TB, KNCV aims to show how this way of testing can prevent the spread of all infectious diseases and the feared resistance to antibiotics worldwide.

If COVID-19 has taught us one thing, it is the importance of early diagnosis and rapid, good information exchange to prevent the worldwide spread of an infectious disease - and a pandemic. It is our dream that everyone gets access to this revolutionary, innovative technology: one fast test method for all infectious diseases.

The project was developed in consultation with partners and country offices in Kyrgyzstan, Vietnam and Tanzania and will start from April 2021 onwards.
Dorine Manson, managing director of the National Postcode Lottery: “With the arrival of this test, we’re making early diagnostics accessible; the lives of millions of people will be improved. We know that diagnosing diseases earlier and with better accuracy can allow for earlier and more effective treatment, thereby improving standards for health, worldwide. We’re very proud of this effort and thanks to those who support the Postcode Lottery, we’re making this groundbreaking innovation possible.”

D. Communications & Fundraising highlights

Strategic communication, advocacy and awareness raising are key tools for TB control at all levels. We actively promote and disseminate evidence for effective TB interventions through our different media channels. Most events in 2020 moved online and even the annual Union conference was held entirely in an online environment. KNCV actively engaged via different means ranging from presentations and webinars to a virtual booth and social media posts.

Communication is equally a means for promoting KNCV products, projects and successes. Collecting more patient stories or reports from the field fosters awareness for the importance of our work and aims to increase funding so we can support more people worldwide.

Our nearly 15,000 Dutch private donors play a key role and we inform them about our work through loyalty mailings and newsletters. They contribute monthly to the fundraising income and through loyalty mailings. We highly value both dedicated and consistent support bases within private fundraising. Our dedicated support base mainly consist of people over 60 as they have experience with TB in their lifetime. Unfortunately, the aggregate number of donors is decreasing. New donors are recruited through the use of the ‘Dwalen in Verhalen’ campaign, in which former patients share moving stories that are recognizable for the 60+ target group. This campaign and the ‘Dwalen in Verhalen’ platform are also used to deploy a structural advertising campaign during the year to attract legacies. The current donors and the "look-a-likes" of this target group are a vital source to stimulate legacies. Income from legacies is an important and growing source of income. In 2020 the income from legacies increased significantly compared to the previous year.

Impact of the Lotteries

Our relationship with the Nationale Postcode Loterij, VriendenLoterij and Nederlandse Loterij is important to us. We applaud their dedication to charities in the Netherlands and their relentless effort in communicating to large part of the Dutch general public about our combined impact, here and abroad. KNCV is grateful to the participants of the lotteries for their contribution and their support.

The launch of our new website

In the last quarter of 2020 we launched our new KNCV website! The KNCV website is an important channel for all stakeholders to be informed about our mission, vision and results. It is also our outlet for technical tools and publications. In 2020 we did a make-over of our site and aligned the Dutch website to our international site. We are pleased to notice that the number of visitors to the KNCV site is rising as a result of our (social) media campaigns and news stories.

E. Policy and Advocacy: Engaging for TB

COVID-19 elevated political interest in public health, as the vulnerability of health and economic well-being to infectious disease became exposed with unprecedented force. KNCV stepped up advocacy in this context by building on alliances forged with academia and NGOs around the Clingendael Global Health Initiative (CGHI) in earlier years. In coalition with CGHI partners KNCV contributed to a well-attended webinar series in Q2 and Q3. Concurrently, we forged a new alliance of NGOs, the Dutch Global Health Alliance (DGHA), joining forces around an emerging advocacy agenda on international global health.

During 2020 KNCV continued TB and HIV advocacy jointly with Aidsfonds, for the final year of a three-year project implementation period. For our 2020 focus on renewal of Dutch funding to Product Development Partnerships (PDPs) we leveraged the advocacy momentum created through DGHA.

Specific achievements in the course of 2020 included the passing of 2 motions in Parliament. Both were introduced by TB Ambassador Anne Kuik during the budget debate in November. One highlighted the effectiveness of Dutch investments in PDPs and the importance of continuation funding. A second motion called for the Netherlands Government to define a Global Health strategy. Both motions were embraced by a comfortable majority across the aisles. This sets the stage for advocacy in coalition with the DGHA in 2021, both in the run-up to the March ’21 elections and the new government formation.

TB ambassador Anne Kuik also stepped up her international engagement by accepting a role as co-Chair of the European Region of the Global TB Caucus. In the Netherlands, an interview featured in a special of the *Financieel Dagblad* in December. In this interview Anne Kuik made a strong call for Netherlands engagement in innovation for Global Health. She pointed to the heightened momentum in mission-driven innovation demonstrated in the development of COVID19 vaccines as an opportunity to accelerate innovation for TB.

In Global Fund advocacy during 2020, KNCV continued its role in convening the Dutch GF Community of Practice (GF CoP). The GF CoP actively contributed perspectives to the Point Seven as well as civil society delegations as input to the GF strategy process. May 2020, KNCV staff concluded two terms in co- and chairing the GF Audit and Finance Committee (AFC). Under oversight of AFC the Global Fund

made available USD 500 million for the COVID-19 Response Mechanism early April ’20, funding early country responses to COVID-19.

F. IT & Facilities

IT

For IT a major project in 2020 was the office move in The Hague and ensuring that the IT infrastructure in the new office was up and running smoothly. This has been succesfully completed. At the same time, due to Covid19 the organization KNCV moved to working from home mostly. This initially led to an increase of small IT related incidents. The relatively minor nature of IT challenges that came up have shown that overall the infrastructure is fairly robust.

Due to staff changes and the adjustments to working from home the SharePoint migration project was delayed, and started up only in the last quarter of 2020. A project team of representatives of all units and divisions was formed. The project team is committed to completing the SharePoint migration in the first months of 2021.
In order to balance an optimal IT environment for KNCV, with proper security and cost efficiency, the file server migration project needs to be seen as a first step evolving a more standardized way of operating -1KNCV- with our IT supplier in The Hague.
All licences of KNCV have been reviewed this year and were rationalized in line with current needs within the organization.
Related to the country offices, one serious IT incident is noted. A case of bitcoin hack took place on the Exact Globe server in Nigeria. Proper back-ups were in place and could be reinstalled succesfully.

Facilities

In May 2020 KNCV moved to a new office. Although most KNCV’s staff currently works from home, the new office has become a friendly and inspiring work place.

G. HRM

In 2020 HRM’s agenda changed completely due to the impact of the COVID-19 pandemic. HRM has focused on supporting staff working from home and has developed several policies and an employee survey to monitor the welfare of her staff. The new office has been turned into a ‘COVID-safe’ office.

Together with the Grant Managers and the Security Officer regular meetings are held with all country offices to monitor the impact of the COVID-19 pandemic in the countries.

A travel resumption plan has been developed to meet the guidelines of good employer ship. There has been a significant improvement in the use of the automated performance appraisal system by both supervisors and staff and 180 degrees feedback has been included in the system.

H. Social Report

HRM: Social report 2020 [will be presented as a figure in the lay-out phase]

- Staffing per country: Nigeria 19 , Ethiopia 33 , Malawi 10, Tanzania 12 , Kyrgyzstan 1 , Tajikistan 2, Kazakhstan 2, Vietnam 2, Philippines 5 , Central Office The Hague 57;
- Male and female ratio in the countries: male 51 , female 35
- Inflow/outflow The Hague office: new staff: 6, leaving staff: 19
- No volunteers were contracted at The Hague office in 2020
- Sick leave at The Hague office was 2,2 percent in 2020 versus 2,9 percent in 2019.

Figure 8: Staffing per country.

HRMReport total 2020 -KNCV country offices

	Inflow staff	Outflow staff	Male headcount	Female headcount	Total headcount as per end of year	Number of employees who have reported sick	Total numer of sick leave days	Open vacancies
Central Office The Hague	6	19	17	40	57	33	928	10
Nigeria	10	10	10	9	19	1	7	5
Ethiopa	25	7	25	8	33	0	0	35
Malawi	3	1	5	5	10	0	0	15
Tajikistan	0	0	0	2	2	3	12	5
Tanzania	1	6	8	4	12	2	2	16
Philipnes	0	1	2	3	5	3	4	1
Kyrgyzstan	0	0	1	0	1	0	0	0
Kazakhstan	0	0	0	2	2	1	9	0
Uzbekistan	0	1	0	0	0	0	0	0
Vietnam	0	0	0	2	2	0	0	0
TOTAL	45	45	68	75	143	43	962	87

Enhancing integrity across the organization

Codes of Conduct

KNCV has a number of codes of conduct which guide the ethical behavior of staff and protect their employment with the organization. These are:

- General Code of Conduct;
- Code of Conduct for the use of e-mail, social media, internet and telephone facilities;
- Policy and protocol for undesirable behavior at work;
- Policy on fraud, money laundering and trafficking in persons (2018);
- Whistle-blower policy.

In 2020 the Board of Trustees received a reported suspected misconduct via the whistleblowers policy. An investigation committee was appointed to investigate the suspected misconduct. To strengthen the organization the report included lessons learnt which has been shared with the relevant stakeholders and an improvement plan, this will be further enrolled in 2021.

To enhance a safe workplace, and to comply with laws and regulations HRM will start with the **implementation of an Integrity System** of which the foundation was laid down in 2020. This system will be put in place to prevent unacceptable behavior as much as possible and if it does occur to handle it with due care and accountability where appropriate. Additionally, HRM will **take action to make Diversity, Equity and Inclusion (DEI) more prominent in the workplace** to further enhance and nurture a positive social work environment. HRM will organize an orientation plenary for all staff on Integrity and DEI twice in 2021.

I. Works Council (OR): Annual Report 2020

OR: the year in review

2020, the year after the reorganization was again a busy, interesting and important year for the Works Council. 2020 brought many challenges for the organization and individuals, which required flexibility, acceptance and perseverance. As a Works Council, we have done our best to support the organization in adjusting the way we work to the external challenges faced. Not travelling to our project countries, and working from home required reshaping the way we implement our projects and how we work efficiently together.

The Works Council has provided advice to the organization in the recruitment processes of the (interim) Executive Director and fully supported the decision of the Board of Trustees for the appointment of Dr. Mustapha Gidado as the new Executive Director of KNCV.

By November 2020, we provided approval to the organizational plans to adjust the organizational structure and the staffing plan. No easy decisions to be made here, but we are confident that the management is taking the necessary steps in order to be fit for the future.

Travelling safely in and to our project countries is fundamentally important for the work we do. Together with HR we worked closely on the revision of KNCV's travel policy which was finalized Q4 2020, resulting in a nicely updated travel policy.

OR members

Harmen Bijster left the Works Council and we held elections in September. We are excited that Kelly Schut joined, as a grant manager in the F&O department of KNCV, she adds a complementary view in addition to the other Works Council members from the Technical division.

In addition, we recruited a new part-time secretary, Johan Lantinga, who is supporting a variety of Works Councils in multiple profit and non-profit organizations in the Netherlands. Johan has done a great job in supporting the administrative activities as well as providing proactive advice on a variety of Works Council topics.

The Works Council and the Executive Director held 5 official meetings (the so-called OV meetings) of which one was joined by a representative of the Board of Trustees.

At the end of December 2020, the Works Council members were:

Member	**Appointed**	**Expiring**
Job van Rest (Chair)	2016 *(3nd term)*	2022
Edine Tiemersma (Vice Chair)	2014 *(3nd term)*	2021
Rachel Powers	2019 *(1st term)*	2023
Andrii Slyzkyi	2019 *(1st term)*	2023
Kelly Schut	2020 *(1st term)*	2024

Looking ahead

The members of the Work Council are looking forward in continuing our support to KNCV in 2021, keeping both the individual perspective as well as organization perspective in mind.

Section 5 - KNCV Governance Report

KNCV Association of Members

The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' (KNCV or KNCV Tuberculosis Foundation) is an association of members according to Dutch law. Members are associations and foundations which have TB control as their mission or area of work. The following professional associations end endowment funds comprise the KNCV Association of Members:

- 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
- Mr. Willem Bakhuys Roozeboomstichting
- 's-Gravenhaagse Stichting tot Steun aan de bestrijding van Tuberculose
- Stichting Suppletiefonds Sonnevanck

KNCV has two honorary members: Dr. H.B. van Wijk and Dr. Wim Waal. Honorary members are individuals who made a significant contribution to TB control and/or to KNCV as an organization.

KNCV supervisory governance

KNCV has a two-tiered supervisory governance structure consisting of the KNCV Association of Members and a Board of Trustees with a delegated supervisory mandate.

The General Assembly

The Association of Members is convened at least once annually, for the **General Assembly**. This is the ultimate supervisory body with high level oversight on progress and direction towards achieving the KNCV mission. The General Assembly's mandate includes approval of annual accounts, appointments of the Board of Trustees, appointment of the Auditor and changes to the Articles of Association.

In 2020, the General Assembly, took place on 6 May. The General Assembly approved the 2019 Annual Report and Financial Accounts, granted discharge to the Board of Trustees for the supervision performed in 2019 and to the former Executive Director, Kitty van Weezenbeek for the management in 2019. The General Assembly appointed Wieneke Meijer for a second term as member of the Board of Trustees, until May 2024. Management presented and discussed with KNCV Members the directions set out in the Strategic Plan 2020 – 2025, highlighting KNCV's role along the innovation pathway for global TB control. The discussion also assessed the implications of COVID19 on the organization and on TB control, and addressed potential to contribute to the COVID19 response.

The Board of Trustees

The Board of Trustees has a supervisory and advisory role. The Board of Trustees approves the five-year strategic plans, annual workplan and budget and has oversight on implementation of these plans as well organizational management and performance. The Board of Trustees appoints the Executive Director. The Board of Trustees rules and regulations are set in conformance with Dutch legal provisions and the Code of Good Governance for charity organizations. The Board of Trustees is composed of five to seven members, jointly representing a set of competencies. The desired competencies and adequacy of representation of these competencies within the Board of Trustees is reviewed periodically as part of the annually conducted self-assessment.

Board of Trustees members are appointed by the General Assembly for a term of four years upon nomination by the Board of Trustees. Members are eligible for a second term (and in exceptional circumstances a third term). The Board of Trustees appoints a Chair and Vice-chair from its members. Members of the Board of Trustees do not receive any remuneration. Out-of-pocket expenses to attend meetings are reimbursed in addition to a fixed compensation of € 100 for each Board of Trustees meeting attended. The Board of Trustees meets four times a year and chairs the General Assembly. Once a year a strategic retreat is organized together with the senior management of KNCV.

Three permanent sub-committees have been established with the following preparatory tasks:

- An Agenda Committee to prepare the board agenda, in consultation with the Executive Director;
- An Audit Committee to assess, in preparation for decision-making in the Board of Trustees, the annual plan and budget as well as annual financial report, including the findings of the independent auditor; the audit committee reviews the annual risk management report and modifications to financial policies.
- A Remuneration and Assessment committee to assess the performance of the Executive Director. Outcomes are shared with the Board of Trustees.

Temporary committees may be established on ad hoc and time-limited basis. During 2020 an Executive Director Nominations Committee led the search and selection which led to the appointment of Mustapha Gidado by the full Board of Trustees per 1 August 2021.

Supervisory governance during 2020 - a brief overview

In 2020, regular Board of Trustees meetings were convened on 18 February, 21 April, 22 September and 1 December. Three additional meetings were convened on 3 March, 4 June and 22 July in respect of the recruitment and selection of the (interim) ED. The annual BoT retreat with senior KNCV management took place on 7 July and the annual self-assessment for 2019 was conducted in an Executive Session of the Board of Trustees meeting on 18 February, 2020 and on February 8, 2021 for 2020.

On November 12 2020, the Chair of the Board of Trustees attended a meeting between Works Council and Executive Director.

During 2020 an Executive Director Nominations Committee led the search and selection which led to the appointment of Mustapha Gidado by the full Board of Trustees per 1 August 2020.

The letter from the Board of Trustees Chair and Vice-chair (page 90 and following) provides an account of supervisory governance over the year 2020.

Composition of the Board of Trustees

The annual self-assessment confirmed that all requisite competencies are available within the current composition of the Board of Trustees. An overview of competencies and appointment terms is provided below.

Table 5: Composition and competency profiles Board of Trustees:

	Mirella Visser	Ton van Dijk	Maria van der Sluijs-Plantz	Jan Hendrik Richardus	Wieneke Meijer	Rolph van der Hoeven	Johan van 't Hag
Initial Appointment	2015	2013	2015	2015	2016	2017	2017
App't 2nd term	2019	2017	2018	2018	2020	*eligible*	*eligible*
Term expires	2023	2021	2021	2021	2024	2021	2021
Medical and Public Health (incl TB control)		X			X		
Academic TB research				X			
IT and innovation	X	X			X		
Funding, accountability and control			X			X	X
International Development Cooperation						X	
Strategy, Organization and Management	X		X				X
Fundraising (public and institutional						X	X
Fundraising (corporate and private)	X					X	X

The members of the Board of Trustees annually sign a statement regarding the avoidance of conflicts of interest.

Table 6 mentions relevant other positions held by the members of the Board of Trustees.

Table 6: Members of the KNCV Board of Trustees.

Member	Positions
Mirella Visser	Founder and Managing Director Centre for Inclusive Leadership. Vice Chair Supervisory Board MPD (Media Pensioen Diensten). Chair Board of Directors PSI-Europe. Strategic advisor Dutch Women's Council (NVR). Former member European Integration Committee Advisory Council on International Affairs (Dutch Ministry of Foreign Affairs).
Ton van Dijk	Recently retired as Regional Director of Public Health and Regional Director of Medical Disaster Management of the city and region of The Hague (Haaglanden).
Maria van der Sluijs-Plantz	Member State council for Saint Maarten for the Council of State of the Netherlands; Non-executive Director Orange Holding B.V.; Industry Specialist M&A of JZ International.
Jan Hendrik Richardus	Professor Infectious Diseases and Public Health at the Department of Public Health of Erasmus MC, University Medical Center Rotterdam. He is a member of many scientific advisory committees in the Netherlands and overseas, including membership of the Technical Advisory Group for Leprosy of the World Health Organization. He is primary investigator of several national and international research projects, and serves on numerous technical and academic steering groups.
Wieneke Meijer	Medical doctor, Consultant Physician in TB-control of the Municipal Public Health Service (GGD) in Amsterdam. Chair Committee for Practical TB Control Netherlands (CPT).
Rolph van der Hoeven	Professor Emeritus Institute of Social Studies (ISS, Erasmus University); Member of the Committee Development Cooperation (COS) of the Advisory Council for International Affairs (AIV) of the Dutch Ministry of Foreign Affairs; Member of the United Nations Economic and Social Council's (ECOSOC) Committee for Development Policy. Earlier functions include Chief Economist at the United Nations Children Fund (UNICEF) and Director for Policy Coherence at the International Labour Organisation (ILO).
Johan van 't Hag	Finance professional, currently ExCo member responsible for Strategy and M&A at Dümmen Orange. Until 2019 served as CFO at several participations of private equity fund in health care. He was previously employed at Unilever in various senior financial and international management positions in Rotterdam, Stockholm and Hamburg.

Executive Board / Executive Director

KNCV is led by an Executive Director who holds statutory powers (table 7).

Table 7: Executive director KNCV Tuberculosis Foundation.

Executive Director	Appointed
Mustapha Gidado *PhD, MD, MPH, MSc, & PGDM*	1 August 2020 *(interim ED May 1 to July 31)*

Until May 1 2020: C.S.B. van Weezenbeek, *PhD, MD, MPH*	 1 September 2013

The Executive Director (ED) is supported in decision-making by the Executive Committee, composed of the ED, Directors TD and F&O, Manager TD. The ED is advised by the Management Team, which includes the members of the Executive Committee and Heads of HRM, Communication, Resource Mobilization and Board Secretary. The organizational structure of KNCV includes a non-statutory Deputy Director who is part of the Management Team and Executive Committee. Per 1 April 2020, Diana Numan (Director Finance and Operations) succeeded Lucian Roeters as Deputy Director.

The performance of the Executive Director is assessed by the Remuneration and Assessment committee of the Board of Trustees. The committee reports their findings to the Board of Trustees.

The Executive Director during 2020 held the following relevant external positions and responsibilities (table 8):

Table 8: relevant external positions and responsibilities of the Executive Director.

Organization	Position	As ED/Personal	Period
KNCV Nigeria	Member	Personal	2020
Initiative for Prevention and Control of Tuberculosis and Lung Diseases	Member	Personal	Since 2018
Leprosy & Tuberculosis Relief Initiative Nigeria	Member	Personal	Since 2019
Stop TB partnership	Member	As ED	2020
KNCV Malawi	Member	As ED	2020

KNCV Organization

KNCV central office is located in The Hague, the Netherlands. KNCV has in-country staff in branch offices in Nigeria, Tanzania, Malawi, Vietnam, Ethiopia, Kyrgyzstan, Uzbekistan and Philippines. The broader KNCV Network also comprises legally and financially independent entities that carry the KNCV name in Indonesia, Kyrgyzstan, Kenya and Nigeria. These affiliates are locally registered and governed by a (predominantly or entirely) local Board. Building on the work KNCV branch offices started the affiliates work independently, but with strong ties through partnership agreements with KNCV. Working from a strong local base closely linked to the knowledge base throughout our KNCV Network we reinforce our ability and effectiveness in achieving our joint mission to end TB.

The section below describes the principal organizational policies and practices relevant for compliance with the governance code for fundraising organizations (Normen Erkenningsregeling).

Quality Control

KNCV considers quality an essential hallmark of all the work we do. In 2020, to ensure quality in our activities, deliverables and results the organization relied on and assured compliance to processes that support standardized, high-quality performance.

This includes standards of excellence and review processes for key KNCV technical functions, such as short-term technical assistance through consultancies at country-level and developing high-quality work plans and reports. KNCV tracks and reports on the outcomes of short-term technical assistance as well as provides systematic technical quality review for deliverables generated for all donor-funded projects.

To ensure that KNCV staff are up-to-date on the latest technical developments in TB control and elimination, the Technical Division organizes quarterly meetings where technical staff from the KNCV network gather in technical discussions on innovations in alignment with the priorities as set out in the Strategic Plan and the periodically updated Theory of Change.

To sustain the quality of internal management and processes within the organization, KNCV uses a cycle of strategic and annual planning, implementation, monitoring and evaluation, adaptation of plans, and accounting for results. This process has been described in the document 'KNCV Governance and Management Framework *Applying 'Good Governance'*. The overall functioning of the organization and progress of the implementation of plans is continuously, as well as quarterly, monitored by the Management Team and Executive Director, and quarterly reports are shared also with the Board of Trustees. For the projects and programs funded by institutional donors, interim reports are sent to the funders and evaluated for effectiveness and efficiency. External auditing of the administrative and financial operations is carried out by PriceWaterhouseCoopers Accountants N.V. The independent auditor was appointed by the General Assembly in 2011. The directors have regular progress meetings with the independent auditor. Every year, the independent auditor reports their findings to the Audit Committee. All audit reports and management letters are shared with the Board of Trustees.

Compliance with ethical fundraising standards is assured and tested using guidelines from the Central Bureau for Fundraising in The Netherlands (CBF) and sector organization, Goede Doelen Nederland (GDN).

Risk Management

We are aware of the fact that as an organization we are exposed to risks. The Executive Director reports on risks to the Board of Trustees on a regular basis. Once a year a comprehensive risk analysis is done, assessing risks, controls, and mitigating actions. This assessment involves senior management and the report is reviewed in the Management Team meeting. The internal risk analysis

and significant changes and/or improvements in internal controls are reviewed with the Audit Committee and the full Board of Trustees.

Information security

KNCV adheres to the policy on the obligation to report data leaks "*meldplicht datalekken in de Wet bescherming persoonsgegevens (Wbp)*" introduced on 1 January 2016 and the "*Europese Algemene verordening gegevensbescherming (AVG)*".

KNCV has a data security policy and a procedure on how to report data leaks in place. This includes an inventory of types of sensitive information within KNCV, drafting of 'bewerkersovereenkomsten' with suppliers and preparing a checklist with action points. KNCV has appointed a data security officer. In 2018 all staff were trained on security. A privacy policy and privacy statement were drafted, and the website was made compliant to AVG requirements. All data processing processes have been inventoried and checked against AVG requirements.

In 2020 no incidents are reported or registered in our incident management system Topdesk.

Media Policy

KNCV uses national and international (social) media to profile our work in fighting TB. Through the media (online and offline) we aim to reach the general public, professionals, politicians and policy-makers. We strive for transparency. We keep a close eye on anything relevant appearing in the media and actively engage in discussions with the public, our stakeholders and critics. We respond immediately to messages that are not based on facts and seek to correct representations of our work, where appropriate. We actively monitor information and the (social) media concerning TB control and our organization and react to current developments and possible (negative) publicity, if and when incidents arise.

Social Responsibility and sustainable development goals

KNCV aims for minimizing its environmental footprint, where possible. We try to balance our strategic goal of a world free of TB with environmental, social, and governance (ESG) responsibilities. An important part of our work in TB control is related to stigma reduction, which also includes

gender bias and sexual orientation. As an employer, we promote equal employment opportunities. In our operations we avoid paper wastage by enforcing double-sided black and white printing as much as possible, we use environment friendly printing toner. Obviously, an important side-effect of our work in southern countries is the emission of CO2 because of the number of flights we take. We have decided not to financially compensate for this emission, since this would take funding away from our core objective. We try to combine missions as much as possible, aim to reduce the number of trips we make. During the adaptation of our operations to the COVID-19 circumstances in 2020, our already increased usage of online-conferencing became standard practice in support of remote technical assistance, trainings, webinars and internal and external meetings.

The KNCV investment policy was reviewed and adapted towards the end of 2020. The new policy will allow a more pronounced ESG sensitive investment approach for our financial reserves as will be evolved in 2021.

External Quality Hallmarks

Since the transition to the 'Erkenningsregeling' in 2016 KNCV was acknowledged as a CBF recognized charity based on a self-assessment in 2016. A full review and evaluation in 2019 re-certified KNCV as a CBF recognized charity.

The document 'KNCV Governance and Management Framework *Applying 'Good Governance'* describes our governance structure, management procedures and regulations in detail. A summary of the accountability report, outlined below, is sent to the CBF annually.

Summary of the CBF accountability requirements

Any fundraising organization recognized as a CBF-approved charity has to demonstrate that it adheres to a list of predefined norms and standards in seven categories[2]:

1. Mission/social value
2. Means
3. Activities/organization
4. Realization of goals
5. Governance
6. Accountability
7. Stakeholders

The norms define how the principles for good governance are being applied. These are:

1) Division of tasks in governance, management and operations;

[2] The full set of mandatory and non-mandatory norms can be retrieved from the CBF website.

2) The continuous improvement of efficiency and effectiveness in mission related activities;

3) Optimizing communication and relationships with stakeholders.

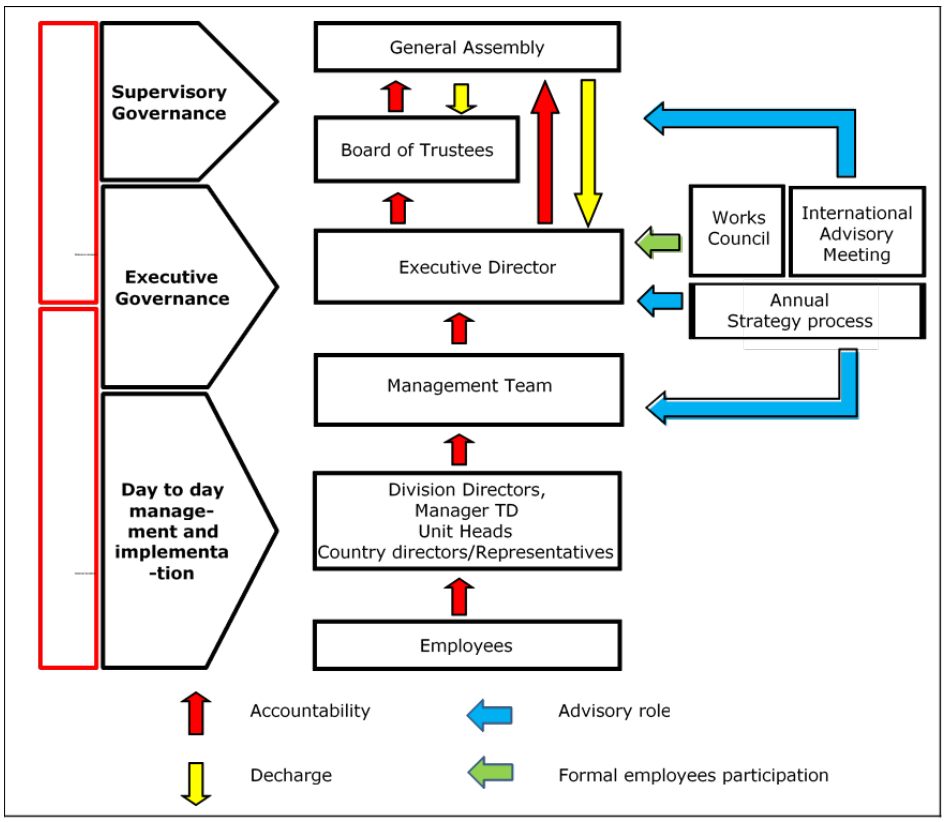
This section of the Annual Report contains a summary of how KNCV complies with the norms.

Ad 1. Division of tasks in governance, management and operations

KNCV has described its governance and management structure in the document: 'Management and governance at KNCV - *Applying Good Governance at KNCV'*. Through the development, management, and maintenance of this document, we seek to achieve the following:

- Implement the requirements for governance and ensure there are sufficient 'checks and balances' integrated into the processes.
- Periodically review the management and governance structure in order to assess and comply with new developments according to relevant regulations and laws.
- Create a frame and guideline for the different management layers in the organization and connect the various policy documents and by-laws. The document serves as a manual for all governing bodies and their appointed members.

Figure 9: KNCV model for governance and management



In addition to the articles of association, the operational modalities of all governance structures are described in the following regulations and documents, available upon request:

- Rules and Regulations for the General Assembly;
- Rules and Regulations for the Board of Trustees;
- Rules and Regulations for the Audit Committee;
- Rules and Regulations for the Remuneration and Assessment Committee;
- Rules and Regulations for the Executive Director;
- Rules and Regulations for the Management Team;
- Rules and regulations with regard to the relation between the Works Council and the Executive Director.

Ad 2. The continuous improvement of efficiency and effectiveness in mission related activities

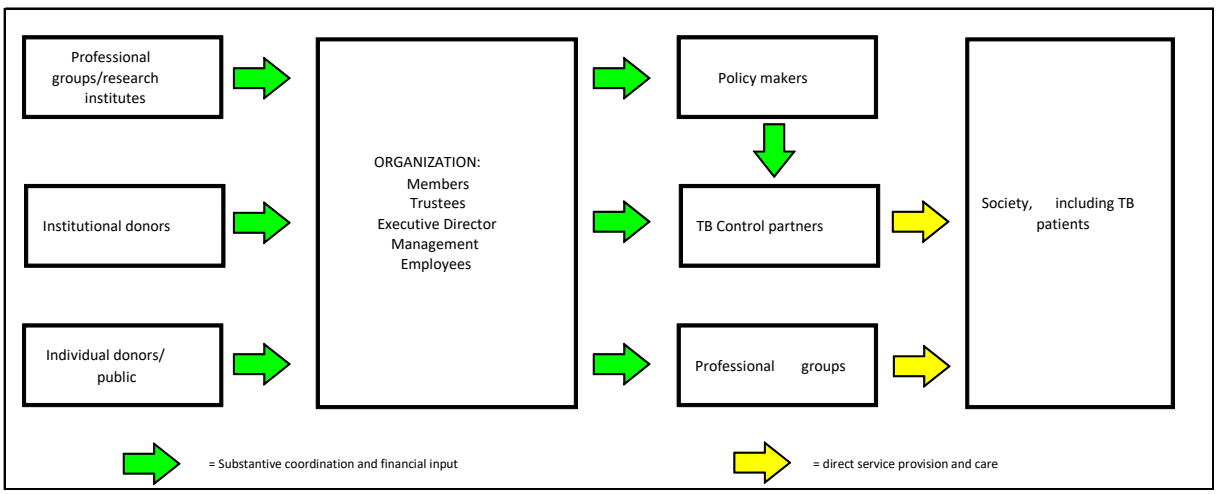
KNCV has developed and implemented a set of mechanisms to continuously and coherently strive for improvement in its operations, especially in terms of efficiency and effectiveness. These include:

- A planning, monitoring and evaluating process composed of a strategic long-term plan and an annual planning and control cycle, for mission related goals, for resource allocation and enabling environment. Performance indicators are used to assess the progress in reaching strategic and organizational goals.
- A procedure for assessing new projects and/or acquisition proposal development.
- Monitoring and evaluation systems at project and institutional level.

Ad 3. Optimizing communication and relationships with stakeholders

KNCV is part of a large partner network of public and private organizations and individuals, all contributing to the realization of our mission. The structure and composition of our network is outlined in figure 10.

Figure 10: KNCV partner network.



Creating and maintaining support (both material and immaterial), transparency, and accountability in all our processes, is the focus of our communication with stakeholders. The overall goal of our corporate communication is to support our mission by creating, maintaining, and protecting KNCV's reputation, prestige, and image. Our communication with stakeholders is based on the following principles:

- We are transparent and report on our successes and lessons learned;
- We communicate pro-actively, where possible;
- We communicate through unambiguous and consistent key messages;
- We tailor our communication messages and media to reach our key audiences and target groups.

We use a diversity of methods to communicate with our growing network of stakeholders, striving for greater transparency and dynamic interactions.

We encourage all stakeholders, including private donors, to share their opinions, ideas and complaints with us by telephone, e-mail or post. The responsible unit head or officer will address the issue and communicate directly with the sender. Complaints are formally registered and monitored quarterly.

Stakeholder influence on KNCV strategy and intervention design

In addition to our continuous operational engagement with key stakeholders, including TB-affected populations at country-, regional-, and global-level, KNCV also ensures that a diversity of perspectives is reflected in our governance structures and processes.

In addition to direct discussions with KNCV network organizations in different countries and feedback from key stakeholder (national TB program managers and donors),, the organization also seeks stakeholder participation at other important moments, for example:

- During the strategy development process every five years;
- By participating in knowledge exchange forums;
- By participation in international TB stakeholders meetings, including TB Union conference, Technical working Groups of Stop TB Partnership, WHO, and STAG-TB;
- By participating in the annual End TB submits of TB high burden countries for NTP managers organized by WHO, GF, and partners;
- By organizing meetings with donors partners for feedback on KNCV technical assistance and project implementation performance;
- By inviting ideas and complaints through the website.

Accountability to stakeholders is ensured both prior to and after implementation. KNCV results are presented at the General Assembly meetings, on the website, in newsletters and in project reports.

Board of Trustees report

BoT Chair and Vice-chair letter Annual Report 2020

1. Context

The organization started the year off with a challenging agenda. In the first quarter KNCV kicked off the operationalization of the new Strategic Plan 2020 – 2025, while concurrently completing the transition to a streamlined organization, aligned with the new strategy, and the planned conclusion of the five-year flagship Challenge TB project. Executive Director Kitty van Weezenbeek was appointed to a prestigious position as Director of Surveillance, Prevention and Control of Antimicrobial Resistance (AMR) at the World Health Organization per May 2020. And in mid-March, the first COVID19 lockdown was announced in the Netherlands, with lockdowns following in many of the countries in which KNCV operates.

Building on rapid COVID-19 adaptations in project implementation and having by March the energized technical team fully engaged in the operationalization of the strategic plan, the organization ensured operational continuity and kept pace in defining and shaping innovation pathways. The Board of Trustees underscores the importance of this key investment in KNCV's role and knowledge base to maintain and continuously evolve the highest standards of excellence in TB control for the longer term future.

The Board of Trustees witnessed and supported the organization while stepping into its new ways of working. We noted successes in attracting new donor funding and the increasingly pronounced role in TB innovation. This includes a leading role worldwide in the introduction of shorter treatment regimens for drug resistant forms of TB, demonstrating and rolling out new preventive TB treatment regimen and digital health applications. The Board of Trustees, with pride, also witnessed the keen personal interest of HRH Princess Margriet, KNCV Patroness, in KNCV work, during the Stigma Symposium in January 2020.

2. The year in review: Board of Trustees oversight

During this eventful year the Board of Trustees closely engaged in the course of its four regular meetings, as well as three additional meetings, to inform its oversight, to serve the organization in an advisory capacity during the transition phase, and to appoint a successor Executive Director.

The recruitment of a new Executive Director was a key priority for the Board of Trustees. Per May 1 the Board of Trustees appointed Dr. Mustapha Gidado, previously Director Challenge TB project and former KNCV country director Nigeria, in an interim capacity and launched an open recruitment process. Following this competitive process, the Board of Trustees was very pleased to announce the appointment of Dr. Mustapha Gidado as Executive Director per August 1.

On strategic oversight, the annual retreat of the Board of Trustees and senior management took place in July. The Board of Trustees offering an outside perspective and posing challenging questions

focused amongst others on: how to set a higher risk acceptance level for operations in the new reality of an uncertain and fluctuating funding situation, the changing environment and implications for directions in the strategy, as well as looking ahead at the KNCV future role in Dutch TB control. In its December meeting the Board of Trustees approved COVID-19 and Monitoring and Evaluation (M&E) addendums as well as revisited sections of the Strategic Plan 2020 - 2025.

On organizational oversight over the course of the year, we noted that implementation of the new salary house took effect per start of 2020 and that the 2019 reorganization progressed and was completed along the envisaged timeline at the end of March. A limited further staff reduction, to optimize resources in line with the new strategy, took place ahead of the 2021 budget approval. The Chair of the Board of Trustees attended a Works Council Meeting in November, observing and commending the constructive dialogue of the Works Council and Management. Both have clearly taken ownership of their respective roles vis-à-vis the strategic imperative to reach break-even operating conditions. Agile and timely responsiveness to fluctuating funding levels is of the essence to the organization's ability to maintain an optimal as well as critical mass of staffing. This to ensure sufficiently diverse TB technical depth and excellence.

A whistleblower complaint emerging from operations in one of KNCV's branch offices reached the Board of Trustees late Summer. Following an extensive investigation, the findings did not sustain the allegations and were discussed with the complainant by Chair and Executive Director. The experience involved intensive engagement by the Board of Trustees, in accordance with KNCV's Whistleblower procedure. Established processes worked well and the organization utilized lessons learned to reinforce procurement processes in all operations.

On financial oversight, the Audit Committee, in addition to its regular schedule of meetings, convened extra committee meetings in advance of the full year 2020 budget approval (the budget 2020 had been provisionally approved for the first six months only) and ahead of the 2021 budget preparations. In these meetings the Audit Committee gained further understanding of and provided guidance on internal financial oversight processes to enhance organizational responsiveness to funding outlooks and to enhance Board oversight on this. As advised by the Audit Committee, the Board of Trustees approved the budget for 2021 for the full 12 months, concurring with a planned investment over the course of 2021 which management proposes to be funded by a contribution from the continuity reserve. This to assure delivering optimal project results and realizing ambitious resource mobilization targets such that break-even funding levels and cost coverage are realized by 2022.

In its December meeting, the Board of Trustees also approved a new Investment Policy for the reserves. This to enable optimizing income from investments through incorporating a greater share of higher yielding investments as needed for capital preservation in the current low interest rate investment environment. The new policy will further strengthen our Environmental, Social and Governance principles conscious investment approach.

3. Board of Trustees developments

During 2020, Maria van der Sluijs-Plantz handed Chairmanship of the Audit Committee to Johan van 't Hag and the Board of Trustees appointed Rolph van der Hoeven to the Audit Committee. In this way a solid period of hand-over has been ensured in anticipation of Maria van der Sluijs-Plantz stepping down in May 2021 at the expiration of her two terms of service in the Board of Trustees.

In its annual self-assessment in February 2021, the Board of Trustees reflected on the year 2020, assessing that throughout 2020 The Board of Trustees exercised effective oversight as well as provided counsel where needed in a challenging transition phase for the organization.

4. Looking ahead at 2021

The year 2021 will be a defining year in further evolving the organization to being fit for purpose with efficient and cost-covering operations and thus fulfilling KNCV's role globally towards Ending TB in 2035 in alignment with the KNCV strategy and its role towards the WHO global targets to end the TB epidemic by 2035. On behalf of the full Board of Trustees we wish staff and management continued success for the coming year. We express our confidence in the ability of the leadership team and all staff to realize its ambitious targets for a strengthened funding base while building on and reaping the benefits of the solid strategic and operational progress in 2020.

The Board of Trustees takes this opportunity to express its appreciation for the dedication and commitment of KNCV staff across the globe to excellence in project delivery, shaping innovation and demonstrating results to fulfil our mission to eliminate TB.

Mirella Visser

Chair of the Board of Trustees

Ton van Dijk

Vice-Chair of the Board of Trustees

Section Six: Financial Report

FINANCIAL INDICATORS AND MONITORING DATA

The year 2020 marks the last year of implementation of the successful USAID-funded Challenge TB project, with a resulting overall decrease in income and activities for KNCV. Anticipating this decrease a reorganization was carried out in 2019, making the organization fit for a future with a lower funding level, but a more diversified funding base, focusing on KNCV's areas of technical expertise. The period 2019-2021 is a transition period. Some measures additional to the adjusted staffing plan to adjust the organizations cost level to its new income level are taken like the movement of KNCV to a new smaller office in May 2020. In this period of transition KNCV also faces the COVID-19 pandemic which requires adjustments in planning as well as way of operating. 2020 has been a year of adjusting plans to the current reality aiming at minimizing the financial impact of COVID-19 on the short term ensuring continuity of activities with related income, while investing in our capacity which will lead to a balanced budget for 2022 onwards with an income level ranging between € 17 and 21 million.

The financial results for 2020 show a deficit covered by KNCV's reserves in line with the expectations for this transition year. The income decreased compared to 2019, because of a decrease in income from government grants, related to the close out of the Challenge TB project.

KNCV is pleased with the income from lotteries, which is slightly higher than the level of 2019. The lottery contribution is invaluable as unearmarked funding in achieving our mission and goals.

Income from legacies is highly unpredictable and showed a positive development in 2020 compared to 2019. Income from endowment funds decreased a little in 2020. Income from other non-profit organizations increased to 40% of total income due to project grants from Unitaid, TB Alliance, Bill & Melinda Gates Foundation and others. From the perspective of diversification of funding, we are pleased to see this part of our income continue to grow.

Income from government grants contributing to 40% of the annual income, decreased compared to 2019 where this was still 91% of total income. This is mainly related to the Challenge TB project financial close out in March 2020. Also the DGIS grant for the Building Models for the future project that counted as cost share towards the Challenge TB project has been financially closed out in March 2020.

Income from investments is positive as the stock markets have recovered after the dip related to COVID-19 in the first part of the year. KNCV follows a defensive risk profile. Income from investments decreased compared to 2019, which resulted in an unrealized exchange gain.

Total expenses in 2020 decreased to 17.0 million in 2020 (2019 64.1 million).

Expenses for TB control in low prevalence countries (mainly The Netherlands) have decreased compared to the level of 2019 and include, besides expenses for an annual project grant from the

MOH and expenses for a grant from ZonMW, a contribution to 'De gezonde generatie', a project funded by Lotto income and implemented through the Samenwerkende Gezondheidsfonden (SGF) as well as activities funded from earmarked reserves.

Expenses for TB control in high prevalence countries decreased compared to 2019, related to the close out of Challenge TB. This drop in activities was partly compensated by new activities funded by Unitaid, Bill & Melinda Gates Foundation and others.

Expenses for education and awareness decreased in 2020 as was partly planned and partly due to adjustments in activities related to COVID-19.

Expenses for private fundraising decreased in 2020 because lower campaign costs also related adjustments of plans related to COVID-19.

Expenses for 'administration and control' are comparable to last year.

A proposal for allocation of the result 2020 is presented on page XX.

Financial data 2016-2020

According to the 650 Guideline for annual reporting of charities and the requirements from the CBF a number of financial monitoring data is shown for a longer period in table 1 of the financials.

Table 1: Financial monitoring data compared to internal standards

Monitoring data	Internal Standard	Actual 2016	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Budget 2021	Average 2018-2020
Spent on the mission compared to total expenses	Not applicable	97.4%	97.2%	97.7%	97.0%	90.1%	87.8%	96.7%
Spent on the mission compared to total income[1]		96.9%	97.9%	98.1%	98.0%	99.1%	94.6%	98.2%
Spent on private fundraising compared to total fundraising income	Max. 25%	15.4%	20.3%	24.3%	21.9%	16.3%	23.7%	21.0%
Spent on administration and control compared to total expenses	2.5-5%	1.6%	1.6%	1.2%	1.8%	6.5%	6.8%	2.0%
Spent on administration and control compared to total expenses excluding Challenge TB coalition share in activities[2]	2.5-5%	3.2%	3.1%	2.5%	3.1%	7.1%	6.8%	4.2%

The budget for 2020 was conditionally approved by the Board of Trustees in January 2020 including an acquisition target as well as a cost saving target. The feasibility of the annual budget was reassessed by management half way the year, also taking into account a feasible planning related to the current COVID-19 context. The funding target for income 2020 has been met and the Board of Trustees reconfirmed the earlier conditionally approved budget in June 2020.

In total KNCV generated less income in 2020 (€ 15.5 million) than was planned (€ 16.8 million) and also lower than the income for 2019 due to finalization of activities for the Challenge TB project.

Total expenditures in 2020 were € 17.0 million, which is € 1.3 million lower than budgeted. The decrease is caused by lower expenditures in the category "TB in high prevalence countries". Expenditures in the categories "fundraising" showed a decrease compared to budget in relation to less fundraising activities due to the COVID-19 context. Expenses for 'administration and control' showed an increase compared to budget as the budgeted costs for administration and control include planned savings on IT support and infrastructure which did not materialize. The planned IT server migration project which would contribute to these savings was delayed.

With the final close out of the Challenge TB project the last part of the reorganization has also been implemented in March 2020 in line with the approved reorganization plan and earlier agreed individual termination agreements. 19 staff members based in The Hague left the organization.

Expenditures on the mission (R7)

Compared to total expenses, since 2010, over 90% of KNCV's budget is being spent on mission related activities. This indicator is closely monitored. Influences on the indicator can be due to (temporary) increases and decreases of expenditures for fundraising and for administration and control. Compared to last year the percentage decreased from 97.0% to 90.1%. Compared to the total income, expenditures on the mission (as a percentage) can differ from the previous indicator because in some years earmarked reserves and funds are used to cover the expenditures or there is a surplus occurring.

KNCV's policy for costs for fundraising (R8)

With regards to expenditures for fundraising, KNCV has the policy that, calculated as an average over a 3-year period, the costs cannot be higher than 25% of the income from own fundraising activities (individuals and companies). Because of our ambitions and modest position in the private fundraising market, we have chosen to stay close to the possible maximum in line with the internal policy. Uncertain and unpredictable factors in this strategy are the level of success of using new fundraising methods and the income from legacies. KNCV's internal policy on level of costs for fundraising is that if, during a budget year, the results are not satisfactory, we adjust our budgets downwards to prevent a percentage above the 25% internal standard. Because of the unpredictability of legacy income the percentage fluctuates over the years. Because income in the RJ650 guideline is broken down in various income sources (individuals, companies, and other non-profit organizations) this percentage is calculated based on income from individuals and companies only. Expenses in 2020 are 16.3% of the income from own fundraising activities from individuals and companies, below the 25% maximum based on the internal policy. The 3-year average is 21.0%. The three-year average based on 2019, 2020 and the budget for 2021 is 20.6%. This is still below 25%

KNCV's policy for administration and control costs (R9)

The allocation of costs to the category 'administration and control' is done using the guideline and recommendations of Goede Doelen Nederland, published in January 2008. The CBF requires an organization to have an internal standard for this cost category. KNCV uses 2.5% of the total costs as

a minimum and 5% as a maximum. The range has been adjusted downwards in 2015 from 5-10%, because the volume of activities increased due to the five-year Challenge TB award, allowing for an overall percentage reduction. Now that the Challenge TB project has come to an end and due to the decreased volume of activities from 2020 onwards the range will be reconsidered in 2021 to move back to earlier applicable range of 5-10%.

The criteria taken into account for this range are:

- Our activities are funded by private, corporate and public donors, all of whom demand the highest level of transparency and accountability on what has been spent to 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.
- On the one hand, the costs for these processes cannot be so high without taking resources away from the mission, and on the other hand, they should not be too low because then the quality of our management cannot be guaranteed. We therefore use a minimum and a maximum standard.
- Regarding determining a range between the minimum and maximum, we must also consider the widely fluctuating levels of activities within projects and contracts, funded by institutional donors. In the realization of plans, the organization depends on the available resources and implementation pace of third parties. The level of managerial and administrative efforts required, do not immediately respond in an equal way and at an equal pace. For this reason, also, the average rate over a period of several years is presented.

In 2020, the percentage of 6.5% is higher than 2019 and also higher than the 4.9% budgeted for 2020. The higher % is explained by the different volume of the total expenditure. In order to maintain the required quality of the 'administration and control' mechanism, the related costs do not decrease proportionally with the decrease of the overall volume.

Internal monitoring data

In addition to the guidelines issued by the CBF, 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:

- The number of project days realized compared to planned days; In 2020, a total number of 6,669 project days were planned and 6,890 were realized, which is 103% of the planned days. In 2019, this was 81%. Income related to direct project days decreased compared to 2019, where number of planned days were 17,659 and 14,365 realized. The decrease is directly related to the lower project volume.

- Indirect costs compared to direct personnel costs made in The Hague, as an internal method; All project days in total represent an amount in direct personnel costs. All other personnel costs and costs for facilities are accounted for as indirect costs. In 2020, the planned percentage of indirect costs on direct costs was 104.97%, and realized is 117.73%. The increase in 2020 compared to the budget is due to a lower average rate for the direct days charged to the projects.
- Indirect costs compared to total direct costs, in compliance with the USAID rules for accounting;

Although the methodology does not differ drastically from our internal methodology, some cost categories and personnel categories included in our internal method must be excluded as indirect costs in the USAID method. According to the USAID calculation the percentage for 2020 is 30.31%, while 31.25% was planned. In 2019 the percentage was 17.57%.

Our long-term aim is to be more cost-effective and show a decrease in the indirect cost rate percentages.

The results of our internal key performance data show an increase in indirect cost rate, which is in line with the expectation due to lower overall project volume.

Budget 2021 and possible risks

The total income is budgeted on a consolidated level of € 14.9 million. Total planned income budgeted for 2021 is € 1.9 million lower than budgeted for 2020. This decrease is explained by the income 2020 still related to USAID-funded Challenge TB project which has been finalized on March 31, 2020.

Income from government grants is budgeted to decrease significantly as a result of the end of Challenge TB.

Several budgetary and control risks can be identified:

- Controlling the balance between direct and indirect days is crucial for the financial results.
- KNCV's functional currency is euro, but a large part of KNCV's income for personnel fees is in US dollars. We have included an exchange rate in the budget of USD 1.13 against EUR 1. Careful liquidity planning and making use of simple hedging techniques will be needed to further control the risk. A strong dollar improves our competitive position and cost effectiveness in USD. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US dollar. Foreign currency needed in our project countries is as much as possible purchased centrally while balances are kept to a minimum.
- A large part of the budget is for project costs in countries. There is a risk that costs are identified as unallowable for donors by independent auditors in countries or by the independent auditor who executes the overall audit. Therefore, a contingency budget of € 100,000 has been included in the project costs.

- The income from legacies is budgeted at € 400,000. This is an average amount reached in past years, but this income is very difficult to estimate and the amount can be significantly higher or lower. The actual amount for 2020 was higher (€ 495,600).
- Income has been included for project days to be defined in the amount of € 1.3 million. This amount will need to come from new donor contracts.
- The current COVID-19 pandemic has caused some delays in KNCV's project implementation and might cause additional challenges to implement projects in line with initial plans. KNCV project teams will need to continue the regular contact with the different funders to ensure this is translated in feasible planning and related budget adjustments where required.
- For some of the project funded country offices consecutive funding of the current projects is highly likely to be approved, but not yet confirmed for 2021. This might lead to (staff) expenses to be covered by KNCV. We included € 75,000 as contingencies for this purpose in the budget.

Long-term financial plan

The period 2019 -2021 is considered a transition phase for KNCV. We foresee to run a balanced budget from 2022 onwards. An indication of a longer-term financial plan is depicted in table 2.

The long term financial plan is based on the assumption that more new awards will be obtained, in line with our goal to continue to diversify our funding base with the current planned workforce.

Table 2: Long-term Financial Plan 2021-2024

Profit & Loss account	**Budget 2021** *In € 1 mln*	**Long-term forecast 2022** *In € 1 mln*	**Long-term forecast 2023** *In € 1 mln*	**Long-term forecast 2024** *In € 1 mln*
Organizational costs				
Personnel related costs	5.33	5.44	5.66	5.89
Other indirect costs	1.16	1.12	1.12	1.12
Subtotal organizational costs	6.49	6.56	6.78	7.00
Charged to projects	-5.49	-5.88	-6.17	-6.48
Total organizational costs not charged to projects	1.00	0.68	0.61	0.52
Investment and general income	0.05	0.05	0.08	0.08
Net result organizational costs	-0.95	-0.63	-0.53	-0.44
Activity costs				
Costs for fundraising	0.23	0.23	0.24	0.25
Other activity costs	0.06	0.06	0.06	0.06
Total Activity costs	0.29	0.29	0.30	0.31
Activity income				
Own fundraising	0.90	0.93	0.96	0.98
Lotteries	1.36	1.36	1.36	1.36
Total Activity income	2.26	2.28	2.31	2.34
Net result Activities	1.96	1.99	2.01	2.03
Project costs				
Charges organizational costs	5.49	5.88	6.17	6.48
Travel and accommodation	-	-	-	-
Other direct project costs	9.27	11.68	11.68	11.68
Total Project costs	14.76	17.56	17.85	18.16
Project income				
Funding donors - fee	3.90	4.17	4.46	4.77
Funding donors - travel and accommodation	-	1.85	1.85	1.85
Funding donors - other direct project costs	8.37	9.37	9.47	9.47
Endowment funds contribution	0.40	0.40	0.35	0.35
Other income for projects	-	-	-	-
Total Project income	12.66	15.79	16.13	16.44
Net result Projects	-2.09	-1.77	-1.72	-1.72
General Result (minus is a deficit)	**-1.08**	**-0.41**	**-0.24**	**-0.13**
Covered by earmarked reserves / donated to earmarked reserves	**-0.46**	**-0.40**	**-0.40**	**-0.40**
Influence on/movements other reserves	**-0.61**	**-0.01**	**0.16**	**0.27**

FINANCIAL STATEMENTS 2020

BALANCE SHEET KNCV TUBERCULOSIS FOUNDATION PER 31 DECEMBER 2020

In Euro, after result appropriation

Assets		12/31/2020		12/31/2019	
Office construction work		27,496		0	
Office inventory		66,213		73,610	
Computers		31,970		99,017	
Tangible fixed assets	B1		125,679		172,627
Accounts Receivable	B2	3,198,061		7,308,251	
Investments					
-Shares	B3	1,832,844		1,744,882	
-Bonds	B3	4,022,626		3,754,451	
-Alternatives	B3	372,602		382,000	
Cash and Banks	B4	7,479,172		10,704,670	
Current Assets			16,905,305		23,894,254
Total			17,030,984		24,066,881

Liabilities		12/31/2020		12/31/2019	
Reserves and funds					
- Reserves	B5				
Continuity reserve		7,486,804		8,619,834	
Decentralization reserve		608,833		706,757	
Earmarked project reserves		1,060,048		1,135,032	
Unrealized exchange differences on investments		559,688		516,035	
Fixed Assets reserve		125,679		172,627	
			9,841,052		11,150,285
- Funds					
Earmarked by third parties	B6	374,376		379,789	
			374,376		379,789
Reserves and funds			10,215,428		11,530,074
Various short-term liabilities	B7				
-Taxes and social premiums		292,226		418,428	
-Accounts payable		372,275		503,030	
-Other liabilities and accrued expenses		6,151,055		11,615,349	
			6,815,556		12,536,807
Total			17,030,984		24,066,881

STATEMENT OF INCOME AND EXPENDITURE KNCV TUBERCULOSIS FOUNDATION 2020

in euro

		Budget for the year ended 31 December 2020	Actual for the year ended 31 December 2020	Actual for the year ended 31 December 2019
Income				
- Income from individuals	R1	1,040,000	994,667	717,189
- Income from companies	R2	0	416,593	477,307
- Income from lotteries	R3	1,356,100	1,428,386	1,381,209
- Income from government grants	R4	3,282,400	6,185,306	57,396,652
- Income from allied non-profit organizations	R5	577,200	201,875	273,564
- Income from other non-profit organizations	R6	10,545,600	6,196,871	3,098,156
Total fundraising income		16,801,300	15,423,698	63,344,077
- Income for supply of services	R7	44,000	37,902	78,419
- Other income	R8	0	0	-16,198
Total income		16,845,300	15,461,600	63,406,298
Expenses				
Expenses to mission related goals	R9			
- TB control in low prevalence countries		846,400	717,873	961,248
- TB control in high prevalence countries		13,017,600	12,896,917	56,063,206
- Research		1,564,100	941,636	4,117,217
- Education and awareness		897,500	734,467	1,015,167
		16,325,600	15,290,893	62,156,837
Expenses to fundraising				
- Expenses private fundraising		335,800	229,523	261,828
- Expenses share in fundraising with third parties		371,600	27,905	27,712
- Expenses government grants		322,300	327,392	499,137
		1,029,700	584,820	788,677
Administration and control				
- Expenses administration and control		886,500	1,097,524	1,164,550
Total Expenses		18,241,800	16,973,237	64,110,064
- Net investment income	R1(	61,200	199,438	543,197
Surplus / Deficit		-1,335,300	-1,312,199	-160,569
Spent on mission compared to total expenses		89.5%	90.1%	97.0%
Spent on mission compared to total income		96.9%	98.9%	98.0%
Spent on private fundraising compared to income		6.1%	3.8%	1.2%
Spent on administration and control compared to total expenses		4.9%	6.5%	1.8%
Result appropriation				
Surplus / Deficit appropriated as follow				
Continuity reserve		-815,300	-1,133,030	-28,680
Decentralization reserve		-200,000	-97,924	-165,715
Earmarked project reserves		-250,000	-74,984	-79,311
Unrealized differences on investments		0	43,653	281,027
Fixed Assets reserve		-54,300	-46,948	-155,540
Earmarked by third parties		-15,700	-2,966	-12,350
Total		-1,335,300	-1,312,199	-160,569

EXPENSE ALLOCATION KNCV TUBERCULOSIS FOUNDATION 2020

in euro

Expenses

	Budget for the year ended 31 December 2020	Actual for the year ended 31 December 2020	Actual for the year ended 31 December 2019
Grants and contributions	23,000	14,096	18,725
Contributions to allied organisations	0	1,461,542	26,000,311
Purchases and acquisitions	4,727,400	2,799,703	7,537,374
Outsourced activities	2,737,800	862,892	6,166,209
Publicity and communication	667,000	353,274	484,838
Personnel	6,568,800	9,476,613	18,486,208
Housing	204,900	177,684	340,351
Office and general expenses[1)]	3,208,300	1,746,373	4,911,181
Depreciation and interest	104,600	81,059	164,867
Total	18,241,800	16,973,236	64,110,064

Allocation to destination

	Related to the mission goals			
Actual for the year endend 31 December 2020	Low prevalence countries	High prevalence countries	Research	Education and Awareness
Grants and contributions	13,596	500	0	0
Contributions to allied organizations	0	1,461,542	0	0
Purchases and acquisitions	432,343	2,324,771	0	0
Outsourced activities	0	862,892	0	0
Publicity and communication	0	0	0	337,283
Personnel	250,199	6,649,863	858,185	359,769
Housing	6,297	106,557	24,666	10,396
Office and general expenses	12,545	1,441,835	47,453	22,243
Depreciation and interest	2,893	48,957	11,332	4,776
Total allocated	717,873	12,896,917	941,636	734,467

Allocation to destination

	Income fundraising			Administration & Control
Actual for the year endend 31 December 2020	Private fundraising	Share in third parties activities	Grants	
Grants and contributions	0	0	0	0
Contributions to allied organisations	0	0	0	0
Purchases and acquisitions	0	20,999	21,591	0
Outsourced activities	0	0	0	0
Publicity and communication	14,084	0	0	1,907
Personnel	174,564	6,575	276,614	900,843
Housing	6,296	98	7,888	15,317
Office and general expenses	31,686	188	17,675	172,420
Depreciation and interest	2,893	45	3,624	7,037
Total allocated	229,523	27,905	327,392	1,097,524

CASH FLOW STATEMENT KNCV TUBERCULOSIS FOUNDATION 2020

in euro

		Actual 2020		Actual 2019	
Surplus excl interest		-1,312,428		-168,324	
Interest paid/ received	R10	229		7,755	
Total surplus		-1,312,199		-160,569	
Depreciation - Fixed Assets	B1	81,635		185,347	
Cash Flow from income and expenditure			-1,230,564		24,778
Accounts receivable	B2	4,110,190		25,187,444	
Funds earmarked by third parties	B6	-2,447		-2,441	
Non-current liabilities		-		-	
Current liabilities	B7	-5,721,251		-29,897,662	
Increase/ (Decrease) net working capital			-1,613,508		-4,712,659
Cash flow from operational activities			-2,844,072		-4,687,881
Investments	B3	-346,739		665,010	
Disinvestments fixed assets	B1	0		896	
Investments fixed assets	B1	-34,687		-30,703	
Cash flow from investments fixed assets			-381,426		635,203
Net cash flow			-3,225,498		-4,052,678
Cash and banks as at 1 January	B4		10,704,670		14,757,348
Cash and banks as at 31 December	B4		7,479,172		10,704,670
Increase/ (Decrease) Cash on hand			-3,225,498		-4,052,678

ACCOUNTING POLICIES

Organizations' general data

The 'Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose' with Chamber of commerce number 40408837 (KNCV, using the name KNCV Tuberculosis Foundation) resides at Maanweg 174 in The Hague, The Netherlands. Under its Articles of Association, KNCV Tuberculosis Foundation has as its statutory objective:

The promotion of the national and international control of Tuberculosis by, amongst other things:

a. Creating and maintaining links between the various institutions and people in the Netherlands and elsewhere in the world who are working to control tuberculosis;

b. Generating and sustaining a lively interest in controlling TB through the provision of written and verbal information, holding courses and by promoting scientific research relating to tuberculosis and the control of it;

c. Performing research in relation to controlling TB;

d. Providing advice on controlling TB, and

e. All other means which could be beneficial to the objective.

As a subsidiary activity, it may develop and support similar work in other fields of public health.

General accounting policies

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of the changes in accounting policies as set out below and in the relevant sections.

Guideline 650

The financial statements are drawn up in accordance with the Reporting Guideline for Fundraising Institutions, guideline 650.

Valuation

The general principle for the valuation of assets and liabilities, as well as the determination of results, is the historical purchase price. Unless otherwise stated, assets and liabilities are stated at the values at which they were acquired or incurred.

Estimates

In applying the principles and policies for drawing up the financial statements, the management of KNCV makes different estimates and judgments that may be essential to the amounts disclosed in the financial statements. If it is necessary in order to provide the true and fair view required under

Book 2, article 362, paragraph 1, the nature of these estimates and judgments, including related assumptions, is disclosed in the notes to the relevant financial statement item.

Translation of foreign currencies

Items included in the financial statements are measured using the currency of the primary economic environment in which KNCV operates (the functional). The financial statements are presented in Euros as KNCV has its base of operations in The Hague, The Netherlands. Assets and liabilities in foreign currencies are translated at the official rates of exchange ruling at the balance sheet date. Non-monetary assets valued at fair value in a foreign currency are converted at the exchange rate on the date on which the fair value was determined.

Transactions in foreign currencies are translated at the applicable exchange rate on the date of the transaction. The resulting exchange differences are accounted for in the profit and loss account.

Currency exchange effects

KNCV works with multiple currencies on a daily basis. Income is realized in euro and US dollar, while our expenditures are largely in euro and several project country currencies. Balances held in other currencies than the euro or US dollar are as much as needed exchanged into US dollar. The majority of our income is in euro and in US dollar. Foreign currency needed in our project countries is as much as possible purchased centrally while balances are kept to a minimum. In 2020 KNCV did not use financial instruments to control currency risk on various foreign currencies.

Balance sheets of local KNCV representative offices

The balance sheets of KNCV representative offices are included in KNCV's balance sheet per asset/liability group against the exchange rates as at 31 December 2020.

All legal entities that can be controlled, jointly controlled or significantly influenced are considered to be a related party. Also, entities which can control KNCV are considered to be a related party. In addition, statutory directors, other key management of KNCV and close relatives are regarded as related parties.

Transactions with related parties are disclosed in the notes insofar as they are not transacted under normal market conditions. The nature, extent and other information is disclosed if this is necessary in order to provide the required insight.

Accounting policies - assets and liabilities

Tangible fixed assets

The tangible fixed assets have been valued at historic acquisition prices less cumulative depreciation using the following deprecation rates:

- Office (re)construction 5 years
- Office inventory 5 years

- Computers 3,33 years

Allowance is made for any impairment losses expected at the balance sheet date. An assessment is made annually to see if additional depreciation of fixed assets is deemed necessary based on the actual value of the assets. Gains and losses from the occasional sale of property, plant or equipment are included in depreciation.

Receivables concerning projects

Receivables concerning projects consist of received advances in behalf of various international projects. Receivables are recognized initially at fair value and subsequently measured at amortized cost. If payment of the receivable is postponed under an extended payment deadline, fair value is measured on the basis of the discounted value of the expected revenues. Interest gains are recognized using the effective interest method. When a trade receivable is uncollectible, it is written off against the allowance account for trade receivables.

The actual expenses are deducted from the advances.

Investments

With respect to investments, KNCV has set up an investment policy. The essence of the policy is to invest only when it concerns such an excess of liquidities that they cannot be used in the short-term for the main activities. As far as that is the case the derived objectives will be: risk avoiding investments and realizing as optimum as possible returns which will be durable for the duration. For that reason, KNCV is investing predominantly in bonds (2020 58,5%). The policy of the board will also be directed at hedging price risks by reserving unrealized exchange differences in the reserve 'unrealized gains/losses on investments'. Shares which are held for trading are carried at fair value. Investments in bonds and bond funds are recognized at fair value. Unrealized capital gains will be accounted for in the reserve for 'unrealized gains/losses on investments'.

Cash and banks

Cash and bank balances are freely disposable, unless stated otherwise, and are accounted for at nominal value.

KNCV does not have any significant concentrations of credit risk. For banks and financial institutions our goal is to only accept banks with a rating of ‘A’ or higher, however this is not always possible, due to local availability. Cash and bank amounts in countries are kept purposely low to limit the credit risk. There is no concentration risk as this is divided over multiple different banks in multiple countries.

Liabilities concerning projects

Liabilities concerning projects consist of paid advances on behalf of various international projects. On initial recognition current liabilities are recognized at fair value. After initial recognition current

liabilities are recognized at the amortized cost price, being the amount received, taking into account premiums or discounts, less transaction costs. This usually is the nominal value.

Coalition activities

In the annual accounts, all remaining receivables and liabilities concerning the USAID program have been fully included, including those sub-agreed to coalition partners. The receivables represent the amount obligated to the coalition on both contracts minus the amounts already received. The liabilities represent the part of the obligation that still needs to be de-obligated by USAID. This liability is shown separately for KNCV and other coalition partners.

Accounting policies – Statement of Income and Expenditure

Allocation to accounting year

The result is the difference between the realizable value of the services provided and the costs and other charges during the year. The results on transactions are recognized in the year in which they are realized.

Income from individuals and companies

Income from individuals and companies is recognized as income in the financial year the income or in-kind contribution is received.

Income from services

Income from services is recognized under the percentage-of-completion method based on the services performed to the balance sheet date as a percentage of the total services to be performed and based on actual costs incurred and time spent.

Legacies and endowments

Benefits from legacies and endowments are accounted for in the year in which the amount can be reliably determined. Provisional payments in the form of advances are accounted for in the year in which they are received.

Grants

Subsidies are recorded as income in the income statement in the year in which the subsidized costs were incurred or income was lost or when there was a subsidized operating deficit.

Coalition activities

In the annual accounts, all income and expenses concerning Challenge TB have been included, including the part sub-agreed to coalition partners, as KNCV is end responsible for the final administrative close out of the project .

Income from lotteries

The contributions from lotteries will be included in the financial year in which they are received or committed.

Income and expenses concerning projects

Income and expenses concerning projects are allocated to the periods to which they relate and in which they can be accounted for as declarable to a donor, if the amount can be determined reliably. This also counts for purchased materials and equipment which are accounted for as expenses in the period in which they are acquired.

Interest income

Interest income and expenses are recognized on a pro rata basis, taking account of the effective interest rate of the assets and liabilities to which they relate.

Salaries & Wages

Salaries, wages and social security contributions are charged to the income statement based on the terms of employment, where they are due to employees and the tax authorities respectively.

Pension contribution

KNCV's pension scheme qualifies as a defined benefit plan. The defined benefits are based on an average pay system. The pension scheme has been effectuated with the sector pension fund for health care (PFZW).

Under RJ 271.3 the liability or asset recognized in the balance sheet in respect of defined benefit pension plans represents the actual pension liability or receivable towards the pension fund or third-party pension insurance company. The pension expense in the profit and loss account represents the premiums paid during the year. In addition to the premium payments, there are no other obligations.

The pension funds coverage grade ultimo 2020 was 92.6%, which was 99.2% in 2019. The coverage grade was highly affected by negative developments in the financial markets related to COVID-19 specifically in the first half year resulting in a decreased coverage rate of 83.5% in March 2020. Since August 2020 the coverage grade is slowly recovering.

Prepaid contributions are recognized as deferred assets if these lead to a refund or reduction of future payments. Contributions that are due but have not yet been paid are presented as liabilities.

For foreign pension schemes which are not similar to the way the Dutch pension system is designed and operates, a best estimate is made of the obligation as at the balance sheet date. Monthly contributions are paid out to the employees for them to contribute to their pension scheme.

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, taking into account reimbursements received from the lessor, in the income statement for the duration of the contract.

Depreciation fixed assets

Depreciation on fixed assets is calculated at fixed percentages of cost or actual value, based on the estimated useful life of the assets.

Allocation expenditure

All expenditure is allocated to three main categories 'objectives (main activities)', 'raising income' and 'administration and control'. Furthermore, expenditure is allocated to organizational units, which activities can be matched to the three main categories. When units are active or supportive for 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 estimations based on experience or based on actual time writing.

Organizational unit	Charge argument
Netherlands, low prevalence	All expenses charged on 'TB control in low prevalence countries'
Other countries, high prevalence	3% of staff expenses charged on 'Expenses government grants'
	All other expenses charged on 'TB control in high prevalence countries'
Project management	3% of staff expenses charged on 'Expenses government grants'
	All other expenses charged on 'TB control in high prevalence countries'
Research	3% of staff expenses charged on 'Expenses government grants'
	All other expenses charged on 'Research'
Communication	All expenses charged on 'Information, education and awareness'
Fundraising	Actual expenses charged on 'Expenses actions from third parties'
	Staff expenses charged on 'Information, education and awareness' and 'Expenses private fundraising' based on timewriting.
	40% of all other expenses charged on 'Information, education and awareness'
	60% of all other expenses charged on 'Expenses private fundraising'
Directors office	Grants to third parties for scientific research charged on 'Research'
	Expenses for public affairs charged on 'Information, education and awareness'
	2% of staff expenses charged on 'Expenses fundraising third parties'

Organizational unit	Charge argument
	3% of staff expenses charged on 'Expenses government grants'
	3% of staff expenses charged on 'Expenses financial assets'
	All other expenses charged on 'Expenses administration and control'
Human resource management	Based on amount of FTE of units charged on four objective-categories, expenses private fundraising and expenses administration and control
Facility management	Based on amount of FTE of units charged on four objective-categories, expenses private fundraising and expenses administration and control
Finance Planning & Control	Staff exclusively working for project finance is charged to the objective-categories
	All other expenses charged on 'Expenses administration and control'

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

Accounting policies – cash flow statement

The cash flow statement is determined using the indirect method, presenting the cash flow separately as the sum of the shortage or surplus and the costs for depreciation.
Cash flows in foreign currencies are included using an average exchange rate. Currency fluctuations and income and expenses from interest are added to the cash flow from operational activities. Interest paid and received, dividends received and income taxes are included in cash from operating activities. Under investments (in property, plant and equipment) only those investments are included which were paid for in 2020.

KNCV offices

KNCV is represented in the countries listed below. Activities for these offices have been included in the annual report.

1. KNCV Tuberculosis Foundation, Maanweg 174, 2516 AB The Hague, The Netherlands
2. KNCV Tuberculosis Foundation in Ethiopia, Addis Ababa, Ethiopia
3. KNCV Tuberculosis Foundation in Malawi, Lilongwe, Malawi
4. KNCV Tuberculosis Foundation in Nigeria, Abuja, Nigeria
5. KNCV Tuberculosis Foundation in the Republic of Tajikistan, Dushanbe, Tajikistan
6. KNCV Tuberculosis Foundation in Tanzania, Dar es Salaam, Tanzania
7. KNCV Tuberculosis Foundation in Vietnam, Hanoi, Vietnam
8. KNCV Tuberculosis Foundation Representative Office in Central Asia, Almaty, Kazakhstan
9. KNCV Philippines, Salcedo Village, Makati City 1227, Philippines

NOTES TO THE FINANCIAL STATEMENT

Guideline 650 for accounting and reporting

KNCV is subject to the 650 Guideline for Annual Reporting by Fundraising organizations. In the following notes the composition of the Balance Sheet is analyzed and commented. Furthermore, significant deviations between the 2020 results and budget and between 2020 and 2019 as shown in the Statement of Income and Expenses are clarified.

KNCV was the prime contractor of the United States Agency for International Development (USAID) funded Challenge TB project, which ran from 30 September 2014 up to 31 March 2020, including a no cost extension for a six-month period for limited activities and countries. The project was partly implemented by partners in the Tuberculosis Coalition for Technical Assistance (TBCTA). These implementation parts, the consequential current account positions and the contractual commitments towards the donor are considered in both the balance sheet and the statement of income and expenses of KNCV. At the de-central level, where KNCV has country offices, subaccounts are maintained for all local financial transactions. The subaccounts are fully included in both the balance sheet and the profit & loss statement.

Balance sheet per 31 December 2020 - Assets

Tangible Fixed Assets (B1)

Movements in the tangible fixed assets are as follows:

	Office reconstruc-tion work	Office inventory (including regional office)	Computers	Total
as at 1 January, 2020				
Cost	5,141	264,589	863,635	1,133,365
Accumulated depreciation	-5,141	-189,403	-766,194	-960,738
Book value	0	75,186	97,441	172,627
Increase / (Decrease) 2020				
Investments	31,536	3,151	0	34,687
Disinvestments	-5,141	0	-5,318	-10,459
Depreciation	-4,040	-12,124	-65,471	-81,635
Depreciation on disinvestments	5,141	0	5,318	10,459
	27,496	-8,973	-65,471	-46,948
as at 31 December, 2020				
Cost	31,536	267,740	858,317	1,157,593
Accumulated depreciation	-4,040	-201,527	-826,347	-1,031,914
Book value	27,496	66,213	31,970	125,679

The book value of fixed assets ultimo 2020 amounts to € 125,679, which is lower than 2019. 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 2020 amounting to € 34,687 were mainly in office reconstruction work related to the move to the new office . Total depreciation is calculated at € 81,635. Assets that are no longer in use have been disinvested for an amount of € 10,459. The part of their book value that was not depreciated yet is included in the depreciation for 2020.

Tangible fixed assets are those assets needed to operationally manage the business. No assets have been included in the tangible fixed assets figures that have been directly used in the scope of the main activities.

Accounts Receivable (B2)

The balance of accounts to be received is € 3.2 million, which is € 4.1 million lower than in 2019.

The bulk of the receivables amount consists of current account balances with projects, accounts receivables from donors, and the financial contractual relation with coalition partners. Overall, the annual level of activities executed influences this balance significantly. Acquiring more or less grants from institutional donors can lead to a structural and significant decrease or increase of the amount.

B2 Accounts Receivable	**31/12/2020**	**31/12/2019**
Interest (on bonds)	7,272	24,187
Lotteries	1,124,806	998,828
Debtors	130,713	1,406
Payments in advance general	228,310	118,663
Payments in advance projects	80,103	63,237
Legacies in process	236,728	203,072
Other receivables	2,136	1,164
Current account subawardees	20,961	0
Current account USAID	0	1,283,269
Accounts receivable USAID based on agreement	560,280	4,190,476
Receivables other donors	806,752	423,949
	3,198,061	7,308,251

The total account receivable from USAID for the Challenge TB project, based on approved project work plans, decreased from € 4.2 million to € 0.6 million. This amount is directly related to the work still to be performed for the Challenge TB project amounts under liabilities (B7). This amount is expected to be still de-obligated by USAID as no additional project activities are expected to be implemented. The fair value approximates the book value. All receivables are expected to fall due in less than one year.

Investments (B3)

KNCV follows a defensive investment risk profile: 70% fixed income securities (country bonds or bonds with at least an A-rating), 20% shares (in participatory funds or in high value equity) and 10% real estate and alternatives. Management of the portfolio is outsourced to ABN AMRO.

KNCV's objective is to optimize the return on investments, considering that:

- The risk of revaluation must be minimized and a sustainable result must be achieved by spreading tactics (allocation, time planning) and careful selection of new investments;
- Consistency in growth and composition of the portfolio, i.e. no significant fluctuations over time;
- Leading to a predictable cash flow, which supports the annual budget of the organization without being too dependent on its results;
- Maintaining the long-term value the of investments, i.e. the value of invested assets must keep pace with the evolution of inflation;
- The influence on the whole portfolio of yield reduction of individual segments is limited;
- For investments in equities and corporate bonds, ABN AMRO selects investment funds that employ a disciplined and well-defined sustainability screening process. This process must address the major topics that fall under the Environmental, Social and Governance themes. Topics to be addressed must include:

- Business ethics;
- Environment;
- Employees;
- Society & community;
- Clients & competitors;
- Supply chain management and
- Corporate governance

Controversial activities to be addressed are:

- Animal welfare;
- Factory farming;
- Animal testing and
- GMOs.

Controversial products to be addressed are:

- Nuclear energy (production and services);
- Weapons;
- Tobacco;
- Alcohol;
- Adult entertainment;
- Addictive forms of gambling and
- Fur & specialty leather products.

KNCV will not invest in funds that invest in companies that have a strategic involvement in the following products or services:

- Tobacco;
- Weapons production (including specifically designed components);
- Pornography;
- Mining;
- Controversial ways to gain energy such as drilling in arctic, shale gas extraction and oil extraction from tar sands;
- Addictive forms of gambling or;
- Production or processing of fur and specialty leather.

For investments in government bonds, KNCV will only invest in bonds issued by governments that have an above-average sustainability score.

Sustainability of a country is based on its score on some 30 criteria, such as: CO2 emissions and reduction targets, production of renewable energy, biodiversity, education, income distribution, quality of life, child labor, civil liberties, defense spending, corruption, effectiveness of government, and adherence to major international treaties.

KNCV will not invest in government bonds of countries that seriously curb press freedom, infringe on civil liberties, practice the death penalty, possess and have the discretion to use nuclear weapons, generate an above-average percentage of electricity with nuclear power or have not signed or ratified major international treaties (for instance to ban controversial weapons, to ban nuclear testing or to counter climate change).

The performance of ABN AMRO as an 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 Finance. The bank is instructed to take decisions for selling and buying within the limits of KNCV's investment and treasury policy.

The composition and results of the portfolio is described below and depicted in Tables 10 to 13. As far as is relevant a comparison with 2019 is shown.

To determine the maximum level of investments, the level of the existing reserves and funds is used as a guiding target. In principle, 10% of total reserves are kept as liquidity, which leads to a maximum available level for investments of 90%. Calculations based on this principle show that as per 31 December 2019, € 10,4 million was available and as per 31 December 2020, € 9,2 million. The market value (€ 5.9 million) of the investments are below the maximum. Naturally, apart from this mathematical approach, an assessment of the situation on the market is also considered when transactions take place.

In table 4 the allocation of assets according to the reporting of ABN AMRO is shown. 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, but reported under cash. In 2020, all asset categories stay within the range allowed according to the investment policy.

B3 Investments	**Shares**	**Bonds**	**Alternatives**	**Total**
Balance as at 1 January, 2020	1,744,882	3,754,451	382,000	5,881,333
Purchases	337,965	1,761,783	0	2,099,748
Sales	-399,844	-1,555,071	0	-1,954,915
Realized stock exchange result	104,841	13,759	0	118,600
Unrealized stock exchange result	45,000	47,704	-9,398	83,306
Balance as at 31 December, 2020	1,832,844	4,022,626	372,602	6,228,072

Table 3: Composition of the investment portfolio and historical values

BREAKDOWN INVESTMENTS PORTFOLIO 2020

Source: rapport ABN AMRO MeesPierson

Fund	Interest	Nominal value	Historic purchase value	Value in balance sheet	Transactions in reporting year nominal			Transactions in reporting year in actual prices			Nominal value	Historic purchase value	Value in balance sheet
	%	1/1 2020	1/1 2020	1/1 2020	Purchased	Sold	Redemption of bonds	Purchased	Sold	Redemption of bonds	31/12 2020	31/12 2020	31/12 2020
Shares (00300)													
AA Aegon Global Impact Eqt	-	-	-	-	-	-	-	107,811	-	-	-	107,811	111,817
AA Dana US Sustain	-	-	119,362	141,259	-	-	-	-	128,155	-	-	-	-
AA Eden Tree European	-	-	113,672	123,424	-	-	-	-	-	-	-	113,672	120,903
AA Funds Boston Com US	-	-	-	-	-	-	-	83,661	-	-	-	83,661	96,435
AA Parnassus US Sustain	-	-	153,293	191,463	-	-	-	-	79,367	-	-	94,048	121,047
AA Global Sustainable Equities E	-	-	89,547	132,315	-	-	-	19,392	83,465	-	-	55,180	78,311
Amundi Index MSCI	-	-	120,428	123,903	-	-	-	15,561	-	-	-	135,989	141,895
ASN Duurzaam aandelenfonds	-	-	78,189	115,445	-	-	-	2,150	-	-	-	80,339	126,274
ASN Milieu en Waterfonds	-	-	67,413	113,375	-	-	-	1,540	-	-	-	68,953	138,493
AA Liontrust European Sustain	-	-	112,640	126,796	-	-	-	6,593	-	-	-	119,232	151,500
Celsius Sust Emerging Markets	-	-	143,410	165,148	-	-	-	10,735	30,049	-	-	131,230	157,796
BMO Responsible Global equity	-	-	71,728	123,627	-	-	-	22,632	13,601	-	-	90,341	153,462
BMO Responsible Emerging Mkt	-	-	-	-	-	-	-	67,206	-	-	-	67,206	69,006
Janus Henderson Global Sust	-	-	82,755	146,648	-	-	-	-	20,234	-	-	76,885	164,046
Pictet eur Sustainable	-	-	95,001	124,170	-	-	-	-	-	-	-	95,001	123,308
Triodos Sustain Equity	-	-	85,002	117,310	-	-	-	684	44,973	-	-	55,854	78,551
Subtotal shares		-	1,332,440	**1,744,883**	**-**	**-**	**-**	**337,965**	**399,844**	-	-	1,375,402	**1,832,844**
Real estate/Alternatives (00305)													
Previum Sustainable Alternatives	-	-	360,976	382,000	-	-	-	-	-	-	-	360,976	372,602
Subtotal real estate/altern.		-	360,976	**382,000**	**-**	**-**	**-**	**-**	**-**	-	-	360,976	**372,602**
Bonds (00320)													
AA Insight euro corp bds dh cap	n.a.	-	-	-	-	-	-	947,832	-	-	-	947,832	967,722
AA Insight euro corp bds	n.a.	-	-	-	-	-	-	236,391	-	-	-	236,391	242,125
België 15-31	1.000	190,000	217,617	206,910	150,000	-	-	168,035	-	-	340,000	385,651	388,229
Ierland T bond 13-23	3.900	330,000	399,205	376,183	-	330,000	-		375,429	-	-	-	-
Ierland T bond 14-24	3.400	195,000	235,109	225,869	-	195,000	-	-	225,863	-	-	-	-
European Inv bank 15-23	0.500	235,000	240,364	243,389	-	-	-	-	-	-	235,000	240,364	243,225
European Inv bank 14-26	1.250	120,000	130,194	132,018	-	120,000	-	-	133,759	-	-	-	-
Ishares Italy Gov bond	n.a.	-	-	-	-	-	-	277,212	-	-	-	277,212	285,412
Kredit Wiederaufbau 17-25	0.250	200,000	201,176	205,440	-	-	-	-	-	-	200,000	201,176	207,970
Spanje 10-25	4.650	170,000	216,505	213,609	21,000	60,000	-	26,502	74,607	-	131,000	166,593	161,975
Spanje 18-28	1.400	120,000	134,794	130,530	89,000	-	-	98,445	-	-	209,000	233,239	233,745
SSGA euro sustainable corp bonds	perp	-	1,452,356	1,525,810	-	-	-	-	579,469	-	-	924,068	968,126
AA Robeco Quant Duration glb	n.a.	-	498,590	494,693	-	-	-	7,366	165,944	-		333,852	324,097
Subtotal bonds		1,560,000	3,725,910	**3,754,451**	**260,000**	**705,000**	**-**	**1,761,783**	**1,555,071**	-	1,115,000	3,946,378	**4,022,626**
Total		1,560,000	5,419,326	**5,881,333**	260,000	705,000	-	2,099,748	1,954,915	-	1,115,000	5,682,756	**6,228,071**

All investments are at the company's free disposal.

Table 4: Asset allocation ultimo 2020 compared to the policy.

Investment	Investment policy		31 December 2019		31 December 2020	
	Range	Target	In € million	%	In € million	%
Bonds	50-80%	70%	3.75	56.4%	4.02	58.5%
Shares/Real Estate/Alternatives	0-50%	30%	2.13	32.0%	2.21	32.0%
Liquidities		0%	0.77	11.6%	0.65	9.5%
Total			6.65	100.0%	6.88	100.0%

Bonds are mostly consisting of an investment in a bond portfolio fund (SSGA) and from Northern European national governments and from national financial institutions. Shares and real estate funds are all tested against sustainability criteria with underlying values in European and worldwide operating companies. In principle, bonds are bought with a long-term investment horizon. The remaining running period is categorized in table 5. Because of the low return on bonds in the current market and expected interest increases that could result in negative returns bonds are underweight and a larger proportion of the portfolio is kept in stocks and as cash.

Table 5: Maturity of bonds

Running period remaining	2018	2019	2020
0 to 2 years	7%	0%	0%
2 to 5 years	17%	17%	6%
5 to 8 years	12%	21%	15%
>8 years	4%	9%	10%
Bond funds	60%	54%	69%

An overall result of 3.27% (benchmark: 2.42%; 2019: 8.78%) is realized. Below, a comparison between our 2020 portfolio, the benchmark and the results for 2019 is shown per asset category:

- Bonds; 2020 2.54%, benchmark 1.94%, 2019 3.74%
- Shares; 2020 9.74 %, benchmark 2.75%, 2019 29.8%.
- Alternative assets; 2020 -2.46%, benchmark 1.51%, 2019 4.27%.
- Liquidity available for investments; 2020 -4.4% (includes investment expenses), benchmark -0.57%, 2019 -3.18%.

In absolute terms and in comparison with the long-term expected result of 5% the portfolio underperformed. Compared to the benchmark it overperformed, mostly due to the allocation of investment expenses. The overweighing of the IT sector contributed positively to the result as well as the overweighing of the US. Bonds showed a slightly higher result compared to the benchmark due to overweighing in corporate bonds.

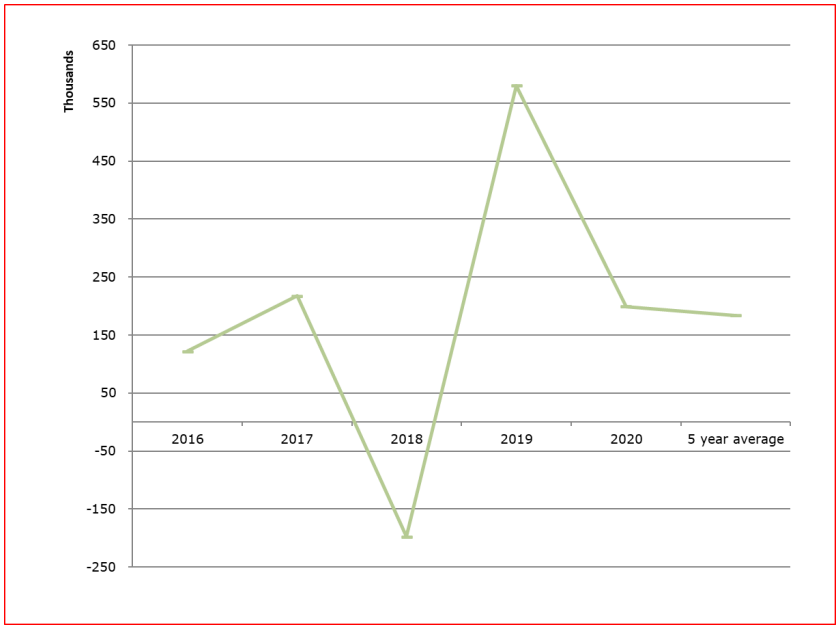
In table 6 and Figure 11, as required by the sector organization for charities, Goede Doelen Nederland, the investment results over a five-year period are depicted. The figure also shows the accumulated result over the years.

Table 6: Investment results 2016-2020

Description	2016	2017	2018	2019	2020	5 year average
Bond income	33,687	51,010	54,888	50,225	28,722	43,706
Depreciation of amortization	-	-	-	-	-	-
Dividend	46,248	26,461	31,989	22,153	17,157	28,802
Realized exchange results	152,180	230,524	112,084	189,347	118,600	160,547
Unrealized exchange results	-84,166	-56,908	-371,790	326,413	83,306	-20,629
Interest on cash on hand and deposits	23,070	20,426	8,224	23,176	229	15,025
Gross investment income	171,019	271,513	-164,605	611,314	248,014	227,451
Investment expenses	49,338	54,202	33,161	31,256	48,577	43,307
Net investment income	121,681	217,311	-197,766	580,058	199,437	184,144

Investment expenses include allocated organizational expenses.

Figure 11: Net investment income 2016-2020



The Executive Director confirms that all transactions in 2020 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 expensed 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.

Cash and banks (B4)

The balance of cash and banks decreased compared to 2019, with € 3.2 million to a level of € 7.5 million. Main reason is the lower cash balances on the USD account. Ultimo 2020 no deposits were available, because interest rates on deposits during 2020 were not more beneficiary to the result than balances on savings accounts.

Part of the bank balance is still available for mid-term or long-term investment in shares or bonds, once there are more positive developments in the global financial markets.

B4 Cash and banks	**31/12/2020**	**31/12/2019**
Immediately available		
Petty cash	1,392	2,021
ING	95,655	77,793
ABN AMRO bank	351,512	539,619
ABN AMRO (USD account)	4,965,091	7,843,512
ABN AMRO investment account	1,653,637	1,766,891
ABN AMRO Challenge TB	10,830	28,679
Bank accounts country offices	401,055	446,155
	7,479,172	10,704,670

Balance sheet per 31 December 2020 - Liabilities

Reserves and funds

Result appropriation

The annual accounts and the annual report are prepared by the Board of Directors. The annual accounts and the annual report are adopted by the General Assembly.

To the Board of Trustees and the General Assembly, in their respective meetings of 19 April 2020 and 11 May 2020, we propose to appropriate the deficit of 2020 according to the following division:

	In €
Surplus / Deficit appropriated as follow	
Continuity reserve	-1,133,030
Decentralization reserve	-97,924
Earmarked project reserves	-74,984
Unrealized differences on investments	43,653
Fixed Assets reserve	-46,948
Earmarked by third parties	-2,966
Total	-1,312,199

KNCV's policy towards reserves and funds is clarified in chapter Accounting policies.

Reserves (B5)

- Continuity reserve

The continuity reserve serves as a buffer for unexpected fall backs, both in expenditures 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 volume, to fluctuations in the volume of mission related activities. For this continuity demand, the Board has not earmarked the reserve with a specific spending destination.
We use 1 to 1.5 times the estimated and budgeted expenditures for the organization for one year as a reasonable maximum level of the reserve. Mission related activity expenditures are excluded of the calculation. The continuity reserve ultimo 2020, € 7.5 million, stays well within the maximum (1.16 times the budget for organizational costs in 2021). The underlying risks to be covered by the continuity reserve are analyzed each year during the annual planning and budgeting process. At that point, possible risks are identified and, if possible, quantified to calculate the maximum amount needed in the continuity reserve. It is expected that the consequences of a reduction in income and activities due to the close out of Challenge TB the risk of discontinuity of (parts of the) organization and long-term commitments can be covered by the current level of the continuity reserve.

- Earmarked project reserves

Some parts of our equity have been earmarked by the Board to several specific objectives, with approval of the Board of Trustees. This gives the organization the possibility to either anticipate on unexpected opportunities or to give extra focus to strategic areas. In the coming years, parts of the reserves will be used for extra research activities in Nigeria and Ethiopia. In 2020, an amount of € 74,985 has been withdrawn from the earmarked project reserves for approved activities. The budget had an amount of € 250,000 planned to be deducted from the earmarked reserves. Due to COVID-19 related delay of certain activities in Nigeria and Ethiopia the actual deduction was lower.

	Balance as at 1/1/2020	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31/12/2020
Reserve national policy planning	50,542	0	0	0	50,542
Reserve international policy planning	77,579	0	0	0	77,579
Reserve research policy planning	134,239	0	0	-50,000	84,239
Reserve special needs	131,077	0	0	0	131,077
Reserve innovations	0	0	0	0	0
Reserve capacity building	51,460	0	0	-9,902	41,558
Reserve monitoring tools	150,567	0	0	-4,179	146,388
Reserve advocacy	49,140	0	0	-1,907	47,233
Reserve childhood TB	0	0	0	0	0
Reserve education center	490,428	0	0	-8,996	481,432
Total earmarked by the board	1,135,032	0	0	-74,984	1,060,048

The reserves for policy planning and capacity building are intended for international projects that have a policy development and research component. The special needs reserve is intended for patient support. The reserve for monitoring tools is intended for investment in improving monitoring tools. The advocacy reserve is allocated for advocacy and awareness creation. The reserve for an educational center is allocated for activities related to setting up KNCV educational activities.

- 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 implementation of pilot projects.

In 2020, the decentralization reserve was allocated towards expenses to be incurred for the capacity building of country office staff with a focus on Ethiopia and Nigeria. In 2020, an amount of € 97,924 was withdrawn from this reserve. For 2021 an amount of € 300,000 is planned to be withdrawn with a focus on strengthening further the KNCV network.

	Balance as at 1/1/2020	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31/12/2020
Decentralization reserve	706,757	-	-	-97,924	608,833

- Unrealized exchange difference on investments

This reserve serves as a revolving fund for unrealized exchange results on investments, which are not available for mission related activities until they are realized. In compliance with Guideline 650, 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. Ultimo 2020 the reserve contains

€ 559,688, which is an 8% increase from 2019, due to unrealized positive stock exchange results 2020. The movement in the reserve is as follows:

	Balance as at 1/1/2020	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31/12/2020
Total revaluation reserve	516,035			43,653	559,688

- Fixed Assets reserve

KNCV separates equity, needed to finance the remaining value of fixed assets, which is allowed by Guideline 650. In 2020, the reserve decreased to an amount of
€ 125.679 .

	Balance as at 1/1/2020	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31/12/2020
Total fixed asset reserve	172,627			-46,948	125,679

Funds (B6)

In the past, some resources received from third parties have not been used in full and still have a spending purpose earmarked. In the coming years, parts of these funds will be used for international and research activities. Most of the funds do not have spending deadlines. Use of the funds is budgeted according to the activity plans. In 2020, an amount of € 2,966 is used.

	Balance as at 1/1/2020	Additions	Withdrawals	Profit & loss appropriation	Balance as at 31/12/2020
Fund TSRU	93,355		0	-2,966	90,389
Fund Special Needs	255,610		0	0	255,610
Jakob and Carolina fund	6,373		0	0	6,373
Fund Wessel	24,451		-2,447	0	22,004
	379,789	0	-2,447	-2,966	374,376

Fund Tuberculosis Surveillance and Research Unit (TSRU)

In 1993, the financial management of the TSRU was transferred to KNCV, as one of the members of the TSRU. KNCV henceforth became responsible for the funds transferred to it, its corresponding financial management and reporting to the steering Committee of the TSRU. The utilization of these funds has no time limit. As no annual conference has taken place in 2020, the expenses in 2020 are limited to € 2,966 administrative costs.

Fund special needs

This fund was established from the funds arising out of the "De Bredeweg" foundation that was dissolved in 1979, and subsequent related additions. All rights and responsibilities to these funds were given to KNCV but may only be utilized for the continuation of the dissolved foundation's work. The utilization of these funds has no time limit. Should the KNCV earmarked reserve special needs under earmarked project reserves run out of funds this Fund special needs can be utilized for that purpose.

Jacob and Carolina Fund

By way of farewell gift, departing Board of Trustees' chair Dina Boonstra, has created a fund under the umbrella of KNCV, the Jakob & Carolina Fund. This was announced during the General Assembly 2017. The fund will support the training of people who give support to TB patients during their lengthy and difficult treatment. There were no activities in 2020. New project proposals are expected to be developed in the coming years.

Wessel

This fund relates to commitments taken over from Wessel Foundation, dissolved in 2019. All rights and responsibilities to these funds were given to KNCV to be utilized for the continuation of the dissolved foundation's work.

Various short-term liabilities (B7)

The total of various liabilities has decreased from € 12.6 million in 2019 to € 6.8 million in 2020 and includes under Other liabilities € 0,6 million of contractual committed projects still administratively to be closed with USAID and only still a very small amount value of sub-agreements with coalition partners. As clarified on the Accounts receivable side, the level of projects and activities agreed in grants is the main cause for fluctuation in the liabilities. The liability will be paid out based on implemented activities. The liability to other donors is related to advances received during 2020 for activities to be implemented in 2021. A large part of Other Liabilities and Accrued Expenses is taken up by a provision for leave hours, which have not been used by employees up to now. The level of the amount for this provision at the end of 2020 is € 232,534, which is lower than the amount in 2019, because leave for staff that left as a result of the reorganization was either taken or paid out. The other liabilities also include an amount of € 585,181 that has been accrued out of prudence for indirect costs yet to be approved by USAID for reorganization costs.

	31/12/2020	31/12/2019
Taxes and social premiums		
Income taxcountry offices and VAT	273,136	405,765
Social premiums	17,766	10,459
Pension premiums	1,324	2,204
	292,226	418,428
Accounts payable	372,275	503,030
Other liabilities and accrued expenses		
Provision for holiday pay	183,998	265,363
Provision for annual leave	232,534	291,975
Declarations from staff	10,632	31,357
Audit fees	67,911	80,115
Accruals project countries	496,600	233,799
Current accounts sub awardees	0	185,934
Current account - Dutch Ministeries	25,807	0
Other donors	3,068,399	4,615,915
Other liabilities	862,482	727,595
Project payables KNCV country offices	226,482	142,929
Payable USAID Challenge TB	5,975	248,759
Endowment funds	408,464	124,621
Other	372	15,525
Accruals TBCTA partners balance	0	74,761
Projects to be executed under Challenge TB	560,280	1,711,159
Accounts payable TBCTA coalition partners	1,119	2,865,544
	6,151,055	11,615,349

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.

Liabilities not included in the balance sheet

Office rental contract

In 2019 a rental contract was entered into with a third-party lessor for offices on Maanweg 174 in The Hague from 1 June 2020 onwards. The rental contract is for six years, ending on 31 May 2026. The annual rent is € 138.420 including maintenance fee and VAT. A € 17.519 bank guarantee has been issued in favor of the lessor.

The obligations from operational leases at the end of the reporting period can be specified as follows:

(x € 1,000)

Obligations to pay:

No later than 1 year	153.226
Later than 1 year and no later than 5 years	612.902
Later than 5 years	62.755

During the reporting period the following amounts are included in the income statement with respect to leases:

(x € 1,000)	
Minimum lease payments	97.973
Conditional lease payments	0

Conditional commitments

Multi-year contracts

In 2019 we entered into several multi-year contracts with institutional donors, including:

A grant agreement for US$ 1,677,379 with Bill & Melinda Gates Foundation for the period May 2019 to May 2021;

A grant agreement with Unitaid for US$ 13,998,007 for the period July 2019 to December 2022;

A grant agreement with WHO for US$ 638,238 for the period 2019 extended in 2020 till September 2021;

Grants agreements with TB Reach for US$ 681,696 for the period 2019 to March 2021 with extensions till June 2021.

In 2020 we entered into a grant agreement with TB Alliance for US$ 1,708,276 for the period of September 2020 till December 2022.

These commitments are conditional on (annual) approval of workplans.

Statement of Income and Expenditure

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

Income

In total KNCV generated less income in 2020 (€ 15.5 million), compared to 2019 (€ 63.4 million).

In table 7 the total income for 2020 is compared with the budget and with 2019. In the tables that follow, each income category is further clarified.

Table 7: Total income

Total income	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
Own share	16.80	13.96	37.41	-17%	-63%
Coalition partners share	-	1.46	26.00	-	-94%
Total	16.80	15.42	63.41	-8%	-76%

The biggest decrease was realized in income from government grants. The biggest increase was realized in income from other nonprofit donors.

Table 8: Income from individuals (R1)

Income from individuals	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	1.04	0.99	0.72	-4%	39%

Income from individuals was only 4% lower than planned and 39% higher than last year, mostly due to higher legacy income.

R1 Income from individuals	Budget 2020	Actual 2020	Actual 2019
Donations and gifts			
Direct marketing activities	640,000	494,812	503,189
Gifts- other	0	4,272	5,790
Total donations and gifts	640,000	499,084	508,979
Legacies and endowments	400,000	495,583	208,210
Total income from individuals	1,040,000	994,667	717,189

Table 9: Income from companies (R2)

Income from companies	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	-	0.42	0.48	-	-12%

Income from companies decreased compared to 2019 due to adjustments in activities of the Cepheid project in Nigeria related to the COVID-19 context.

R2 Income from companies	Budget 2020	Actual 2020	Actual 2019
Various companies through fundraising campaigns	0	17,230	10,944
Cepheid	0	399,363	466,363
Total income from companies	0	416,593	477,307

Table 10: Income from lotteries (R3)

Income from lotteries	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	1.36	1.43	1.38	5%	3%

Income from lotteries increased by 5% compared to budget, and increased by 3% compared to 2019, due to an income from the Lotto for 2020 that was higher than estimated.

The income from third party campaigns consists of contributions from three Dutch lottery organizations: The **Nationale Postcode Loterij**, **VriendenLoterij** and **De Lotto**. The amount consists of general participation in the lotteries, earmarked lottery tickets sold and settlements from previous years. The latter is due to the fact that each year at the time of the closing date, the contribution from De Lotto is not yet announced and is therefore based on an estimate. Deviations from this estimate are accounted for as settlements from previous years. Income from the lotteries is recognized at the time of the allocation. The proceeds from the lotteries are based on multi-year contracts. 90% of the contribution from De Lotto is paid to Samenwerkende Gezondheidsfondsen for project "Gezonde Generatie" as part of a three-year agreement.

	Budget 2020	Actual 2020	Actual 2019
R3 Income from lotteries			
Settlement previous years	-	70,753	20,698
Vriendenloterij (earmarked lottery tickets)	100,000	77,851	84,542
Nationale Postcode Loterij	900,000	900,000	900,000
De Lotto	356,100	379,782	375,969
Total from fundraising third parties	1,356,100	1,428,386	1,381,209

Table 11: Income from government grants (R4)

Income from government grants	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
Own share	3.28	4.72	31.40	44%	-85%
Coalition partners share	-	1.46	26.00	-	-94%
Total	3.28	6.19	57.40	88%	-89%

KNCV's 2020 share in the USAID-funded Challenge TB project, with € 4.2 million, amounts to 68% of the total figure for government grants. This is higher than initially planned mainly due to some delayed 2019 activities that still materialized as well as an additional procurement of diagnostic cartridges in the first quarter of 2020. The DGIS income for 2020 was € 0.2 million. This income counts as cost share towards the USAID-funded Challenge TB project.

The contribution to TB control in The Netherlands from the **CIb** has decreased to € 0.4 million in 2020. This is slightly below budget due to adjustments of activities.

For 2020, government grants determined 41% of KNCV's budget.

	Budget 2020	Actual 2020	Actual 2019
R4 Government grants			
Center for disease control	416,100	399,949	447,281
DGIS	0	157,357	1,106,709
USAID	872,800	2,776,663	26,497,755
WHO		535,950	428,675
Global Fund/GFATM	1,993,500	944,688	1,000,855
Other Donors		-90,843	1,915,066
Subtotal	3,282,400	4,723,764	31,396,341
USAID grants coalition partners	0	1,461,542	26,000,311
Total government grants	3,282,400	6,185,306	57,396,652

Table 12: Income from allied non-profit organizations.

Income from allied non-profit organizations	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	0.58	0.20	0.27	-65%	-26%

Income from allied non-profit organizations includes the annual contribution to KNCV's activities. The decrease compared to 2019, is because not all activities related to the full agreed contribution have been implemented in 2020 yet, therefore these are shifted to 2021

R5 Income from allied non-profit organizations			
Contributions by association members	200	170	240
Sonnevanck Foundation	22,000	31,193	22,000
Mr. Willem Bakhuijs Roozeboom Foundation	15,000	-494	23,140
Dr. C. de Langen Foundation for global Tuberculosis	420,000	51,006	191,131
's-Gravenhaagse stichting tot steun aan de bestrijding der tuberculose	120,000	120,000	32,356
Other	0	0	4,697
Total income from allied non-profit organizations	577,200	201,875	273,564

Table 13: Income from other non-profit organizations (R6).

Income from other non-profit organizations	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	10.55	6.20	3.10	-41%	100%

Income from other non-profit organizations increased compared to 2019 and includes contributions from Bill & Melinda Gates Foundation, Unitaid and TB Alliance. It increased less than initially planned for in 2020 which can be explained by some pending proposals at time of planning that were not granted and delay in the final approval of some grants, for example the grant with TB alliance which was planned to be signed by April 2020, but only got signed in October. Income from other non-profit organizations is an increasingly important part of KNCV's funding base, important to achieve our long term goal of diversification of funding sources.

	Budget 2020	Actual 2020	Actual 2019
R6 Income other non-profit organizations			
Eli Lilly	0	361	3,746
Bill and Melinda Gates Foundation	804,000	729,901	667,045
Unitaid	7,428,800	4,558,543	1,677,609
TB Alliance	0	437,652	651,010
Dr Wessel stichting	0	0	96,000
Other	2,312,800	470,414	2,746
Total income other non-profit organizations	10,545,600	6,196,871	3,098,156

Table 14: Income for supply of services.

Income for supply of services	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	0.04	0.04	0.08	-14%	-52%

Income for supply of services decreased due to the fact that less trainings were organized.

	Budget 2020	Actual 2020	Actual 2019
R7 Income for supply of services			
Endowment funds fee on administration & control costs	7,000	6,198	6,198
Trainings	37,000	31,704	72,221
Total income for supply of services	44,000	37,902	78,419

Table 15: Other income.

Other income	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	-	-	-0.02	-	-105%

No other income, according to plan.

Expenditure

Total expenditures in 2020 were € 17.0 million, which is € 1.3 million lower than budgeted. The decrease is caused by lower expenditures in the category 'Research' due to the completion of the Challenge TB Prevention project.

Expenditures in the categories 'fundraising' showed a decrease compared to budget in relation to less fundraising activities due to the COVID-19 context. Expenses for 'administration and control' showed an increase compared to budget.

In table 16 the total expenses for 2020 are compared with the budget and with 2019. In the tables that follow each income category is further clarified.

Table 16: Total expenditure.

Total expenditure	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
Own share	18.24	15.51	38.11	-15%	-59%
Coalition partners share	-	1.46	26.00	-	-94%
Total	18.24	16.97	64.11	-7%	-74%

Table 17: Expenses to mission related goals (R9).

Expenses to mission related goals	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
Own share	16.33	13.83	36.16	-15%	-62%
Coalition partners share	-	1.46	26.00	-	-94%
Total	16.33	15.29	62.16	-6%	-75%

In 2020, 90.1% of all expenses were spent on mission related activities. The activities in low prevalence countries took 4.7% of the total amount, high prevalence countries 84.3%, research activities 6.2% and education/awareness 4.8%.

Currency exchange effects

In 2020 an amount of € 51.383 in negative currency exchange effects was taken into account (2019 € 182.119 positive).

Table 18: Expenses to fundraising.

Expenses to fundraising	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	1.03	0.58	0.79	-43%	-26%

In all categories of fundraising and acquisition activities, including those for private fundraising, € 0,58 million was spent. This was lower than the budget. For income from fundraising from individual private and company donors a percentage of 16,3% of the income has been spent as costs. This is in line with internal policy and CBF guidelines.

Table 19: Expenses administration and control.

Expenses to Administration and control	Budget 2020 in € million	Actual 2020 in € million	Actual 2019 in € million	% difference budget	% difference last year
	0.89	1.10	1.16	24%	-6%

The budgeted 'Costs for administration and control' include planned savings on IT support and infrastructure which did not materialize. The planned IT server migration project which would contribute to these savings was delayed.

NOTES TO THE STATEMENT OF INCOME AND EXPENDITURE 2020

in euro

Notes to cost categories

	Bijgewerkt Budget 2020	Bijgewerkt Actual 2020	Bijgewerkt Actual 2019
R 9 Expenses to mission related goals			
- TB control in low prevalence countries	846,400	717,873	961,248
- TB control in high prevalence countries			
-- executed by KNCV	13,017,600	11,435,375	30,062,895
-- executed by Challenge TB coalition partners	-	1,461,542	26,000,311
- Research	1,564,100	941,636	4,117,217
- Education and awareness	897,500	734,467	1,015,167
Total expenses to the mission	16,325,600	15,290,893	62,156,837

Specification - per country, independent from nature of the project	**Budget 2020**	**Actual 2020**	**Actual 2019**
Netherlands	1,306,300	895,648	950,250
Africa			
- Botswana	-	1,309	690,728
- Congo	-		3,506
- Ethiopia	2,110,200	1,671,076	3,765,237
- Ghana	-		1,242
- Kenya	-		652,289
- Malawi	462,700	578,788	2,720,902
- Mozambique	-		125,798
- Namibia	-		645,273
- Nigeria	351,000	1,829,139	8,210,431
- South Africa	639,800	402,896	3,920,215
- Swaziland	-	45,264	106,377
- Tanzania	996,100	717,302	2,303,116
- Zambia	-		24,998
- Zimbabwe	-		1,315
Subtotal Africa	4,559,800	5,245,774	23,171,427
Asia			
- Bangladesh	-		18,642
- Cambodia	-		35,135
- India	-		162,669
- Indonesia	233,100	209,863	4,008,835
- Myanmar	-	10,648	49,851
- Nepal	-		93,788
- Papua New Guinea	-		9,074
- Philipinnes	501,600	415,807	327,597
- Vietnam	-	511,941	809,050
- Noord Korea	-		20,512
Subtotal Asia	734,700	1,148,259	5,535,153
Eastern Europe			
- Kazakhstan	-	152,744	700,311
- Kyrgyzstan	7,300	44,992	795,424
- Mongolia			9,185
- Ukraine	802,700	385,358	68,256
- Uzbekistan	-	14,232	83,984
- Tajikistan	243,900	191,147	671,055
- Turkmenistan	-		102,078
Subtotal Eastern Europe	1,053,900	788,473	2,430,293
Non-country or region related projects	11,096,900	6,348,961	5,471,311
Challenge TB coalition partners	0	1,461,542	26,000,311
Expenses charged to other expenditure categories 3)	-2,426,000	-597,764	-1,401,908
Total expenses to the mission	16,325,600	15,290,893	62,156,837

3) *This specification above is based on the method KNCV applies for costs to donor projects and contracts to be allocated, what is needed for internal management and external 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.*

	Budget 2020	Actual 2020	Actual 2019
Personnel expenses			
Salaries	4,837,300	4,920,977	8,198,175
Accrued annual leave	-45,000	57,149	-40,804
Social security premiums	551,900	548,940	857,608
Pension premiums	429,500	395,934	619,784
External staff/temporary staff	249,500	270,233	305,624
Expenses regional offices	0	0	105,823
Reorganiation costs	0	125,143	643,263
Sub total	6,023,200	6,318,377	10,689,473
Oncharged staff expenses to third parties	0	0	0
Salaries KNCV country offices	0	2,836,064	7,184,005
Sub total	6,023,200	9,154,442	17,873,478
Additional staff expenses			
Commuting allowances	85,500	42,561	160,009
Representation	2,000	712	1,177
Social event	3,700	1,322	6,891
Congresses and conferences	25,900	1,647	7,618
International contacts	57,600	7,448	46,596
Training & Education	97,000	24,218	55,831
Recruitment	5,000	28,120	22,869
Insurance personnel	27,800	43,645	43,333
Catering	12,300	3,096	16,035
Works council	12,900	17,370	19,358
Expenses regional offices	0	0	9,182
Other	167,000	110,465	157,877
Allocated to investment income	-9,000		
Sub total	487,700	280,605	546,776
Other human resource management costs			
Development of tools	6,000	17,836	5,022
Safety training	51,900	41,761	60,932
Sub total	57,900	59,597	65,954
Total personnel expenses	6,568,800	9,494,644	18,486,208

Division of staff in different countries is reflected in the table 20.

Table 20: Division of staff in different countries.

	Total headcount per end Q4 2019	Total headcount per end Q1 2020	Total headcount per end Q2 2020	Total headcount per end Q3 2020	Total headcount per end Q4 2020
Netherlands	**75**	**61**	**57**	**56**	**57**
Nigeria	**20**	**27**	**18**	**20**	**19**
Ethiopia	**23**	**21**	**24**	**28**	**33**
Malawi	**8**	**8**	**8**	**7**	**10**
Tanzania	**15**	**15**	**15**	**12**	**12**
Kyrgyzstan	**1**	**1**	**1**	**1**	**1**
Phillipines	**4**	**5**	**5**	**5**	**5**
Tajikistan	**2**	**2**	**2**	**2**	**2**
Kazakhstan	**3**	**2**	**2**	**2**	**2**
Uzbekistan	**1**	**1**	**1**	**1**	**0**
Vietnam	**2**	**2**	**2**	**2**	**2**
TOTAL	**154**	**145**	**135**	**136**	**143**

	Budget 2020	Actual 2020	Actual 2019
Housing expenses			
Rent	120,400	86,023	197,959
Repairs and maintenance	1,300	2,877	2,780
Cleaning expenses	23,000	21,520	35,339
Utilities	38,500	37,515	63,754
Insurance and taxes	8,700	6,110	5,423
Plants and decorations	13,000	23,639	33,388
Housing expenses regional offices	0	0	1,708
Total housing expenses	204,900	177,684	340,351
Office and general expenses			
General office supplies	4,000	146	4,525
Telephone	21,000	23,908	26,555
Postage	4,300	7,475	6,851
Copying expenses	10,000	15,460	18,263
Maintenance - machines, furniture	500	-870	188
Professional documentation	2,000	340	2,408
IT costs	161,100	285,635	208,393
Audit fees	115,000	101,943	110,754
Board of Trustees	5,000	5,034	10,757
Consultancy	45,000	14,054	40,837
Bank charges	25,000	25,848	35,679
Other	-3,000	28,005	48,062
Office and general expenses regional and country offices	2,818,400	1,239,394	4,397,909
Total office and general expenses	3,208,300	1,746,373	4,911,181
Depreciation and interest			
Office reconstruction work	30,800	4,040	76,363
Office inventory	13,000	12,124	18,875
Computers	70,000	65,471	90,109
Regional offices	0	0	961
Allocated to investment income	-9,200	-18,606	-21,441
Total depreciation and interest	104,600	63,029	164,867

Main fluctuations compared to the budget for 2020 are caused by lower housing expenses related to the office movement. Lower office and general expenses, specifically expenses for in country activities like trainings and workshops, are related to adjusted planning due to COVID-19.

The audit expenses charged by PwC can be broken down in various categories:

Audit costs	**Actual 2020**	**Actual 2019**
Audit of the annual accounts	92,263	97,405
Project audits PwC*	30,490	58,815
Total	**122,753**	**156,220**

This includes the CIB audit, TB Reach Philippines and Malawi. 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.

Net investment income

Table 21: Net investment income (R10).

Net investment income	Budget 2020 in	Actual 2020 in	Actual 2019 in	% difference	% difference
	0.06	0.20	0.54	226%	65%

	Budget 2020	**Actual 2020**	**Actual 2019**
R10 Investment income			
Dividends	35,000	17,157	22,153
Bond earnings	35,000	10,722	32,225
Bond earnings on behalf of Fund Special Needs	18,000	18,000	18,000
Realized exchange gains	0	118,600	189,347
Unrealized exchange results	0	83,306	326,413
Interest on cash on hand and deposits	7,500	229	7,755
Depreciation of amortization of bond value	0	0	0
Total from investments	95,500	248,014	595,893

In line with the guideline 650 investment income is presented after deduction of investment costs.

Operating result

The balance between income and costs is a deficit of € 1.31 million, while a deficit of € 1.34 million was planned.

A proposal for appropriation of the result is presented as part of the annual report, on page XX.

Cash flow statement

The decrease in cash and banks in 2020 is caused by a negative cash flow from income and expenses of € 1.2 million and a negative cash flow resulting from the decrease in project liabilities compared to project receivables of € 1.6 million. This results in a negative cash flow from operational activities and a negative cash flow from tangible fixed assets.

Executive remuneration *In compliance with standard reporting form of GDN*

Name	**C.S.B. van Weezenbeek**
Position in the board	**Executive Director**

Contract

Legal status	Indefinite
Number of hours	40
FTE	100%
Period for reporting year	1/1 - 30/04

Remuneration

Annual income		
Gross salary	42,960	
Holiday allowance	3,723	
Extra month	3,580	
Variable/performance allowance	-	
Subtotal		50,263
Social securities, employers part	3,286	
Taxable allowances	272	
Pension premium, employers part	3,920	
Pension compenzation	-	
Other allowance, long-term	-	
Payment in relation to beginning of end of contract	-	
		7,478
Total remuneration 2020		57,741
Total remuneration 2019		173,385

Executive remuneration *In compliance with standard reporting form of GDN*

Name	**M. Gidado**
Position in the board	**Executive Director**

Contract

Legal status	Indefinite
Number of hours	40
FTE	100%
Period for reporting year	1/5 - 31/12

Remuneration

Annual income		
Gross salary	78,638	
Holiday allowance	6,880	
Extra month	6,616	
Variable/performance allowance	750	
Subtotal		92,884
Social securities, employers part	5,626	
Taxable allowances	340	
Pension premium, employers part	6,507	
Pension compenzation	-	
Other allowance, long-term	-	
Payment in relation to beginning of end of contract	-	
		12,473
Total remuneration 2020		105,357
Total remuneration 2019		-

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.

Notes on the 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, most recently 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 advisory scheme for the remuneration of the management of charitable organizations ("Adviesregeling Beloning Directeuren van Goede Doelen"), which finds its base in the 'Wet Normering Topinkomens' (WNT) and the code of governance for charitable organizations ("Code Wijffels"; see www.goededoelennederland.nl).

Under the advisory scheme[3], a maximum annual remuneration is determined on the basis of 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 520 points (J) and a maximum annual remuneration of 100% of € 162,397 for 1 FTE in 12 months for the statutory director.

In 2020, the actual incomes of management for the purposes of assessment of compliance with Goede Doelen Nederland's maximum annual remuneration were as follows:

K. van Weezenbeek € 50,263 (1 FTE/ 4 months)

The Executive Director is contracted for a 40-hour workweek.

M. Gidado € 92,884 (1 FTE/ 8 months)

The Executive Director is contracted for a 40-hour workweek.

The annual income for the Executive Director is within the limit of € 162,397/12 months according to the Regeling beloning directeuren van goede doelen ten behoeve van besturen en raden van toezicht. The

[8] Advisory scheme for remuneration of directors, Goede Doelen Nederland

total remuneration 2020 (gross income, taxable allowances, employer's contribution to pension premiums and pension compensation, and other allowances) is below the maximum.

In the financial statements, the size and composition of the management remuneration is reported in the notes to the statement of operating 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.

Other information

According to article 17 of the articles of association the approval of the annual accounts and the annual report, including result appropriation, will take place during the general members meeting.

Events occurring after the balance sheet date

There have been no material post balance sheet events that would require adjustments to KNCV Tuberculosis Foundation's Financial Statements per 31 December 2020.
In the first quarter of 2021 KNCV received the confirmation that KNCV will be awarded Euro 11 million from the Dutch Postcode lottery for our Dream Fund project.

Mirella Visser

Chair of the Board of Trustees

Ton van Dijk

Vice-Chair of the Board of Trustees

Mustapha Gidado

Executive Director

AUDIT OPINION PriceWaterhouse Coopers

Independent auditor's report

To: the General Assembly and the board of trustees of Konklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose (KNCV) (hereafter: KNCV Tuberculosis Foundation)

Report on the financial statements 2020

Our opinion

In our opinion, the financial statements of KNCV Tuberculosis Foundation give a true and fair view of the financial position of the Foundation as at 31 December 2020, and of its result for the year then ended in accordance with the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

What we have audited

We have audited the accompanying financial statements 2020 of KNCV Tuberculosis Foundation, Den Haag.

The financial statements comprise:

- **the balance sheet as at 31 December 2020;**
- **the statement of income and expenditure for the year then ended; and**
- **the notes, comprising the accounting policies and other explanatory information.**

The financial reporting framework applied in the preparation of the financial statements is the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

The basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. We have further described our responsibilities under those standards in the section 'Our responsibilities for the audit of the financial statements' of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of KNCV Tuberculosis Foundation in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assuranceopdrachten' (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence requirements in the Netherlands. Furthermore, we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA, Dutch Code of Ethics).

5FFHTZSXJDQP-162180392-116

PricewaterhouseCoopers Accountants N.V., Thomas R. Malthusstraat 5, 1066 JR Amsterdam, P.O. Box 90357, 1006 BJ Amsterdam, the Netherlands
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Report on the other information included in the annual report and accounts

In addition to the financial statements and our auditor's report thereon, the annual report and accounts contain other information that consists of:

- KNCV in 2020;
- 'What we do';
- KNCV strategic monitoring and evaluation 2020;
- The organization in 2020;
- KNCV governance report;
- Financial indicators and monitoring data;
- Supplementary information:
  - KNCV engagements and representation in policy bodies 2020;
  - KNCV publications 2020;
  - KNCV Partners 2020;
  - KNCV Branch offices and Affiliates;
  - List of abbreviations.

Based on the procedures performed as set out below, we conclude that the other information:

- is consistent with the financial statements and does not contain material misstatements;
- contains the information that is required by the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

We have read the other information. Based on our knowledge and understanding obtained in our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing our procedures, we comply with the requirements of the Dutch Standard 720. The scope of such procedures was substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, including the directors' report pursuant to the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board.

Responsibilities for the financial statements and the audit

Responsibilities of the board of directors and board of trustees for the financial statements

Management is responsible for:

- the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 650 'Charity organisations' of the Dutch Accounting Standards Board; and for
- such internal control as the board of directors determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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As part of the preparation of the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern.

Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so. Management should disclose events and circumstances that may cast significant doubt on the Foundation's ability to continue as a going concern in the financial statements.

The board of trustees is responsible for overseeing the Foundation's financial reporting process.

Our responsibilities for the audit of the financial statements

Our responsibility is to plan and perform an audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high but not absolute level of assurance, which makes it possible that we may not detect all material misstatements. Misstatements may arise due to fraud or error. They are considered to be material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

A more detailed description of our responsibilities is set out in the appendix to our report.

Amsterdam, 6 May 2021
PricewaterhouseCoopers Accountants N.V.

Original has been signed by M. van Dijk RA

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Appendix to our auditor's report on the financial statements 2020 of KNCV Tuberculosis Foundation

In addition to what is included in our auditor's report, we have further set out in this appendix our responsibilities for the audit of the financial statements and explained what an audit involves.

The auditor's responsibilities for the audit of the financial statements

We have exercised professional judgement and have maintained professional scepticism throughout the audit in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit consisted, among other things of the following:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the intentional override of internal control.
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, concluding whether a material uncertainty exists related to events and/or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report and are made in the context of our opinion on the financial statements as a whole. However, future events or conditions may cause the Foundation to cease to continue as a going concern.
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with board of trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Section Seven: Supplementary information:

A. KNCV engagement and/or representation in policy bodies in 2020

In 2020, KNCV was actively involved in:

- Important global WHO forums, such as: STAG-TB (Strategic and Technical Advisory Group as observer in 2020); ; Global Task Force on Latent TB Infection; WHO Joint working group on Global Fund; HIV-TB implementation working group;
- TB Procurement and Market–Shaping Action Team (TPMAT)
- WHO Guideline development work: member of Guideline Development Group for the 2020revision of the MDR TB treatment Guideline; support development Companion Handbook for DR-TB, , Guidance document on subnational TB incidence estimation (under preparation).
- Several regional WHO TB Technical Advisory Groups on TB Control (SEARO; WPRO); WHO- Euro Childhood TB Task Force; Members/chair of regional GLC s in SEARO, EURO, WPRO.
- Stop TB Partnership's Coordinating Board;
- Several Stop TB Partnership working groups, sub-working groups and task forces, such as: GLI (Global Laboratory Initiative); GDI (Global Drug resistant TB Initiative); TB/HIV Co-infection (STBP); TB-Infection Control Working Group; Public Private Mix Working Group; Childhood TB Core Group;
- The Union: Europe Region Executive Committee; TB/HIV Working Group; TB & Migration Working Group, Ethics Working Group; Nursing and Allied Professionals sub section (secretariat)
- 51th Union World Conference on Lung Health 2020 (on-line); presenting posters, abstracts, presenting and chairing symposia
- Global Fund: Global Fund Board's Audit and Finance Committee (AFC); NGO Developed Countries Delegation, Board; CCM (Country Coordinating Mechanism) of Kazakhstan; Friends of the Global Fund Europe, Member of the Advisory Committee; KNCV country staff contribute to the CCM working groups on TB and TB/HIV; Pediatric Operational and Sustainable Expertise Exchange (POSEE)" group - to support countries on NSP development and GF applications
- Alliances, Associations, Coalitions: TB Alliance SHA (Stakeholders Association); TBEC (TB Europe Coalition); Dutch Global Health Alliance
- Research Collaboration: TB Science; RESIST-TB (Research Excellence to Stop TB Resistance) Steering Committee;
- Wolfheze: Program Committee for Wolfheze 2021
- Steering Committees, Professional Associations in the Netherlands: CPT (Netherlands Committee for Practical TB Control); GGD (Municipal Public Health Services) Tuberculosis

Steering Committee in the Netherlands; V&VN/OGZ (Professional Association of Nurses), TB Control Committee; MTMBeVe (Professional Association of Medical Technical Assistants);

- Board member or/advisor to Foundations, NGOs in the Netherlands: Eijkman Stichting; 's-Gravenhaagse Stichting tot Steun aan de Bestrijding van Tuberculose; SMT (Stichting Mondiale Tuberculosebestrijding); Stichting Lampion (nationwide information point for care for undocumented immigrants); MCNV (Medical Committee Netherlands Vietnam)
- KNCV staff were also on the Editorial Board of:
- IJTLD (International Journal of Tuberculosis and Lung Disease);
- Periodical "Tegen de Tuberculose" (Against Tuberculosis).

B. KNCV Publications in 2020

1. Abidi S, Achar J, Assao Neino MM, **Dravniece G**, **Makhmudova M**, **Myrzaliev B** et al. Standardised shorter regimens versus individualised longer regimens for rifampin - or multidrug-resistant tuberculosis. Eur Respir J 2020;55(3). Abstract

2. Linh NN, **Wares F**, Cocozza AM, Uplekar M, Raviglione M. No universal access to drug-resistant tuberculosis care without engaging all health care providers. Int J Tuberc Lung Dis 2020 1;24(1):118-23. Abstract Full article

3. Nguyen HV, **Tiemersma EW**, Nguyen HB, Cobelens FGJ, **Mirtskhulava V**, **de Haas P** et al. The second national tuberculosis prevalence survey in Vietnam. PLoS One. 2020 23;15(4) Abstract

4. Onazi O, Adejumo AO, Redwood L, **Gidado M**, Daniel OJ, **Mitchell EMH**. et al. Community health care workers in pursuit of TB: Discourses and dilemmas. Soc Sci Med. 2020;246:112756. Abstract

5. Rai B, Dixit K, Aryal TP, Mishra G, Siqueira-Filha NT, **Levy JW**, **Rest JV** et al. Developing Feasible, Locally Appropriate Socioeconomic Support for TB-Affected Households in Nepal. Trop Med Infect Dis. 2020;5(2):98. Abstract

6. Adejumo OA, Olusola-Faleye B, **Adepoju VA**, **Gidado M**, Onoh MO, Adegboye O, et al. The pattern of comorbidity and its prevalence among drug-resistant tuberculosis patients at treatment initiation in Lagos, Nigeria. Trans R Soc Trop Med Hyg. 2020;114(6):415-423. Abstract

7. Parwati CG, Farid MN, Nasution HS, Basri C, **Gebhard A**, **Tiemersma EW** et al. Estimation of subnational tuberculosis burden: generation and application of a new tool in Indonesia. Int J Tuberc Lung Dis. 2020;24(2):250-257. Abstract

8. Gafar F, Ochi T, Van't Boveneind-Vrubleuskaya N, **Erkens C**, van den Hof S, van der Werf TS, et al. Towards elimination of childhood and adolescent tuberculosis in the Netherlands: an epidemiological time-series analysis of national surveillance data. Eur Respir J. 2020. Abstract

9. Anh LTN, M V Kumar A, Ramaswamy G, Htun T, Quelapio M, **Gebhard A**, et al. High Levels of Treatment Success and Zero Relapse in Multidrug-Resistant Tuberculosis Patients Receiving a Levofloxacin-Based Shorter Treatment Regimen in Vietnam. Trop Med Infect Dis. 2020;5(1):43. Abstract

10. Migambi P, Gasana M, Uwizeye CB, Kamanzi E, **Kalisvaart N**, **Klinkenberg E** et al. Prevalence of tuberculosis in Rwanda: Results of the first nationwide survey in 2012 yielded important lessons for TB control. PLoS One. 2020 3;15(4). Abstract

11. Mekonnen A, Collins JM, **Klinkenberg E**, **Assefa D**, Aseffa A, Ameni G, et al. Tuberculosis knowledge and attitude among non-health science university students needs attention: a cross-sectional study in three Ethiopian universities. BMC Public Health 2020;20(1):631. Abstract

12. **Spruijt I**, Haile DT, **Erkens C**, **van den Hof S**, Goosen S, Ten Kate A, et al. Strategies to reach and motivate migrant communities at high risk for TB to participate in a latent tuberculosis infection screening program: a community-engaged, mixed methods study among Eritreans. BMC Public Health 2020 12;20(1):315. Abstract

13. Denholm JT, Millan-Marcelo JC, **Fiekert K**, Denholm JT, et al. Latent tuberculosis infection and the EndTB Strategy: ethical tensions and imperatives. Int J Tuberc Lung Dis. 2020;24(5):21-26. Abstract

14. Vo LNQ, Forse RJ, Codlin AJ, Vu TN, Le GT, **Levy J** et al. A comparative impact evaluation of two human resource models for community-based active tuberculosis case finding in Ho Chi Minh City, Viet Nam. BMC Public Health. 2020;20(1):934. Abstract

15. **Ineke Spruijt, Connie Erkens**, Susan van den Hof, Frank Cobelens. Comment: Latent tuberculosis screening and treatment among asylum seekers: a mixed-methods study. Eur Respir J. 2020;55(4) No abstract available

16. **Mulder C,** Nkiligi E, Kondo Z, **Scholten JN**, What data to look for when using SUBsET for subnational tuberculosis incidence estimation, Int J Tuberc Lung Dis. 2020. No abstract available

17. Ruda C, **Wares F**, Hiruy N, et al. Streamlining TB Infection Control and Intensifying TB Screening in Ethiopian Health Facilities. J Med-Clin Res & Rev. 2020;4(3): 1-5. Full article

18. **Erkens C**, **Spruijt I**, van den Hof S. et al. Preventing TB among immigrants; aiming for an integrated approach to infectious diseases.
Ned Tijdschr Geneeskd. 2020 Jul 16;164:D4538.Ned Tijdschr Geneeskd. 2020. PMID: 32757512
Abstract

19. Xia H, **van den Hof S**, Cobelens F, Zhou Y, Zhao B, Wang S, Zhao Y.Xia H, et al. Value of pyrazinamide for composition of new treatment regimens for multidrug-resistant Mycobacterium tuberculosis in China. BMC Infect Dis. 2020;20(1):19. Abstract

20. de Vries G, Commandeur S, **Erkens C,** Haddad W, **Jansen N**, Kouw P et al. Towards selective tuberculosis screening of people in prison in a low-incidence country. Eur Respir J. 2020 9;55(4):1902209. No abstract available.

21. Tadesse BT, Foster BA, Latour E, Lim JY, **Jerene D**, Ruff A et al. Predictors of Virologic Failure Among a Cohort of HIV-infected Children in Southern Ethiopia.
Pediatr Infect Dis J. 2020. Abstract

22. Ragonnet R, Flegg JA, Brilleman SL, **Tiemersma EW**, Melsew YA, McBryde ES, et al. Revisiting the Natural History of Pulmonary Tuberculosis: a Bayesian Estimation of Natural Recovery and Mortality rates. Clin Infect Dis. 2020:ciaa602. Abstract

23. Dixit K, Rai B, Prasad Aryal T, Mishra G, **Levy JW**, **van Rest J** et al. Research protocol for a mixed-methods study to characterise and address the socioeconomic impact of accessing TB diagnosis and care in Nepal. Wellcome Open Res.2020;5:19. Abstract

24. Broström S, Hallström I and **Jerene D**. Transitioning from child to adult-oriented HIV clinical care for adolescents living with HIV in Ethiopia: results from a retrospective cohort study. Pan Afr Med J 2020;37(13). Abstract/ Full article

25. Datiko DG, **Jerene D**, Suarez P. Stigma matters in ending tuberculosis: Nationwide survey of stigma in Ethiopia. BMC Public Health. 2020;20(1):190. Abstract

26. Datiko D, Hadgu A, **Jerene D**, Suarez PG. High urban tuberculosis case notification rates can be misleading: evidence from an urban setting in Ethiopia. BMC Public Health. 2020;20(1):302. Abstract

27. Dememew ZG, **Jerene D**, Datiko DG, Hiruy N, Tadesse A, Moile T, et al. The yield of community-based tuberculosis and HIV among key populations in hotspot settings of Ethiopia: A cross-sectional implementation study. PloS One. 2020;15(5) Abstract

28. Sorsa A, **Jerene D**, Negash S, Habtamu A. Use of Xpert Contributes to Accurate Diagnosis, Timely Initiation, and Rational Use of Anti-TB Treatment Among Childhood Tuberculosis Cases in South Central Ethiopia. Pediatric Health Med Ther. 2020;11:153-60. Abstract

29. Datiko DG, **Jerene D**, Suarez P. Patient and health system delay among TB patients in Ethiopia: Nationwide mixed method cross-sectional study. BMC public health. 2020;20(1):1126. Abstract

30. D Habte YT, D Bekele, G Alem, **D Jerene**, N Hiruy, Z Gashu, et al. Factors Determining Treatment Success in Children with Drug-Sensitive Tuberculosis in Ethiopia: A Three-Year Retrospective Analysis. Am J Trop Med Hyg 2020 1–5 Abstract

31. Gebretnsae H, Ayele BG, Hadgu T, Haregot E, Gebremedhin A, **Jerene D**. et al. Implementation status of household contact tuberculosis screening by health extension workers: assessment findings from programme implementation in Tigray region, northern Ethiopia. BMC health services research. 2020;20(1):72. Abstract

32. CG Edwards, **F Wares**, **G. Dravniece**, **A. Gebhard**, **E Tiemersma**, **E van der Grinten** et al. Introducing bedaquiline: experiences from the Challenge TB project. Int J Tuberc Lung Dis. 2020;24(10):1046-1053. Abstract Full Article

33. Gupta RK, Calderwood CJ, Yavlinsky A, Krutikov M, Quartagno M, **Erkens C** et all. Discovery and validation of a personalized risk predictor for incident tuberculosis in low transmission settings. Nat Med. 2020; Dec;26(12):1941-1949. Abstract

34. Adejumo OA, Daniel OJ, **Adepoju AV**, Femi-Adebayo T, Adebayo B et al. Challenges of Tuberculosis Control in Lagos State, Nigeria; A Qualitative Study of Health-Care Providers' Perspectives. Niger Med J. 2020; Jan-Feb;61(1):37-41. Abstract

35. **Jerene D.** Decentralisation and task-shifting in HIV care: time to address emerging challenges. Public Health Action. 2020; Sep 21;10(3):83. No abstract available.

36. **Adepoju AV**, Ogbudebe CL, Adejumo OA, Okolie J, Inegbeboh JO et al. Implementation of Isoniazid Preventive Therapy among People Living with HIV in Northwestern Nigeria: Completion Rate and Predictive Factors.
J Glob Infect Dis. 2020 May 22;12(2):105-111. Abstract

37. **Spruijt** I, Haile DT, van den Hof S, **Fiekert K**, **Jansen N**, **Jerene D** et al. Knowledge, attitudes, beliefs, and stigma related to latent tuberculosis infection: a qualitative study among Eritreans in the Netherlands. BMC Public Health. 2020 Oct 23;20(1):1602. Abstract

38. Adejumo OA, Bowale A, Adesola S, **Adepoju VA**, Shogbamimu Y, Dacosta A, Seidu L, Disu OA, Omikunle TO, Abinde O, Oshindero OA.Adejumo OA, et al. Factors associated with HIV infection among clients eccessing HIV counseling and testing services in a secondary referral hospital in Lagos, Nigeria. Afr J Infect Dis. 2020 Jan 8;14(1):16-23. Abstract

39. Bada FO, **Blok N**, Okpokoro E, Dutt S, Akolo C et al. Cost comparison of nine-month treatment regimens with 20-month standardized care for the treatment of rifampicin-resistant/multi-drug resistant tuberculosis in Nigeria. PLOS ONE 2020 15(12): e0241065. Abstract

40. Gurung SC, Rai B, Dixit K, Worrall E, **Levy JW** et al. How to reduce household costs for people with tuberculosis: a longitudinal costing survey in Nepal.
Health Policy Plan. 2020 Dec 20:czaa156. Abstract

41. Elliver M, Hallström I, **Jerene D,** Elliver M, et al. Pregnancy in women diagnosed with HIV on antiretroviral therapy in Ethiopia: a retrospective cohort study.
Pan Afr Med J. 2020 Sep 29;37:101. Abstract

42. Gurung SC, Dixit K, Rai B, **Levy JW**, **van Rest J** et al. The role of active case finding in reducing patient incurred catastrophic costs for tuberculosis in Nepal.
Infect Dis Poverty. 2019 Dec 3;8(1):99. Abstract

43. Corbett C, Kulzhabaeva A, Toichkina T, Kalmambetova G, **Myrzaliev B** et al. Implementing contact tracing for tuberculosis in Kyrgyz Republic and risk factors for positivity using QuantiFERON-TB Gold plus. BMC Infect Dis. 2020 Oct 12;20(1):746. Abstract

44. Vo LNQ, Codlin AJ, Forse RJ, Nguyen NT, **Levy J** et al. Evaluating the yield of systematic screening for tuberculosis among three priority groups in Ho Chi Minh City, Viet Nam. Infect Dis Poverty. 2020 Dec 9;9(1):166. Abstract

45. Ketema L, Dememew ZG, Assefa D, Gudina T, **Bedru A** et al. Evaluating the integration of tuberculosis screening and contact investigation in tuberculosis clinics in Ethiopia: A mixed method study. PLoS One. 2020 Nov 19;15(11). Abstract

46. Zachariah R, Rust S, Thekkur P, Khogali M, **Aseffa A** et al. Quality, Equity and Utility of Observational Studies during 10 Years of Implementing the Structured Operational Research and Training Initiative in 72 Countries. Trop Med Infect Dis. 2020 Nov 6;5(4):167. Abstract

47. Boyd AT, **Odume B**, Sidibe K, Onotu D, Ogbanufe O et al. Brief Report: Programmatic Scale-up of Tuberculosis Preventive Treatment Among People Living With HIV Through Targeted Technical Assistance to High-Volume Antiretroviral Treatment Sites-Nigeria, 2018-2019. J Acquir Immune Defic Syndr. 2020 Dec 1;85(4):450-453. Abstract

48. Gronholm PC, Nosé M, van Brakel WH, Eaton J, **Fiekert K** et al. Reducing stigma and discrimination associated with COVID-19: early stage pandemic rapid review and practical recommendations. Epidemiol Psychiatr Sci. 2021 Jan 28;30:e15. Abstract

49. Tilahun M, Shimelis E, Wogayehu T, Assefa G, **Wondimagegn G**, Mekonnen A, Hailu T, Bobosha K, Aseffa A.Tilahun M, et al. Molecular detection of multidrug resistance pattern and associated

gene mutations in M. tuberculosis isolates from newly diagnosed pulmonary tuberculosis patients in Addis Ababa, Ethiopia.
PLoS One. 2020 Aug 4;15(8):e0236054. Abstract

50. **Odume B**, **Falokun** V, **Chukwuogo O**, **Ogbudebe C**, **Useni S** et al. Impact of COVID-19 on TB active case finding in Nigeria. Public Health Action. 2020 Dec 21;10(4):157-162. Abstract

C. KNCV Partners in 2020

KNCV Tuberculosis Foundation thanks all partners for their collaboration and support.

In the Netherlands:
ABN AMRO Group
Academic Medical Centre Amsterdam (AMC)
AFEW International
Aids Fonds
Amref Flying Doctors
AMR Global
Amsterdam Institute for Global Health and Development (AIGHD)
Center for Infectious Disease Control Netherlands (CIb), at National Institute of Health and Central
Bureau for Fundraising
Centraal Orgaan opvang asielzoekers (COA)
Clingendael Institute
Committee for Practical TB Control (CPT) Netherlands
Coördinatiecentrum Expertise Arbeidsomstandigheden en Gezondheid (CEAG), Ministry of Defense;
Cordaid
Delft Imaging Systems BV
Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding (SMT)
Dutch Global Health Alliance
Erasmus University Rotterdam
Goede Doelen Nederland
GGD GHOR Nederland
‘s-Gravenhaagse Stichting tot Steun aan de Bestrijding der Tuberculose
Hivos
KIT Royal Tropical Institute
KLM Royal Dutch Airlines - KLM Flying Blue program
LAREB
Leids Universitair Medisch Centrum
Leprastichting
Maastricht University

Mainline
Medical Committee Netherlands-Vietnam
Ministry of Foreign Affairs
Ministry of Health, Welfare and Sports
Ministry of Security and Justice - Penitentiary Services (Ministerie van Veiligheid en Justitie - Dienst Justitiële Inrichtingen)
Mr. Willem Bakhuys Roozeboomstichting
Municipal Public Health Services in the Netherlands (GGD-GHOR)
Municipality The Hague (GGD)
Nationale Postcode Loterij
Nederlandse Loterij
Nederlandse Vereniging van Artsen voor Longziekten en Tuberculose (NVALT)
Nederlandse Vereniging voor Medische Microbiologie (NVMM)
Netherlands Ministry of Foreign Affairs/Development Cooperation (DGIS)
Netherlands Ministry of Health, Welfare and Sport (VWS)
Netherlands School of Public and Occupational Health (NSPOH)
NWO-WOTRO
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Our private donors
PharmAccess Foundation
Pharos
Radboud University Nijmegen
Rijks Instituut voor Volksgezondheid en Milieu (RIVM)
Stichting Loterijacties Volksgezondheid (SLV)
Stichting Suppletiefonds Sonnevanck
Topsector Life Sciences and Health
Tuberculosis Vaccine Initiative (TBVI)
University Medical Center Groningen
Vereniging van Artsen werkzaam in de Tbc-bestrijding (VvAwT)
Verpleegkundigen & Verzorgenden Nederland, Platform Verpleegkundigen Openbare Gezondheidszorg (V&VN/OGZ)
VriendenLoterij
Wemos
ZonMW

And many others…

In other countries and globally:
Adelaide Supranational TB Reference Laboratory
AIDS Center of Almaty City, Kazakhstan

AFEW Kazakhstan
ALERT, Ethiopia
Almaty City healthcare department
American Thoracic Society (ATS)
Armauer Hansen Research Insititute (AHRI), Ethiopia
Association of Family Doctors, Kazakhstan
Aurum Insititute, South Africa
Avenir Health
Bill & Melinda Gates Foundation
Centers for Disease Control and Prevention (CDC)
Cepheid
Clinton Health Access Initiative (CHAI)
Club des Ami Damien (CAD) Democratic Republic Congo
Damien Foundation Belgium (DFB)
Development Aid from People to People (DAPP) Malawi
Duke University, USA
DZK (German Central Committee against Tuberculosis)
EGPAF
Eli Lilly MDR-TB Partnership
Ethiopian Public Health Institute (EPHI)
European Centers for Disease Prevention and Control (ECDC)
European and Developing Countries Clinical Trials Partnership (EDCTP)
European Union (EU)
Federal Office of Public Health (Switzerland)
FHI 360
The Finnish Lung Health Association (Filha)
Foundation for Innovative New Diagnostics (FIND)
Regional GLCs (Green Light Committees)
GHC Global Health Committee
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
Global TB Caucus
Gondar University, Ethiopia
GSK Biomedicals
Hain Life Sciences
Haramaya University, Ethiopia
Harvard Medical School
Indonesian Association against Tuberculosis (PPTI)
Institute of Human Virology, Nigeria
International Union Against Tuberculosis and Lung Disease (The Union)
IRD (Interactive Research and Development)

Japan Anti-Tuberculosis Association (JATA)
John Hopkins University School of Medicine
Karolinska Institute, Sweden
Kazakhstan Union of People Living with HIV (PLHIV)
Kazakhstan Prison System
Korean Institute of Tuberculosis
Korea International Cooperation Agency (KOICA)
Latvia TB Foundation
Leprosy Mission International
Linksbridge
Liverpool School of Tropical Medicine (LSTM)
London School of Hygiene and Tropical Medicine (LSHTM)
Love in Action Ethiopia (LIAE)
Lund University, Sweden
Makerere University, Uganda
Malawi TB Research Network
Management Sciences for Health (MSH)
Maternal and Child Health Integrated Program (MCHIP), Zimbabwe
McGill University
Médecins Sans Frontières (MSF)
Mekelle University, Ethiopia
Ministry of Health (in many countries)
National Agency for Control of AIDS (NACA), Nigeria
National TB Reference Laboratories in the countries
Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases (NACCAP)
National TB Control Programs (NTPs) in many countries
NGO Doverie Plus, Kazakhstan
NGO Zabota, Kazakhstan
Organization for Appropriate Technologies in Health" (OATH)
Office of the US Global AIDS Coordinator
Organization for Public Health Interventions and Development (OPHID) Trust, Zimbabwe
Partners in Health (PiH)
Population Services International (PSI)
Private Health Sector Program, Ethiopia
Program for Appropriate Technology in Health (PATH)
Project Hope (in Kazakhstan, Kyrgyzstan, Namibia, Tajikistan)
Qiagen
Reach Ethiopia
Regional Center of Excellence on PMDT, Rwanda

Regional Health Bureaus (Ethiopia)
Rehabilitation and Prevention of Tuberculosis (RAPT), Zimbabwe
RESIST-TB
Resource Group for Education and Advocacy for Community Health (REACH), India
Riders for Health
Sanofi
St Peter specialized Hospital, Ethiopia
Stellenbosch University
Stop TB Partnership
Swiss Tropical and Public Health Institute
TB Alliance
TB Europe Coalition
TB Proof
Tuberculosis Modelling and Analysis Consortium (TB MAC)
Tuberculosis Operational Research Group (TORG), Indonesia (including representatives of University of Indonesia, Padjadjaran University, Gadjah Mada University, Universitas Seblas Maret, Diponegoro University, University of Surabaya, Udayana University, and others)
Tuberculosis Research Advisory Committee TRAC, Ethiopia
UNICEF - University Clinical Centre
UNITAID
United Nations Development Program (UNDP)/Global Fund
United States Agency for International Development (USAID)
University of Antwerp, Belgium
University of California San Francisco (UCSF)
University of Cape Town - SATVI
University of Gadjah Mada, Indonesia
Vanderbilt University, USA
World Health Organization (Headquarters and Regions)
Zimbabwe National Network of People Living with HIV (ZNNP+)
And many others…

D. KNCV Global Office, Branch Offices and Affiliates

KNCV is represented in the countries listed below through branch offices and KNCV Network affiliates

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E. List of abbreviations

3HP 3 Month Rifapentine + Isoniazid course
99DOTS A mobile phone technology for monitoring and improving TB medication adherence
aDSM Active Drug safety management and monitoring
AFC Global Fund Audit and Finance Committee
AIDS Acquired Immune Deficiency Syndrome
AIGHD Amsterdam Institute for Global Health and Development
AIV Advisory Council for International Affairs
AMR Antimicrobial Resistance
ASCENT Adherence Support Coalition to end TB
ASTTIE Alternatives to Sputum for TB Testing in Indonesia and Ethiopia
AVG Algemene Verordening Gegevensbescherming (Dutch GDPR)
BMGF Bill and Melinda Gates Foundation
BPal 6 Month treatment for patients with advanced forms of drug-resistant TB
BSD "Basis Score voor Directiefuncties" - Basic Score for Management positions
CBF Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)
CBO Community Based Organization
CDA Christen Democratic Appel
CEA Cost Effectiveness Study
CGHI Clingendael Global Health Initiative
CIb Centrum Infectieziektebestrijding (Center for Infectious Disease Control)
COS Committee Development Cooperation
CP Community Pharmacists
CRP C-reactive protein test
CPT Commission for Practical TB Control
DAT Digital Adherence Therapy
DEI Diversity Equity and Inclusion
DGHA Dutch Global Health Alliance
DM/TB Diabetes Mellitus/Tuberculosis
DR-TB Drug Resistant Tuberculosis
ECDC European Centre for Disease Prevention and Control
ECOSOC Economic & Social Council
ED Executive Director
E-Detect Early Detection of Tuberculosis in Europe
EDCTP European and Developing Countries Clinical Trials Partnership
ETBE Ethiopia TB Elimination project
F&O Finance & Operations

FIND Foundation for Innovative New Diagnostics

FTE Full-time equivalent

Fuji LAM Test Test for easier diagnosis of TB in PLHIV

GDN Goede Doelen Nederland

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

GF Global Fund to Fight Aids Tuberculosis and Malaria

GF COP Global Fund Community of Practice

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

GTBR 2019 2019 Global TB Report

HIV Human Immunodeficiency Virus

HRH Her royal Highness

HRM Human Resource Management

HSS Health System Strengthening

ICT Information and Communication Technology

IDP Intensive Diagnostic Phase

IHVN Institute for Human Virology of Nigeria

ILO International Labour Organization

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

IRB Institutional Research Board

ISS Institute of Social Studies

IT Information Technology

ITRC International Tuberculosis and Research Center

JZ International Jordan/Zalaznick International

KNCV Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose

KOICKA Korea International Cooperation Agency

LIAE Love in Action Ethiopia

LIFT-TB project Leveraging Innovation for Faster Treatment of Tuberculosis

LON USAID funding Mechanism for Local Organizations

LTBI Latent Tuberculosis Infection

LSHTM London School of Hygiene and Tropical

M&E Monitoring and Evaluation

MATS recording and reporting App

MDR-TB Multidrug-resistant Tuberculosis

MOH Ministry of Health

MPD Media Pension Diensten

MSH Management Science in Health
NGO Non-Governmental Organization
NSP National Strategic Plan
NTBLCP National Tuberculosis and Leprosy Control Program
NTP National Tuberculosis Program
OATH Organization for Appropriate Technology in Health
ODA Official Development Assistance
OR Operational Research
OR Works Council (ondernemingsraad)
OSF Optimized Sucrose Flotation
PDP Product Development Partnership
PATH Program for Appropriate Technology in Health
PAVIA PhArmaco Vigilance Africa
PCF People Centered Framework for TB programming
PCR Polymerase Chain Reaction
PDP Product Development Partnership
PEPFAR U.S. President's Emergency Plan for AIDS Relief
PFZW Pensioenfonds Zorg en Welzijn (Pension fund for health care)
PLHIV People Living with HIV
PMDT Programmatic Management of Drug-Resistant TB
PMV Patent Medicine Vendor
POC diagnostics Point of Care test
PODTEC Painless Optimized Diagnosis of Tuberculosis in Ethiopian Children
PopArt Clinical studyon combining HIV/TB prevention and interventions
PPA Patient Pathway Analysis
PPM Public Private Mix
PSI-Europe Population Services International - Europe
PWC Price Waterhouse Coopers
R&D Research & Development
REDCap Research Electronic Data Capture
RR-TB Tuberculosis resistant to Rifampicin
RIVM Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)
SA South Africa
SGF Samenwerkende Gezondheidsfondsen
SITRUST Sistem Informasi Treking Untuk tranSporTasi system
SMS Short Message Service

SMT Dr. C. de Langen Stichting voor Mondiale Tbc-Bestrijding/Stichting Mondiale Tuberculosebestrijding (Dr. C. de Langen Foundation for Global TB Control)
SOS stool test Simple One Step stool test
SPK Stool Processing Kit
SRHR Sexual and reproductive Health and Rights
SSGA State Street Global Advisors
STAG-TB Strategic and Technical Advisory Group
STP Stop TB Partnership
STTA Short term technical Assistance
TA Technical Assistance
TB Tuberculosis
TBA TB Alliance
TB-LAMP a molecular diagnostic test
TB MAC Modelling and Analysis Consortium
TBCTA Tuberculosis Coalition for Technical Assistance
TBI Tuberculosis Infection
TBVI Tuberculosis Vaccine Initiative
TCO Total Cost of Ownership
TD Technical Division
TIME TB Impact Model and Estimates
TOT Training of Trainer
TPT Tuberculosis Preventive Treatment
TREATS Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for Active TB
TSRU Tuberculosis Surveillance and Research Unit
UK United Kingdom
UNHLM United Nations High Level Meeting
UNICEF United Nations Children Fund
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
USD US Dollar
VOT Video Observed Treatment support
Wbp Wet bescherming persoonsgegevens
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/TDR World Health Organization special programme for research and training in tropical diseases

WNT Wet Normering Topinkomens

WOW Wellnesson Wheels

WP Work packages

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

XDR-TB Extensively Drug-Resistant Tuberculosis

X-ray Diagnostic method

YKI Yayasan KNCV Indonesia

Xpert An automatic diagnostic assay/test that can identify TB and resistance to Rifampicine

YKI Yayasan KNCV Indonesia

ZonMW Dutch Organization for Health research