

The Union

*90 years of collaboration
and innovation*



International Union Against
Tuberculosis and Lung Disease

1867-1920

The origins of The Union

The oldest health NGO

The Union is the oldest international nongovernmental organisation (NGO) dealing with health in the world. Its origins date back to 1867, when international experts convened in Paris to discuss the intractable and pervasive

problem of tuberculosis (TB), then known as “The White Plague”. This was the first in a series of international conferences that pointed to the need for a central organisation to coordinate meetings, disseminate the latest research and provide training and other resources.

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

Prof Leon Bérnard – French National Committee,
17 October 1920, Paris, France

Discoveries in the 19th century

Pivotal discoveries in the 19th century provided major breakthroughs in the centuries-long battle against tuberculosis. Dr Jean-Antoine Villemin of Paris identified TB as a separate and communicable disease and presented his results at the 1867 Paris conference; and Prof Robert Koch of Berlin identified the *Mycobacterium tuberculosis*, which causes the disease, in 1882.

The first international bureau

In 1902, The Union’s predecessor, the Central Bureau for the Prevention of Tuberculosis, was established in Berlin. Several conferences were organised by this bureau, but it closed with the advent of the Great War, and the momentum of these years was lost. Inevitably, the devastating war years and post-war period saw a huge upsurge of TB in Europe.

1851

1 in 4 people in Europe die from TB during this era.



1867

Jean-Antoine Villemin identifies TB as a separate and communicable disease.



1881

Cigarette industry is revolutionised by the invention of the rolling machine.

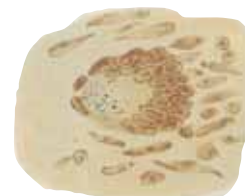
11-17th C

Gold touch-pieces are believed to cure scrofula, a form of TB.



1854

The sanatorium movement begins. These facilities treat TB patients with fresh air, rest and good food.



1882

Dr Robert Koch isolates *Mycobacterium tuberculosis*. This is his drawing.

The IUAT is formed

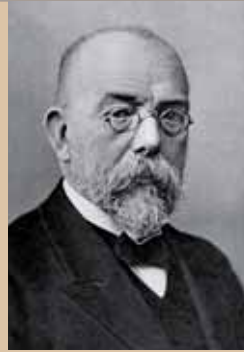
The first post-war international conference on tuberculosis was convened at the Sorbonne in Paris in 1920. At the opening ceremony on 17 October, representatives of 31 countries pledged to work together to fight TB, and three days later they founded the **International Union Against Tuberculosis (IUAT)** to support and coordinate their efforts.

Evolution of The Union

1920 International Union Against Tuberculosis (IUAT)

1986 International Union Against Tuberculosis and Lung Disease (IUATLD)

2002 International Union Against Tuberculosis and Lung Disease (The Union)



Prof Robert Koch identified the cause of tuberculosis

Prof Robert Koch was born in 1843 in the Upper Harz Mountains and studied medicine at the University of Göttingen. As a young medical officer, he identified the anthrax bacillus, and in 1880 he was appointed to the Imperial Health Bureau in Berlin where he invented methods of cultivating pure cultures of bacteria. In Koch's postulates, he laid down the conditions that must be satisfied to determine if a particular bacterium is the cause of a particular disease. He discovered the *Mycobacterium tuberculosis* in 1882 and later the vibrio that causes cholera.

Koch continued to work on TB and created a preparation called tuberculin made from cultures of tubercle bacilli that he hoped would stop the disease, but it proved a disappointment.

Koch was an active participant in the early international TB conferences that led to the formation of the IUAT's precursor, the Central Bureau for the Prevention of Tuberculosis in Berlin.

During his long career, he traveled widely and held professorships in hygiene and medicine at the University of Berlin, where he also served as the first director of both the Institute of Hygiene and the Institute of Infectious Diseases. He received many honours, including the 1905 Nobel Prize for Physiology or Medicine. He died at Baden-Baden, Germany on 27 May 1910.

Constituent members of the IUAT, 1920

The delegates to the 1920 conference comprised countries belonging to the new League of Nations, plus the United States of America. Those

attending were: Argentina • Australia • Belgium • Bolivia • Brazil • Canada • Chile • China • Colombia • Cuba • Czechoslovakia • Denmark • France • Greece • Guatemala • Italy • Japan • Monaco •

The Netherlands • Norway • Panama • Paraguay • Persia • Poland • Portugal • Rumania • Serbia • Siam • Sweden • Switzerland • Spain • United Kingdom • USA.



1902

Double-barred cross is adopted as the symbol of the Central Bureau in Berlin and the fight against TB.

1918

20-40 million die in the Spanish flu pandemic.

1920

The International Union Against Tuberculosis is formed in Paris.

1895
Wilhelm Rontgen discovers that X-rays can be used to detect TB.



1904
Christmas seals are produced in Denmark to raise money for TB. 4 million are sold.



1920s-1940s

Providing a network for information and expertise

During the next two decades, the IUAT played an important role in keeping its far-flung members apprised of new developments, such as the introduction of the bacille Calmette-Guérin (BCG) vaccine against tuberculosis in 1921.

Conferences on all aspects of TB

Although in these early years the Secretariat was practically limited to the Secretary General, the IUAT organised 10 international conferences between 1920 and 1939 at locations in Europe and the United States. Each conference focused

on the fundamental, biological, clinical and social aspects of tuberculosis.

Bulletin brings news from around the world

The first issue of the quarterly *IUAT Bulletin* appeared in 1923 with the goal of publishing original articles, statistical reports and updates on legislation against tuberculosis, as well as the proceedings from different meetings and news from the member associations.

Antibiotics bring hope of a cure

With the outbreak of World War II in 1939, the activities of the IUAT had to be suspended. When they resumed in 1946, the fight against

tuberculosis had two potentially formidable new weapons: the bactericidal antibiotic streptomycin, which had proved effective against TB, and the newly established World Health Organization.

A long partnership begins

At the post-war reunion of the Executive Committee, the IUAT recommended that the planners of the new World Health Organization include the establishment of a strong Division of Tuberculosis, which they did. The IUAT became the first NGO to be officially recognised by the WHO, and the collaboration of the two organisations began.

1920

The US has a per capita smoking rate of 477 cigarettes per year.



1926

Germany recognises lung cancer in miners as an occupational disease.



1946

The World Health Organization is created.



1921

BCG vaccine against TB is first used in humans.

1930s

Asthma is considered a psychosomatic disease.

1947

14 million children in Europe receive BCG over the next 4 years.



1950s-1960s

Research, education and mutual assistance

International conferences from Brazil to Turkey

The early 1950s saw the scope of IUAT activities increase substantially. Forty-three nations participated in the first post-war conference in Copenhagen in 1950, and subsequent conferences were held not only in Europe and the US, but also in Brazil (1952), India (1957), and Turkey (1959). The IUAT also organised international symposia on topical issues, such as TB in Africa and strain variation in BCG, and continued to publish the Bulletin.

New structure introduces scientific committees and regions

A full-time Executive Director was appointed in 1952, and a new system determined members'

financial contributions. In 1953, scientific committees were created to foster discussion of strategies for TB control, and members in Latin America became the first to organise as a region. The other regions followed suit.

Validating the Edinburgh method

During this time, Prof John Crofton and his team of researchers in Edinburgh, Scotland developed a treatment regimen based on using a combination of three drugs that halved TB notification rates there between 1954 and 1957 and made a 100% cure rate a reasonable objective.

To validate these results, the IUAT's network of experts within the scientific committees participated in the first international collaborative



Sir John Crofton devised the gold standard for TB treatment

John Crofton, who died in 2009 at the age of 97, was one of the great

heroes of the long struggle against TB. He was born in Ireland, educated at Cambridge and trained at St. Thomas's Hospital, London. After serving in the war, he became professor of respiratory diseases and tuberculosis at the University of Edinburgh. There he assembled the team that worked with him to develop "the Edinburgh method" – achieving results for TB treatment that were unheard of at that time.

He was knighted for his contributions in 1977 and continued working on behalf of tuberculosis throughout his life. He was also a tireless advocate for tobacco control and a founding member of the UK's Action on Smoking and Health (ASH).

Sir John Crofton was made an Honorary Member of The Union in 1995 and received The Union Medal in 2005.

1948

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

Late 1950s

In India, Dr Wallace Fox proves home care is effective for treating TB. Sanatoria era ends.



1968

Virginia Slims campaign encourages women to smoke with the slogan "You've come a long way, baby".

1950

Link between smoking and lung cancer established.



1960

Global cigarette consumption passes 2 trillion mark.

1960s

Asthma is recognised as an inflammatory disease, treatable by anti-inflammatory drugs.

clinical trial for treatment of any disease, with a total of 17,391 patients from 17 countries evaluated for drug resistance. The outcome was that the “Edinburgh method” became the gold standard for TB treatment.



Above: IUAT members used Christmas Seals to raise money for and awareness of TB.

Below: The logo of the IUAT's Mutual Assistance Programme launched in the early 1960s.



IUAT research in the 1960s

In the 1960s, the IUAT played a very active role in international research through its scientific committees. This research sought to determine the best ways to use the new tools for tuberculosis control and treatment. Studies included:

1960 Collaborative controlled clinical trial evaluated the efficacy of chemotherapy in previously untreated patients.

1961 Two international collaborative studies tested the reliability of reading and reporting on 1,099 chest X-rays by 90 readers from 7 countries and the WHO. A subsequent study evaluated sputum smear microscopy.

1965 The **Tuberculosis Surveillance Research Unit (TSRU)** was established as an international research body under the joint auspices of the IUAT, the Royal Netherlands Tuberculosis Association (KNCV), WHO and several countries, with Dr Karel Styblo as Principal Investigator and Director.

Controlled clinical trials addressed the issue of previously treated patients and daily self-administered vs. intermittent supervised regimens.

An international collaborative study of tuberculin skin testing evaluated 75,000 children in 21 countries.

1966 The TSRU developed an index to evaluate infection and its trend, clarified the natural history of the disease (including transition probabilities and risk factors) and estimated the impact of control measures.

1968 A survey evaluating adverse reactions to BCG vaccination analysed over 10,000 events.

1969 International trial of preventive chemotherapy for fibrotic lesions of the lung in 25,000 individuals began and was evaluated over 5 years of follow-up (in collaboration with the US Centers for Disease Control and 7 IUAT member countries in Eastern Europe).





Dr Johannes Holm created the Mutual Assistance Programme

Dr Johannes Holm was a leading Danish tuberculosis expert and chief physician of the Statens Seruminstitut, who was appointed to the WHO's first expert committee on TB and became chair in 1947. From 1947 to 1951, he directed UNICEF's International Tuberculosis Campaign through which 30 million people received tuberculin tests and 14

million children were vaccinated with BCG in Europe. Dr Holm then became the first director of the WHO TB Programme and was appointed Executive Director of the IUAT in 1961.

His "Extended Programme" for the IUAT emphasised health education and involving all stakeholders in TB control, including governments, non-governmental organisations, the medical profession and the public. This led to the development of the Mutual Assistance

Programme, proposed by Mr Eddie O'Brien at the 1961 World Conference in Toronto, whereby affluent members, governments and organisations supported the transfer of technology and expertise to developing countries.

In 1982, Dr Holm received the Robert Koch Medal at the World Conference in Buenos Aires. The occasion marked the 100th anniversary of Koch's discovery of *M tuberculosis*.

Technology and information transfer to developing nations

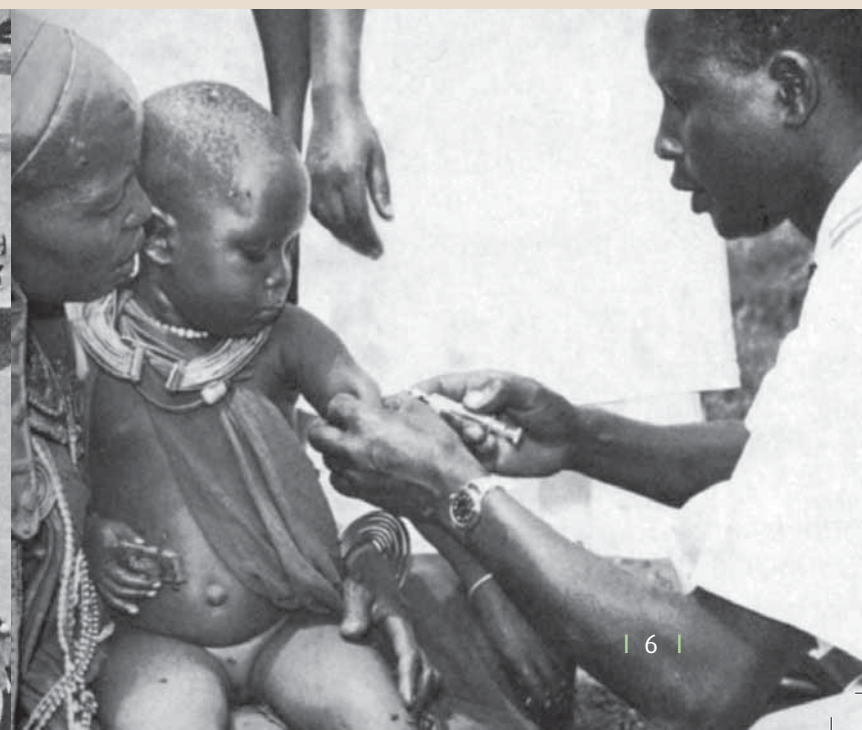
With socioeconomic development and specific chemotherapy available, rates of tuberculosis declined in technically advanced countries, but the disease was by no means defeated on a global scale. To address TB, national tuberculosis programmes were established in the many newly independent African nations and other developing countries.

In 1961 the IUAT launched its Mutual

Assistance Programme to encourage transfer of technology, resources and information from industrialised nations to developing countries through the agency of their own national lung associations. Projects included travelling seminars and fieldwork in countries ranging from Mali to Sri Lanka to Peru. In addition, the IUAT published its first technical guide in 1969 – *Sputum Examination for Tuberculosis by Direct Microscopy in Low-income Countries* – and contributed to annual international courses on TB control sponsored by the WHO.



The IUAT's first technical guide on sputum examination by direct microscopy is still in print, now as part of Management of Tuberculosis – "The Orange Guide."



1970s-1980s

Developing an effective model for TB control

The IUAT becomes the IUATLD

The decline of tuberculosis in the 1970s led the WHO and lung associations in many developed countries to shift their focus towards the new specialty of respiratory medicine. The IUAT also expanded its mandate in 1973, but did not change its name until 1986 when it became the **International Union Against Tuberculosis and Lung Disease (IUATLD)**.

More than chemotherapy needed to stop TB

The poor results obtained by the national TB programmes also contributed to declining support for TB control. The health infrastructures in developing countries were weak, and it became evident that much more than effective chemotherapy was required to control TB. Indeed, work by Prof Stefan Grzybowski, in collaboration with the TSRU,

indicated that poor quality of care actually made the tuberculosis situation worse. However, the IUAT and the TSRU remained dedicated to TB, and the Mutual Assistance Programme

provided an opportunity to test and assess under field conditions the TSRU's research findings on improving the quality of tuberculosis services and the principles established by the IUAT.



TB survivor Karel Styblo developed the DOTS strategy

Dr Karel Styblo (1921–1998) was born in Czechoslovakia and interned in a Nazi concentration camp during World War II. There he contracted a severe form of tuberculosis, and, when the war ended and he recovered, he dedicated his life to studying the disease.

Styblo went on to study medicine and joined Prof John Crofton's team in Edinburgh in the early 1950s. He later returned to Prague, where his single-minded focus on finding a cure for TB earned him the label "Croftonian".

In 1966 he was picked to lead the new Tuberculosis Surveillance Research Unit (TSRU), a post he held until 1995. From 1979 to 1991, he also served as Director of Scientific Activities for the IUAT, where he worked in close partnership with Executive Director Dr Annik Rouillon. Over the course of his career, Dr Styblo developed the strategy for TB control that later became known as DOTS. Adopted by the WHO as the international global TB control strategy in 1995, DOTS used to treat more than 37 million TB patients in 180 countries.



1970
The IUAT is
50 years old.

1979
The WHO estimates there will be 8 million
new TB cases this year.
8 000 000

1982
World TB Day is established on
24 March to raise awareness
about the disease.



1977
The new TB control
strategy calls for
directly observed
treatment.



1981
AIDS epidemic
begins.

Articulating a new model for TB control

In 1977, Tanzania's Minister of Health convened a meeting of experts to outline the best approach to both tuberculosis and leprosy. The model developed out of this discussion was presented by the leaders of the IUAT and TSRU, Dr Annik Rouillon and Dr Karel Styblo, and adopted as the basis of Tanzania's National Tuberculosis and Leprosy Programme. This programme was under the direction of the government with support and coordination provided by the IUAT. In 1986, the IUAT published the *Tuberculosis Guide for high-prevalence countries*, which detailed this new model, including roles and responsibilities, practical execution of tasks, and methods of evaluation.



Dr Annik Rouillon's career with the IUAT – and IUATLD – spanned from 1956-1992.

Implementing the model in nine countries

Between 1978 and 1991, the IUAT's TB model was implemented in nine low-income countries with a high prevalence of tuberculosis. These programmes yielded high, never before obtained therapeutic effectiveness under adverse conditions, including cure of the majority of the patients treated.

The model is recognised as effective AND cost-effective

The IUAT's success was acknowledged in 1984 when it became one of the very few non-US agencies to be officially registered with the United States Agency for International Development (USAID). The 1989 Burden of Health study affirmed the cost-effectiveness of the IUAT's model, and this was instrumental in persuading governments to adopt it as part of their general health services

Elements of the original DOTS model

- National political commitment to TB control activities
- Access to rapid and accurate diagnosis by direct sputum microscopy
- Standardised treatment, including the use of directly observed therapy
- Secure supply of anti-TB drugs and supplies
- Recording and reporting system able to assess outcome of treatment

and international agencies to place priority on tuberculosis control.

A new epidemic makes an impact

But just as the national TB programmes were beginning to see better results, a new epidemic was unfolding that would have enormous consequences for TB control: HIV/AIDS.



1986

US Surgeon General reports secondhand smoke can cause disease and death.



1987

First antiretroviral drug, AZT, is approved in the US for treatment of HIV.



1984

The human immunodeficiency virus (HIV) is isolated.

1987

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

The 1990s

Applying the TB model to new challenges

The HIV/AIDS epidemic fueled an increase in TB that caught both rich and poor countries unprepared. Tuberculosis might be an age-old problem, but it was still an extremely formidable enemy.

TB: A global emergency

In April 1993, the WHO declared TB a global emergency and predicted 30 million people would die over the next decade without immediate action. That year the World Bank evaluated the IUATLD model as among the most cost-effective of any healthcare programme. In 1995, WHO adopted this model as the global TB control strategy, branding it DOTS (Directly Observed Treatment, Short course).

The IUATLD expands its TB services

With the growing need for TB technical assistance and training, the IUATLD expanded its support to more than 40 countries in the Africa, Asia, Latin America and Baltic regions. In addition to organising international and regional conferences, activities included development of the International Tuberculosis Course; establishment of the Clinical Trials Division; preparation of new technical guides and launch of the monthly peer-reviewed *International Journal of Tuberculosis and Lung Disease*.

Addressing the increase in asthma

The IUATLD established an Asthma Division in 1995 with the objective of applying its TB model to the increasing problem of asthma. *Management of Asthma: a guide for low-income*

countries outlined its recommendations. The IUATLD also participated in the International Study of Asthma and Allergies in Childhood (ISAAC), which was launched in 1991.

Pneumonia: the number one killer of young children

Pneumonia is the leading killer of children under 5 years of age, despite being treatable with inexpensive, widely accessible drugs. The Child Lung Health Division was created in 1995 to see how the TB model could be used to improve outcomes for children with pneumonia and other respiratory diseases.

Taking on tobacco control

With the tobacco industry targeting low-income countries as a new market, the IUATLD

1992

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



1995

DOTS adopted by the WHO as the global strategy for TB control.

1990

3 million deaths worldwide are due to smoking.



1993

The WHO declares tuberculosis a global emergency.



1996

World Health Assembly initiates work on the Framework Convention for Tobacco Control.

moved to avert a pandemic of tobacco-related disease, helping to found the International Non Governmental Coalition Against Tobacco (INGCAT) in 1994. The IUATLD housed INGCAT's secretariat for several years, and, when the Framework Convention for Tobacco Control (FCTC) was initiated in 1996, INGCAT provided a voice for its members in the development of this first public health treaty.

In addition, the Tobacco Prevention Division was established in 1996 to develop practical strategies for tobacco control in low-income countries. Its technical guide, published in 1998, was the first to address the issues from the perspective of these countries.

A new partnership to Stop TB

The IUATLD joined the WHO and other partners in creating the "Stop TB" Initiative in 1998. This fast-growing consortium later became the Stop TB Partnership.



Stop TB Partnership

1998

"Stop TB Initiative" formed which later becomes the Stop TB Partnership.

1999

Philip Morris acknowledges link between smoking and lung cancer and other diseases.

Between 1990 and 1996, the cost of an 8-month rifampin-containing regimen dropped from US\$ 45 to \$13.

The Union in the 21st century

Health solutions for the poor

In the first decade of the 21st century, the IUATLD continued evolving to meet new challenges to public health and the changing dynamics of global health care.

INNOVATIVE UNION PROGRAMMES AND SERVICES

The Union's reputation has grown as it has implemented diverse, innovative and successful programmes, including:

- **The Child Lung Health Programme** used standard case management to reduce the pneumonia case-fatality rate in children under 5 by more than 50% (Malawi, 2000–2005).
- **FIDELIS** (the Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB) implemented 51 projects in remote and hard-to-serve communities in 18 countries (2003–2008).
- **Asthma Drug Facility** is a purchasing mechanism that enables low- and middle-

income countries to gain access to quality-assured asthma medicines at reduced cost (numerous countries, 2004–present).

- **Comprehensive Approach to Lung Health** took a comprehensive – rather than disease-specific – approach to improving lung health services, focusing on asthma, smoking cessation, pneumonia and indoor air pollution (3 countries, 2005–2008).

- **IHC Programme** The Integrated HIV Care for TB Patients Living with HIV/AIDS Programme provides integrated treatment through existing health services in several countries (2005–present).

- As part of the **Bloomberg Initiative to Reduce Tobacco Use (BI)**, The Union

has co-managed the BI grants programme; provided technical and management training, as well as legal and policy advice on tobacco control; and produced a wide range of reports, guides and other resources (2006–present).

- **TREAT TB Initiative** (Technology, Research, Education and Technical Assistance for Tuberculosis) contributes to new knowledge through field evaluations of diagnostic tools, clinical trials and operation research benefiting TB control. (2008–present) through a cooperative agreement with the US Agency for International Development.

- **The Centre for Operational Research** builds local capacity to collect and use strategic information and undertake and publish operational

2000

WHO estimates deaths from Chronic Obstructive Pulmonary Disease (COPD) at 2.74 million.

2002

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



2004

The Union exhibits 100 years of Christmas Seals at the World Conference in Paris.



2006

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

2000

World Health Assembly adopts the Millennium Development Goals.



2003

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

2006

New York Mayor Michael Bloomberg personally gives \$125 million to launch a global effort to reduce tobacco use.



Becoming The Union, L'Union, La Unión

In 2002, The International Union Against Tuberculosis and Lung Disease became known as **The Union**, a name that in all three official languages reflects the united mission of its Federation of 3,000 members in 152 countries and the Institute headquartered in Paris.

Bridging the gap between two epidemics

TB is a leading cause of death among people with HIV/AIDS, and managing these co-epidemics is a major challenge. In 2001 The Union established a Department of HIV to work with national AIDS and TB programmes and improve their understanding of the “two diseases, one patient, one health system”.

Containing the spread of drug-resistant tuberculosis

With drug-resistant TB cases topping 500,000 worldwide and an increasing incidence of extensively drug-resistant (XDR-) TB, The Union is providing training and technical assistance to countries in Asia, Africa, Latin

America, and Eastern Europe grappling with this issue and is launching a clinical trial to evaluate shorter treatment regimens.

Supporting a smokefree world

With 50% of all deaths from lung disease attributable to tobacco use, tobacco control is a major priority. The Union is working with the high-burden tobacco countries, as well as others, to develop, pass and implement effective tobacco control regulations.

The rising burden of NCDs

A new focus on non-communicable diseases reflects the challenge posed by the rising incidence of NCDs in low-income countries and the interrelatedness of diseases such as tuberculosis and diabetes.

Building capacity through research and training

In addition to expanding its technical training to include tobacco control, child lung health, HIV and other topics, The Union created the International Management Development

Programme in 2004 to build the capacity of public health programme managers in low- and middle-income countries.

Creating a network of international offices

To bring The Union closer to the people it serves, a network of regional offices has been established. By 2010, The Union had offices in all of its seven regions: Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia. These offices support and collaborate with the technical departments, serve Union members, and build awareness of activities in the regions.

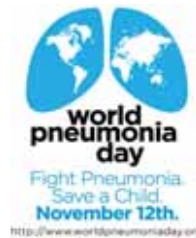
Health solutions for the poor

In 2009, the Board of Directors approved a new vision that will guide The Union's development as it moves towards its 100th year: “Health solutions for the poor”. Its new mission is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations.



2007

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



2009

1st World Pneumonia Day is held because a child dies of pneumonia every 15 seconds.

2010

33.2 million people are living with HIV/AIDS.

2008

MDR-TB cases top 500,000 worldwide.

2009

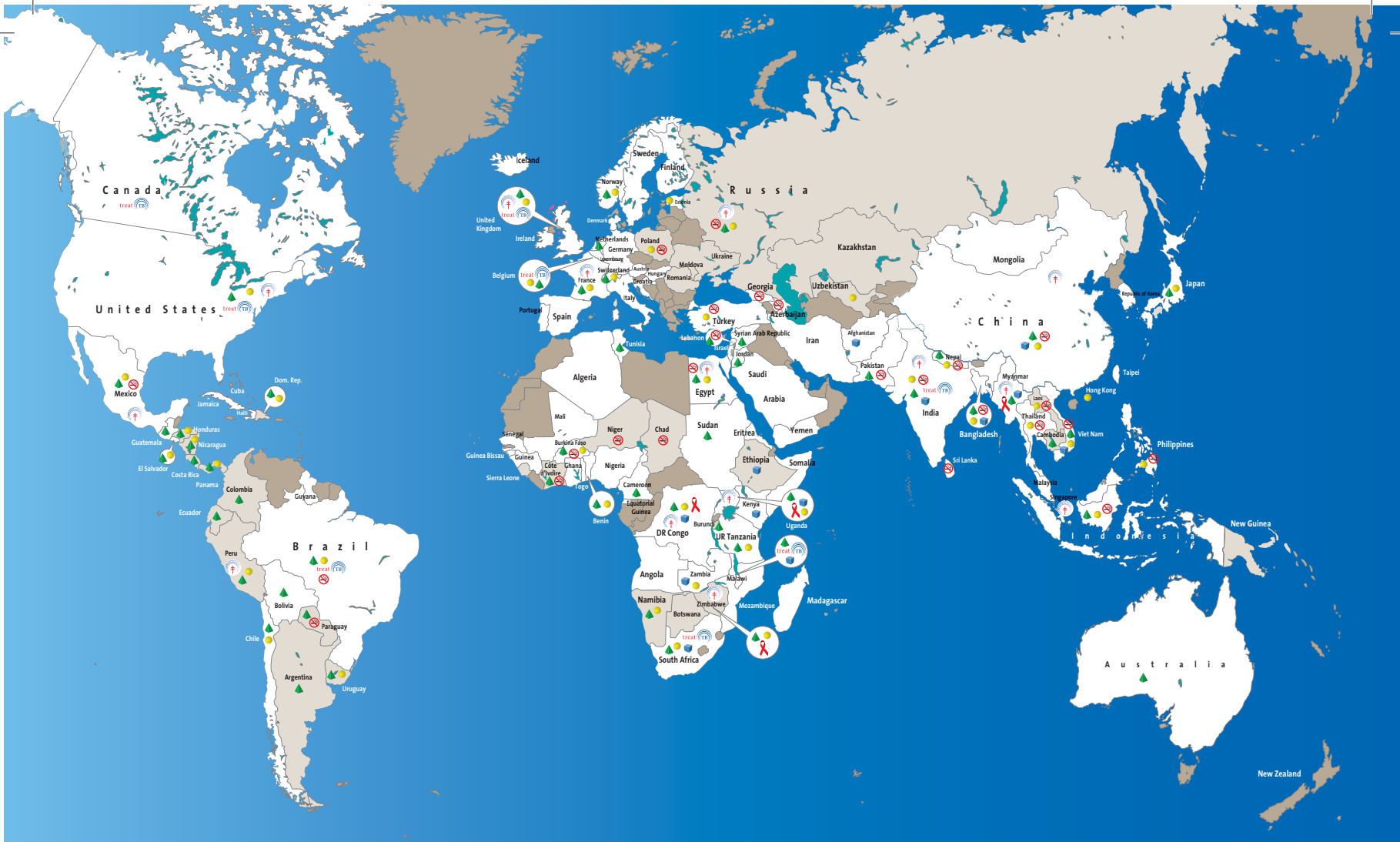
35 million people in South America have asthma.



2010

2010 Year of the Lung campaign seeks to raise global awareness about lung disease.





Health solutions for the poor

The Union today provides technical assistance, education and training and conducts research in more than 70 countries each year through five scientific departments: Tuberculosis, HIV, Lung Health & Non-Communicable Diseases, Tobacco Control and Research. The headquarters are in Paris and regional offices serve the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. In addition, Union constituent, organisational and individual members are working towards our common mission in 152 countries around the world.

Statistics from FY2009

-  **Headquarters and offices**
in 14 countries
-  **103 Union constituent and organisational member countries**
-  **Technical assistance projects**
in 54 countries
-  **Educational activities**
in 42 countries
-  **Research projects**
in 13 countries
-  **IHC TB/HIV programmes**
in 4 countries
-  **Bloomberg Initiative tobacco control grants**
in 24 countries
-  **TREAT TB partners**
in 8 countries

90 years of leadership

Secretary-General/ Chairman of the Executive Committee and Council

1920-1934	Prof Léon Bernard, SG
1934-1948	Prof Fernand Bezaçon, SG
1948-1972	Prof Etienne Bernard, SG
1972-1975	Prof Georges Canetti
1975-1978	Dr Wallace Fox
1978-1982	Dr Henri Coudreau
1982-1985	Prof Tadeo Shimao
1985-1990	Dr Matthijs A Bleiker
1990-1992	Prof Jacques Chrétien
1993-1996	Prof John F Murray
1996-1999	Dr Kjell Bjartveit

President

1920	Prof Robert Philip	1963	Prof Erich Sebröder
1921	Dr E Dewez	1965	Prof Jan K Kraan
1922	Dr F Morin	1967	Dr James E Perkins
1924	Dr Theobald Smith	1969	Prof V Chebanov
1926	Dr F A Piomarta	1971	Dr T Shimao
1928	Prof Théodor Frölicli	1973	Mr Miguel Jimenez
1930	Prof Willem Nolen	1975	Prof A Gyselen
1932	Dr Eugenjusz Piestrzynski	1978	Prof H Rodriguez Casteils
1934	Dr Loro de Carvaiho	1982	Dr N C Sen Gupta
1937	Prof K A Jensen	1986	Mr James Swomley
1950	Prof Manoel de Abreu	1990	Prof Rudoif Ferlinz
1952	Prof A Crespo Alvarez	1994	Prof S Supcharoen
1954	Dr P V Benjamin	1998	Dr Kjell Bjartveit
1957	Prof Ismail Tewfik Sagllam	2001	Prof Anne Fanning
1959	Dr G J Wherrett	2004	Dr Asma El Sony
1961	Prof Attilio Omodei Zorini	2008	Dr S Bertel Squire

Executive Director

1952-61	Dr William Gellner
1961-1965	Dr Johannes Holm
1972-1975	Dr Donald Thomson
1975-1977	Dr Annik Rouillon (Interim)
1977-1978	Dr Victorino Farga
1979-1991	Dr Annik Rouillon
1992-	Dr Nils E Billo

Director of Scientific Activities / Scientific Advisor

1964-1968	Dr Annik Rouillon (Advisor to Director)
1977-1979	Dr Annik Rouillon
1979-1991	Dr Karel Styblo
1991-	Prof Donald A Enarson

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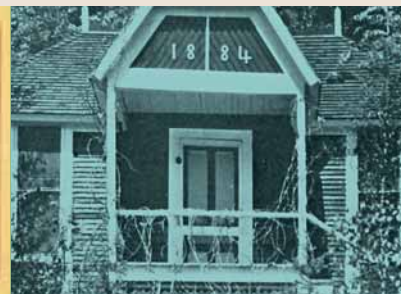
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Robert Koch Institute (Berlin)
from Robert Koch: Die Ätiologie
der Tuberkulose. Mitteilungen aus
dem Kaiserl. Gesundheitsamt, Bd.
II, Berlin 1884; In: Schwalbe, J.
(Hrsg.): Gesammelte Werke von
Robert Koch, Bd. 1, Verlag von

Georg Thieme, Leipzig 1912.

Text: Alice K. Boatwright
Design: Gilles Vérant / Anne Dupal
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“The fact that The Union continues to be an active membership organisation – as well as a scientific institute – gives our organisation its international reach, guards its independence and sustains our deep understanding of local issues through roots that reach communities throughout the world.”

**S Bertel “Bertie” Squire
MB BChir FRCP MD (Research),
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