



Advance Access & Delivery

ANNUAL REPORT 2017-2018



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Advance Access & Delivery's MISSION

AA&D works in solidarity with partners around the world to overcome barriers to high quality health care and medicines, particularly for economically and socially marginalized people. This means working alongside coalitions around the world doing this work, and breaking down double standards that persist in global health care policy.



Advance Access & Delivery

EXECUTIVE SUMMARY



Advance Access & Delivery

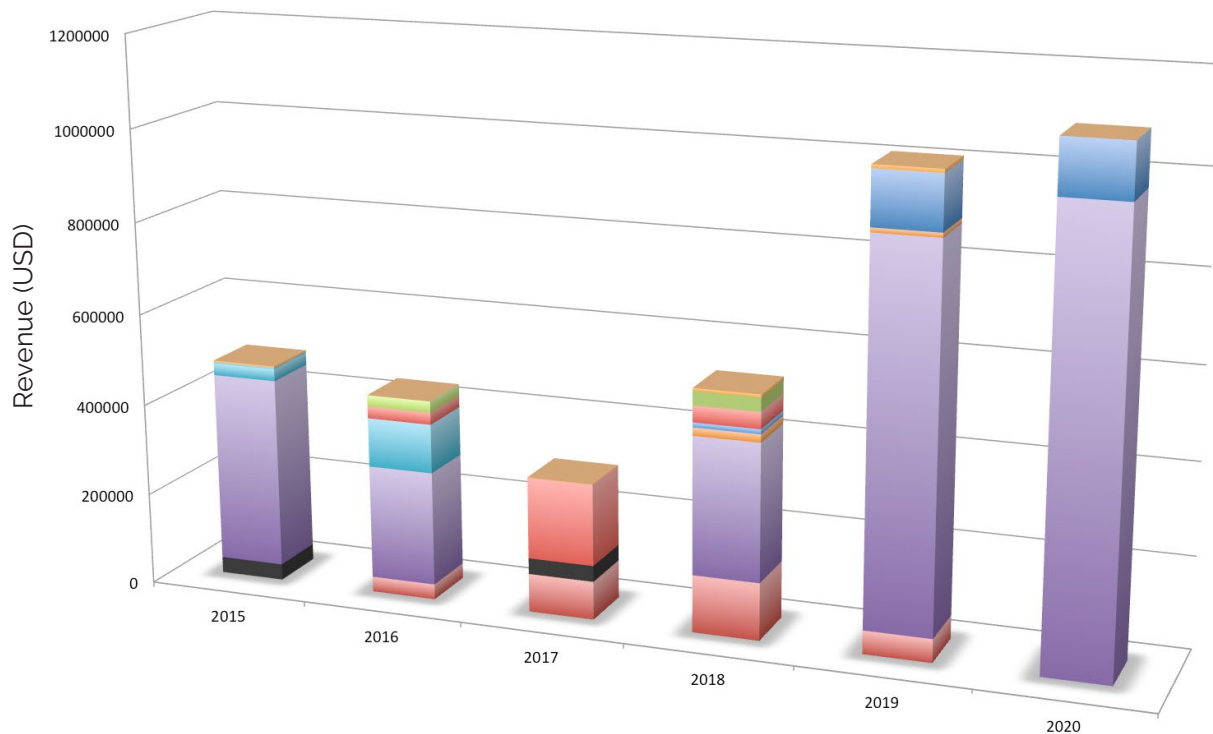


TOM NICHOLSON
AA&D Executive Director

In the two year period spanning 2017 and 2018, Advance Access & Delivery grew substantially. Organizationally, AA&D expanded its team to include epidemiologists, health delivery experts, clinical advisors, global pharmacy experts, and program managers. Conceptually, AA&D realized more fully its mandate to consider the challenges of migrants, refugees, and others that the health system often leaves behind. During this time, the Zero TB Cities project and the Zero TB Initiative continued apace, with dozens of cities and localities joining the global movement to demand the highest standard of care against the leading infectious killer of adults, tuberculosis. At the same time, AA&D worked with colleagues from Harvard Medical School, Duke University, University of North Carolina at Chapel Hill, and the United Nations/Stop TB Partnership to consider how TB services can be meaningfully integrated into a comprehensive community health delivery platform for the 21st century, rather than in isolation.

Programs at AA&D provided critical global health services to thousands of people in high burden settings, from screening, diagnosis, treatment, and social support, from India to North Carolina. The organization mapped and visualized the global efforts against drug resistant TB and drug shortages, analyzed the next generation of global health challenges, and produced practical tools to improve clinical programs spanning the joint epidemic of diabetes and TB. Additionally, AA&D completed technical guides for efficient improvements in infection control measures, securing funding from international institutions, and operationalizing post-exposure and preventive therapy against TB [see Reports and Tools, page 32]

AA&D facilitated millions of dollars in revenue for partner sites to be funded to do their important work. For its own part, 2017 and 2018 were also a period of growth for AA&D. When needed, AA&D took advantage of its diffused organizational structure, so that funding for staff and leadership also came as needed from outside AA&D, be it directly from a UN agency, a partner organization, or an academic institution. By the end of 2018 however, AA&D has solidified its funding stream to the point where such measures were not required and the full staff support needed could flow through AA&D.



AA&D Annual Revenue, 2015-2019 (each color represents an organizational funder)

Overall, AA&D secured funding for its work from 12 different institutional funding sources of this time period, representing a diversity of sources that provided a remarkable level of strategic balance at the critical third and fourth year for the organization (see graph above). This acted as a foundation for the organization to mindfully choose where to invest time and resources for the road ahead—with grants secured during this time period showing a sharp increase in funding for AA&D's programs and partners in 2019 and beyond.

AA&D 's team and our community also faced significant challenges, with the untimely deaths in 2018 of our dear friend and AA&D Media Officer Aaron Plourde, and Dan Bigg of the Chicago Recovery Alliance, our close ally working

on harm reduction and a better future for people who use drugs. Their remarkable work and unwavering positivity are deeply missed [see in Memoriam, page 41].

2017 and 2018 was indeed a time for taking stock and looking forward. This time period saw AA&D grow and deepen its work, while achieving increased financial and organizational stability for the years ahead. With the contributions of dozens of staff, advisors, partners and friends, AA&D has taken important steps to realize the vision of its ambitious mandate: to break down double standards in global health policy, and to blaze a trail forward to realize high quality health care for those too often left behind.

TOM NICHOLSON
Executive Director
Advance Access & Delivery, Inc.

Zero TB Initiative, featured by New York Times Editorial Board

Opinion

We Know How to Conquer Tuberculosis

Why aren't outbreaks in poor countries treated the same way as those in rich ones?

By The Editorial Board

The editorial board represents the opinions of the board, its editor and the publisher. It is separate from the newsroom and the Op-Ed section.

Sept. 26, 2018



Molly Snee

In recent years, several anti-TB initiatives have pushed beyond this cynicism to forge a new consensus. For example, the [Zero TB Initiative](#), a global alliance that works with cities to get outbreaks under control, has trained teenage girls in Pakistan to work as case finders: approaching neighbors who may have been exposed to TB through a friend or family member and persuading them to seek medical care. So far, some 40,000 girls have shepherded nearly 50,000 people to local clinics for testing and treatment.

This past spring, the World Health Organization followed suit. The organization's newest treatment guidelines now include a strong recommendation that all people living in households where one person has active tuberculosis receive preventive treatment. If countries implement that guideline, and if doctors abide by it, some [30 million more people](#) should have access to preventive care in the next five years. If that happens, an untold amount of human suffering may be prevented, and a disease that has plagued the world's most vulnerable people for far too long could finally be wiped out.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter \(@NYTOpinion\)](#).

A version of this article appears in print on Sept. 27, 2018, Section A, Page 28 of the New York edition with the headline: We Know How to Conquer Tuberculosis. Order Reprints | Today's Paper | Subscribe



The Zero TB Initiative has “pushed beyond this cynicism to forge a new consensus” towards effective, comprehensive, and compassionate TB elimination efforts.



Advance Access & Delivery

A note from our board of directors

2018 marks the 40th anniversary of the landmark Alma Ata declaration calling for basic health care for the world's people by the year 2000. As we sit almost 20 years past that deadline, it is clear that we have not met that important global goal. More than half the world's population lives without access to reliable health care, including a significant proportion of people in the United States. Today, health care delivery systems face a growing burden from the increasing prevalence of chronic diseases like diabetes, heart disease and disorders of mental health (including addiction). At the same time, weak health systems are not able to adequately address curable and treatable disease like tuberculosis, hepatitis C, hepatitis B, and HIV. Without intellectual and social investments in systems to successfully find and treat people who are sick and need care—in the communities where they live and work—important health gains made over the last 100 years will be lost.

Advance Access & Delivery is committed to investing in the delivery of health care to individuals and communities who face challenges in receiving the health care that they need. From supporting the treatment of tuberculosis globally (a disease which remains the number one infectious killer of adults despite having a cure since 1948), to pioneering models for community-based diagnosis of diabetes, to assisting individuals challenged by addiction to opiates, AA&D is making investments in designing models of care that recognize the importance of linking the public and private sectors, that optimize treatment outcomes, and that recognize health as a human right.

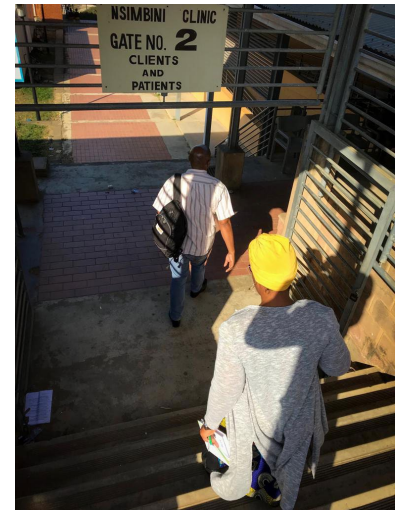


AA&D Board Members (from left) Mercedes Becerra, Michael Wilson, Thomas Nicholson, and Salmaan Keshavjee in Cape Town, South Africa.

What people are saying about AA&D

"The technical and strategic partnership between Interactive Research and Development South Africa (IRD) and Advance Access and Delivery (AA&D) is characterized by the ability to deliver health services that add value in the lives of the most vulnerable communities in KwaZulu-Natal province of South Africa. IRD and AA&D have working together to deliver patient centered care focusing on non-communicable and infectious diseases, specifically helping to identify diseases such as diabetes and tuberculosis (TB) early in order to ensure that people can receive the treatment and support they need, and ultimately save their lives."

THULANI MBATHA
Country Director, IRD South Africa



AA&D is one of the pioneers in envisioning cities as islands of TB elimination. The model where the resources and expertise are focused on specific geographical areas and partners are engaged in a cohesive way has gained a lot of traction in the recent years with the Zero TB model being implemented in various places, including in India. We congratulate AA&D for popularising the idea and inspiring various cities to adopt it, which when scaled up, can be adopted more widely. We are very excited to work in the coming years on TB and diabetes with AA&D and hope to understand the dual challenges that these diseases pose.

RAMYA ANANTHAKRISHNAN
Executive Director, REACH

Above: Staff from NCD-LINK, an integrative health project between AA&D, IRD, the South Africa Medical Research Council and the National Department of Health, visit clinics in Durban, South Africa.
Below: Garmian University research team member Dr. Pegah Seidi teaches trauma response methods to internally displaced people in Kurdistan, Iraq.



"AA&D has been instrumental to establishing a research partnership between faculty at the University of North Carolina Chapel Hill, Gillings School of Global Public Health and researchers at the University of Garmian in Iraq. AA&D has facilitated data collection for a survey of mental health risk among ethnically diverse adults living in camps for Internally Displaced Persons (IDP) in Iraq. They have also supported an exploratory mixed-methods study of unmet mental health and psychosocial support needs during pregnancy and postpartum among internally displaced Yazidi families living in IDP camps. This work draws attention to the urgent need for improved access to

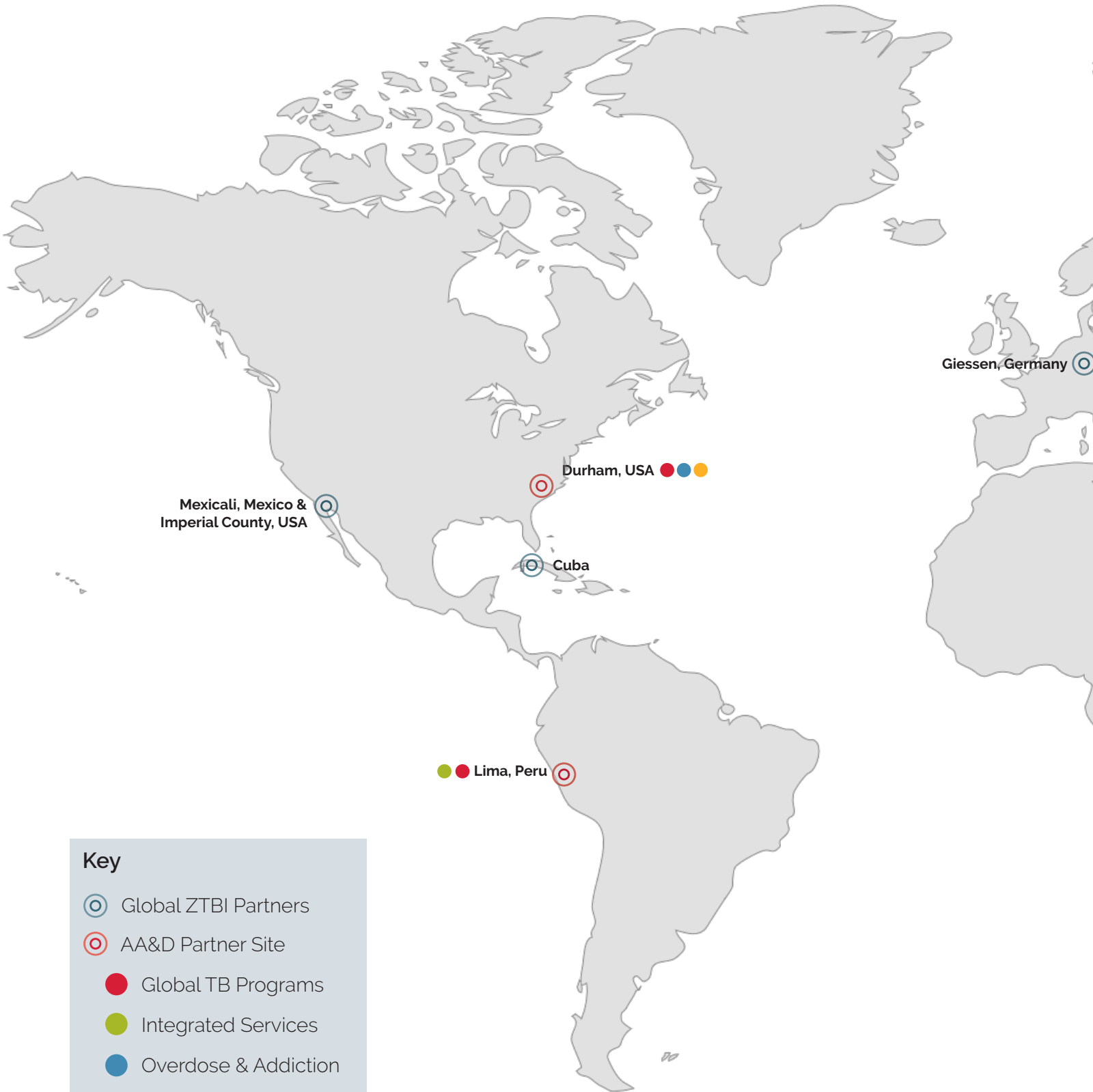
quality mental health care and psychosocial support services in communities affected by protracted conflict and displacement. AA&D helps to advance research in situations of extreme adversity to connect marginalized groups with the care that they need, which is informed by community engagement and local capacity building."

AUNCHALEE PALMQUIST
Assistant Professor
Maternal and Child Health, Carolina Global Breastfeeding Institute



Advance Access & Delivery

GLOBAL PROGRAMS



Key

- Global ZTBI Partners
- AA&D Partner Site
- Global TB Programs
- Integrated Services
- Overdose & Addiction
- Health & Displacement





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AREAS OF WORK

Global TB Programs



Achieving TB Elimination

Tuberculosis is now the leading infectious killer of adults in the world, and is the leading cause of death for people living with HIV. It is intrinsically linked with poverty, social and political marginalization, and economic hardship. TB operates in a vicious cycle with malnutrition, alcoholism, smoking, incarceration, and many other medical co-morbidities. The model employed by global TB control authorities in the last several decades focused on active cases of drug-susceptible TB, and WHO Guidelines (as recently as 2015) excluded most preventive therapy for poor countries and countries with high rates of TB, all while sidelining active TB case finding, and for decades de-prioritized the treatment of difficult drug-resistant strains that now make up the majority of TB cases in some countries (due in part to this very strategy). However, better policies and guidelines, new TB drugs, innovative treatment regimens, technological advancements, and easily shared programmatic learnings are creating a more promising situation today than ever before.

In 2016, the Stop TB Partnership, the Department of Global Health and Social Medicine at Harvard Medical School, alongside non-governmental organizations Advance Access & Delivery (AA&D), and Interactive Research and Development (IRD) came together to launch the Zero TB Initiative to support cities, islands, and districts that publicly commit and take meaningful steps to achieve a rapid reduction in the number of people suffering from TB.

Zero TB Initiative and Zero TB Cities

The Zero TB Initiative works to create islands of elimination by supporting local coalitions in the fight against tuberculosis (TB), the deadliest infectious disease that kills 1.6 million people annually. ZTBI partners with local stakeholders including clinicians, policymakers, national TB programs, and patient advocacy groups to leverage existing resources and build on TB control efforts. ZTBI applies basic epidemic control strategies that, until recently, have been comprehensively applied to TB in only limited contexts. ZTBI supports local coalitions as they design and implement ambitious TB programs while mobilizing complementary financial and technical resources to support patients, communities, and programs as needed.



Courtesy of Zero TB Karachi, IRD



From left: People line up for community-based diagnosis for TB at IRD's mobile TB unit in Karachi, Pakistan; community members in Lima, Peru participate in a community screening and education event for Socios En Salud's Halt TB program.

Zero TB Initiative coalition members commit to using a comprehensive approach to eliminating TB. The core components of this approach are

SEARCH: searching actively for TB and using high-quality, appropriate tests for TB

TREAT: treating all forms of TB with the correct and effective drugs and supporting patients through their treatment

PREVENT: preventing exposure to TB and treating people who have been exposed to TB, including those who are infected or at high risk of being infected

These strategic components must be implemented simultaneously and in a complementary way alongside existing stakeholders, systems, and providers. However, ZTBI partners continuously evaluate TB programs for opportunities to optimize TB care delivery. Upon initiating ZTBI in a particular site, coalition members commit to perform gap analysis and stakeholder assessment to identify key areas for improvement.



AA&D Partners: Stop TB Partnership



AA&D works with the policy and technical experts of the Stop TB Partnership, one of the founding members of the Zero TB Initiative, to develop strategic and operational materials and coordinate consulting technical visits to global sites. The Stop

TB Partnership seeks to jointly address TB care and policy needs, and is a co-convenor of Zero TB global conferences. The Stop TB Partnership's TB REACH provides critical support and information sharing for TB coalitions that work to meet needs in global TB.

Zero TB Initiative Partners

ZTBI is supported by a global, multi-institutional alliance that includes Harvard Medical School Center for Global Health Delivery – Dubai, Advance Access & Delivery, Interactive Research & Development, Partners In Health, the Stop TB Partnership, and local, national, and international policymakers and patient advocates. In addition to support from institutional partners, ZTBI coalition members can receive technical assistance and clinical expertise from partners who represent decades of experience in TB policy and care delivery. Zero TB partners with local stakeholders to build on existing health systems and TB control efforts to avoid the creation of parallel systems and to create health delivery platforms that are complementary, sustainable, and scalable.



AA&D Board members, Mayor Alvarez of Carabayllo, and partners from Harvard Medical School and Socios En Salud at a Cero TB event in Lima, Peru in December 2017.

AA&D's Partnership with Harvard Medical School Center for Health Delivery - Dubai



ZTBI partners and stakeholders at the Harvard Medical School Center for Global Health Delivery - Dubai event on TB infection in July, 2018.

The Harvard Medical School Center for Health Delivery in Dubai was founded in 2014 to be a hub of health delivery research and practice towards improving health systems and outcomes in the region and neighboring areas. Broadly, HMS Dubai focuses on improving practices, policy, and training for global surgery and access to surgical care; understanding and addressing gaps in care for mental health; and preventing and treating both infectious diseases like TB and hepatitis C and non-communicable diseases like obesity and diabetes.

A founding member of the Zero TB Initiative, HMS Dubai works closely with AA&D to bring together researchers, policymakers, and healthcare practitioners, with the goal to share programs' successes and challenges, and to share applicable and important lessons with participants and their wider networks. The Center has hosted experts from around the world and continues to serve as a critical hub for the Zero TB Initiative's network.

AA&D Partners



Interactive Research & Development (IRD)

A founding partner of the Zero TB Initiative, Singapore-based IRD is a global health delivery and research organization working in over 15 countries to innovate improved health outcomes and build stronger networks for global lesson-sharing. IRD is spearheading the Zero TB Initiative activities in Karachi, Pakistan, where mobile units deliver high-quality TB diagnostics at the community level. In South Africa, AA&D has partnered with IRD to conduct community-based household screening and linkage to care for TB, diabetes, and hypertension.



Partners In Health (PIH)

A founding partner of the Zero TB Initiative and long-time partner of AA&D, Boston-based PIH works to offer a preferential option of healthcare for the poor and partner with local governments and stakeholders in solidarity to support health systems.



Socios En Salud (SES)

A sister organization to PIH and based in Lima, Peru, Socios En Salud works closely with the Peruvian Department of Health and Lima communities to address a variety of infectious and non-communicable diseases. SES is improving access to and quality of community-based care for drug-susceptible and drug-resistant TB, implementing steps to prevent TB transmission, and providing health promotion strategies to communities.

ZTBI Successes: Karachi, Pakistan's Mobile Initiative

IRD and Indus Hospitals have partnered to roll out mobile screening units to bring diagnosis for TB closer to where people live and work. These units comprise vans equipped with chest x-rays, computer-aided x-ray reading technology, and linkage to care for people who are diagnosed with TB. This model for active case finding unsurprisingly saw an increase in TB case notification in this area where past paradigms of passive case finding waited for people to self-selectively seek care only after they had become sick with TB. In 2018, this ZTBI coalition began offering preventive therapy in the form of a 3-month, short-course regimen consisting of rifapentine and isoniazid alongside its active case finding and treatment support model. Early data suggests that with 22% of people accepting preventive treatment, this program has seen an incredible 20% drop in case notifications. This ZTBI coalition is sharing lessons from implementing this comprehensive program and is actively supporting other sites hoping to emulate similar strategies in their own settings.

Fleet of mobile diagnostic units in Karachi, Pakistan. Courtesy of Zero TB Karachi, IRD.



Global Network and Lesson-sharing

As Secretariat for the Zero TB Initiative and the Zero TB Cities Project, AA&D functions as the connective tissue between the dozens of institutions, organizations, public health entities, and health providers to facilitate efforts to support and strengthen existing TB control systems. Alongside ZTBI founding partners, AA&D focuses on strategic and inclusive network building to bring together stakeholders from similar and different settings and geographies to promote the sharing of programmatic lessons and evidence. Building on this network, AA&D communicates ZTBI coalition progress and partners' findings with wider academic professional circles.

AA&D supports ZTBI sites by coordinating technical assistance provided by various expert and academic partners who represent decades of experience in epidemiology and epidemic control. Similarly, AA&D provides additional support to sites by identifying opportunities to complement existing programs with new resources and funding and liaising with funders and other potential resources to bring these opportunities to bear. Based on these interactions, AA&D creates guides and tools for sites to streamline the application process to funding opportunities.

AA&D's team has generated critical, programmatic tools to support ZTBI sites as they develop, implement, and improve site-specific comprehensive strategies to eliminate TB. These tools encourage coalition partners to conduct thorough gap analyses and assessments of their existing programs and to identify opportunities to build coalitions and strengthen their programs. These tools are updated regularly and available for all coalitions on the ZTBI website. AA&D provides technical assistance as coalitions implement these tools and use them to inform their Zero TB activities.

Events and Trainings



Right: Launch of Zero TB Vietnam, a coalition implementing Zero TB in Ho Chi Minh City, Hai Phong, and Hoi An, in 2017. Opposite: AA&D team members, DCID leadership, Cuban health officials, Indiana Recovery Alliance partners, and Duke students and faculty at the DCID-hosted panel in 2017.

Duke Center for International Development Hosts Cuba Health Officials

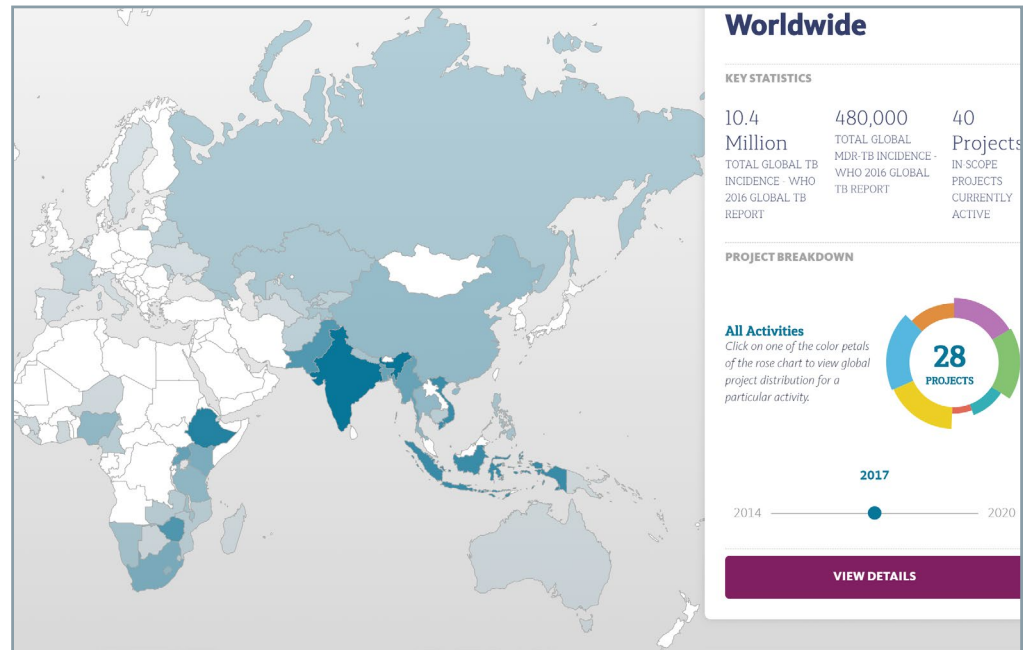


On May 4, 2017, the Duke Center for International Development (DCID) hosted a panel of senior level health officials from Cuba, representatives from AA&D, and the Indiana Recovery Alliance alongside DCID staff and students. Organized with the goal to lean into successes and challenges experienced through participants' respective programs, the event highlighted Cuba's strategies to drive down rates of TB through comprehensive and community-centered approaches, and in particular approaches that include TB prevention. The lessons from Cuba, which has some of the lowest rates of TB in the world, stand to inform strategies globally in epidemiologically similar situations. Similarly, representatives from the Indiana Recovery Alliance shared human-centered strategies to improve and deliver harm reduction for people who use drugs in response to the opioid overdose epidemic. This event brought exciting lessons to bear for expanding access to high quality care and medicines, particularly for economically and socially marginalized groups, and is an important example of promoting platforms for global mutual aid and sharing across disciplines to drive improvement for health programs.

TB Drug Access Atlas

Drug resistance is a rapidly growing, global threat to public health. Tuberculosis is the leading infectious killer and is responsible for more than 1.6 million deaths annually. The standard course of drugs is ineffective against drug-resistant or multidrug-resistant TB (MDR-TB). Internationally quality-assured (IQA) second-line drugs (SLD) are essential to treat and cure drug-resistant forms of tuberculosis, but only a fraction of patients around the world who need these drugs receive them each year. Supply chains and procurement mechanisms are often complicated for TB drugs, particularly for SLD which are often stocked out or are delivered after significant delays.

A screenshot of the interactive Explorer function on the TB Drug Access Atlas. This function allows users to view the global, regional, and national scope of projects interviewed for this project and in what activity areas they are working to improve access to IQA SLD.

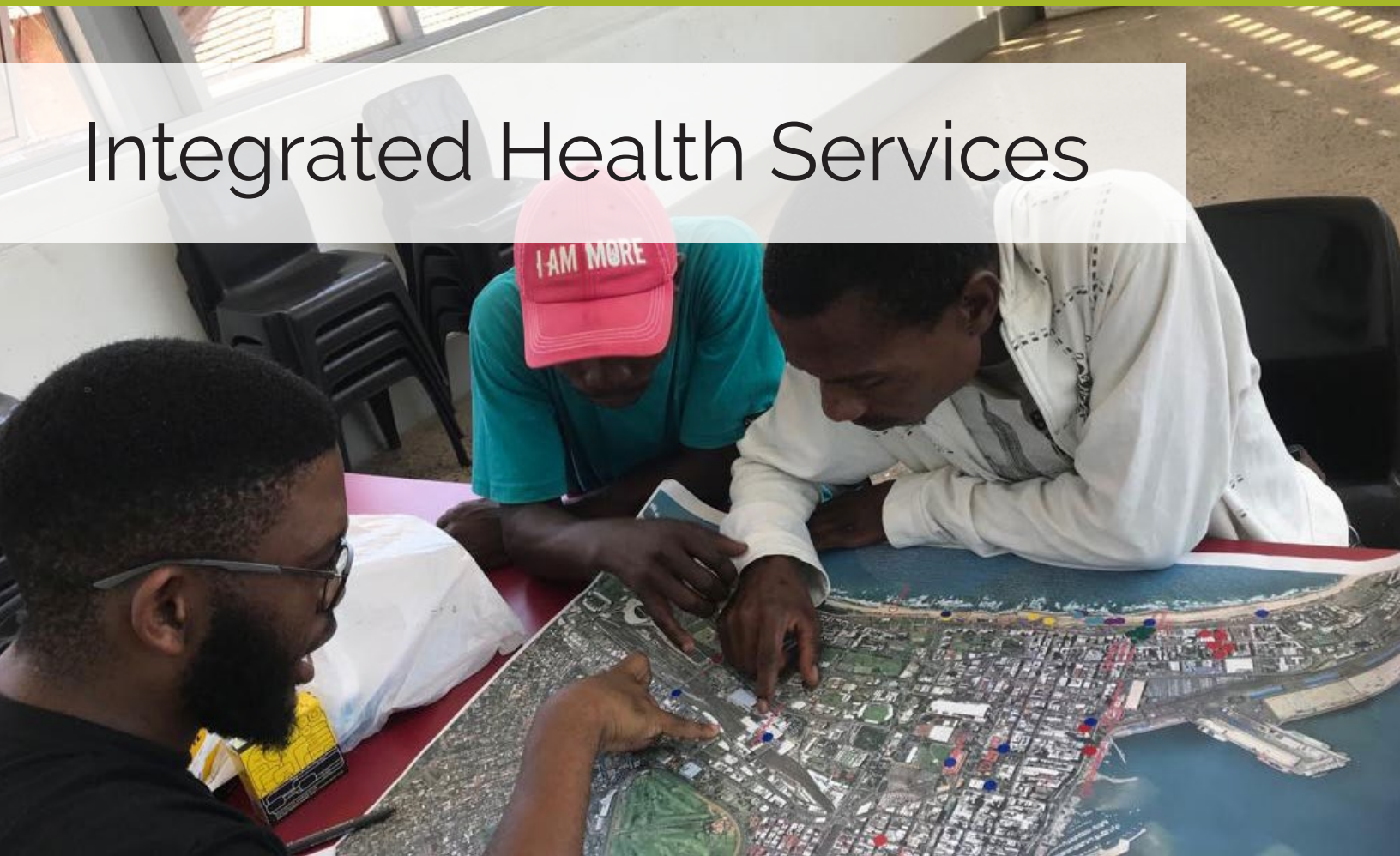


In March of 2018, AA&D and the Lilly Global Health Partnership (formerly the Lilly MDR-TB Partnership) launched the first of its kind, web-based platform, the TB Drug Access Atlas (available at tb.worldhelathmap.org). This tool highlights over 40 global projects that are ongoing or planned between 2014-2020 and addressing challenges related to the supply and access of quality-assured, second-line drugs for MDR-TB. This interactive platform gives users a firsthand look at the burden of MDR-TB at global, regional, and country levels and how these burdens overlap with projects and their activities. The goal of this project is to inform decision-making, understand programmatic overlaps where appropriate, take advantage of shared strengths, and improve areas where there are intervention gaps.



The MDR-TB Mapping Project sought to understand global TB initiatives' efforts to address supply and access challenges for MDR-TB drugs. The project used the following market indicators to identify opportunities for future initiatives to strengthen approaches to delivering these essential medicines: market incentives, forecasting, procurement, regimen complexity, regulatory complexity, affordability, and delivery challenges.

Integrated Health Services



Integrating Care

AA&D works to identify gaps in care in community-based responses to these needs with a broad range of partners, from Native American communities in North Carolina to diabetics and people who use drugs KwaZulu-Natal, South Africa. The challenges presented by several specific diseases were carefully analyzed, but not in isolation. For example, TB is a disease that disproportionately afflicts economically and socially marginalized people, and it is often co-morbid with other infectious and non-communicable diseases. Patients with TB are even at an elevated risk of other diseases due to their TB disease and other biosocial determinants of health. However, TB control efforts are often siloed from other important diagnostic and treatment services, effectively creating parallel health systems for patients to navigate. An important component of expanding access to care is integrating TB services and other similarly siloed services into existing health systems, and in particular connecting patients to screening, diagnosis, and treatment for other diseases. Moreover, expanding care actively and integrating services allow diseases like TB to be used as a first step to expand care into households, communities, and places where patients live and work to concurrently screen and treat TB and other diseases for which patients are at elevated risk like diabetes, hypertension, and hepatitis C.

Stakeholder engagement and community-based care

One of the driving priorities behind AA&D's work is to situate services closer to where people live and work, while making access to care and care delivery itself easier and more efficient. For that reason, it is critical to note that each disease does not operate in a vacuum - that infectious, non-communicable, and social factors are intertwined. Therefore, the services to address these challenges should also be integrated in order to simplify care and multiply the impact of effective programs.



Rural area outside of Durban, South Africa, where AA&D is working with nonprofit and public partners to deliver high-quality screening and linkage to care for people with TB and NCDs

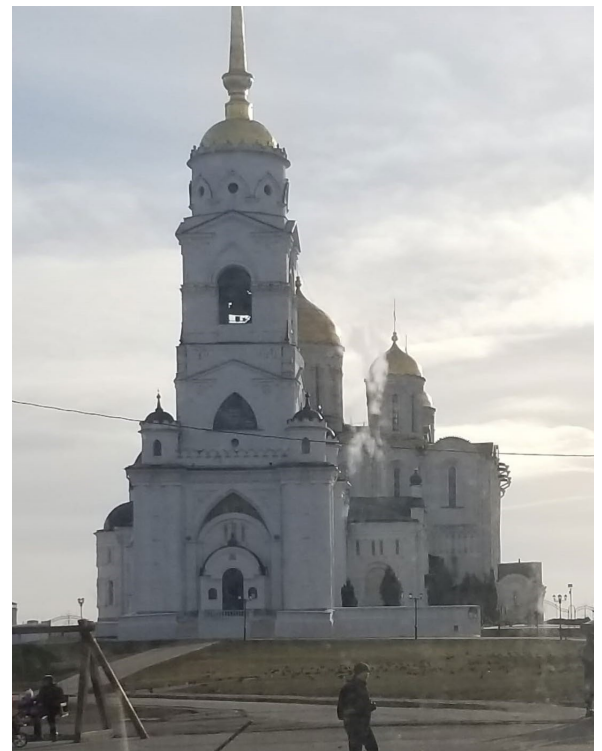
Integrating community-based care in Durban, South Africa

In fall of 2018 AA&D initiated Year 1 of a 5-year project in Durban, South Africa to improve screening and linkage to care for tuberculosis and non-communicable diseases. AA&D has partnered with IRD South Africa, the South African Medical Research Council, and the National, Provincial, and District Departments of Health as well as the Municipal Health Office. Supported by the Lilly Global Health Partnership, this project integrates community- and health facility-based TB screening, diagnosis, and treatment with screening and linkage to care for diabetes and hypertension. The project will work across 10 health facilities and the communities that they serve in Umlazi, a township and sub-district of Durban. An initial piloting of integrated, facility- and community-based activities are set to commence in 2019 with continued scale-up and improvements throughout the funding period. This project presents a significant opportunity to understand best practices for integrating and scaling TB and NCD services in high-burden settings in informal settlements and areas where infrastructure is weak, as well as translations to actionable recommendations for other locations with similar epidemiological challenges.

Taking first steps to deliver direct-acting antivirals for Hepatitis C patients in Russia

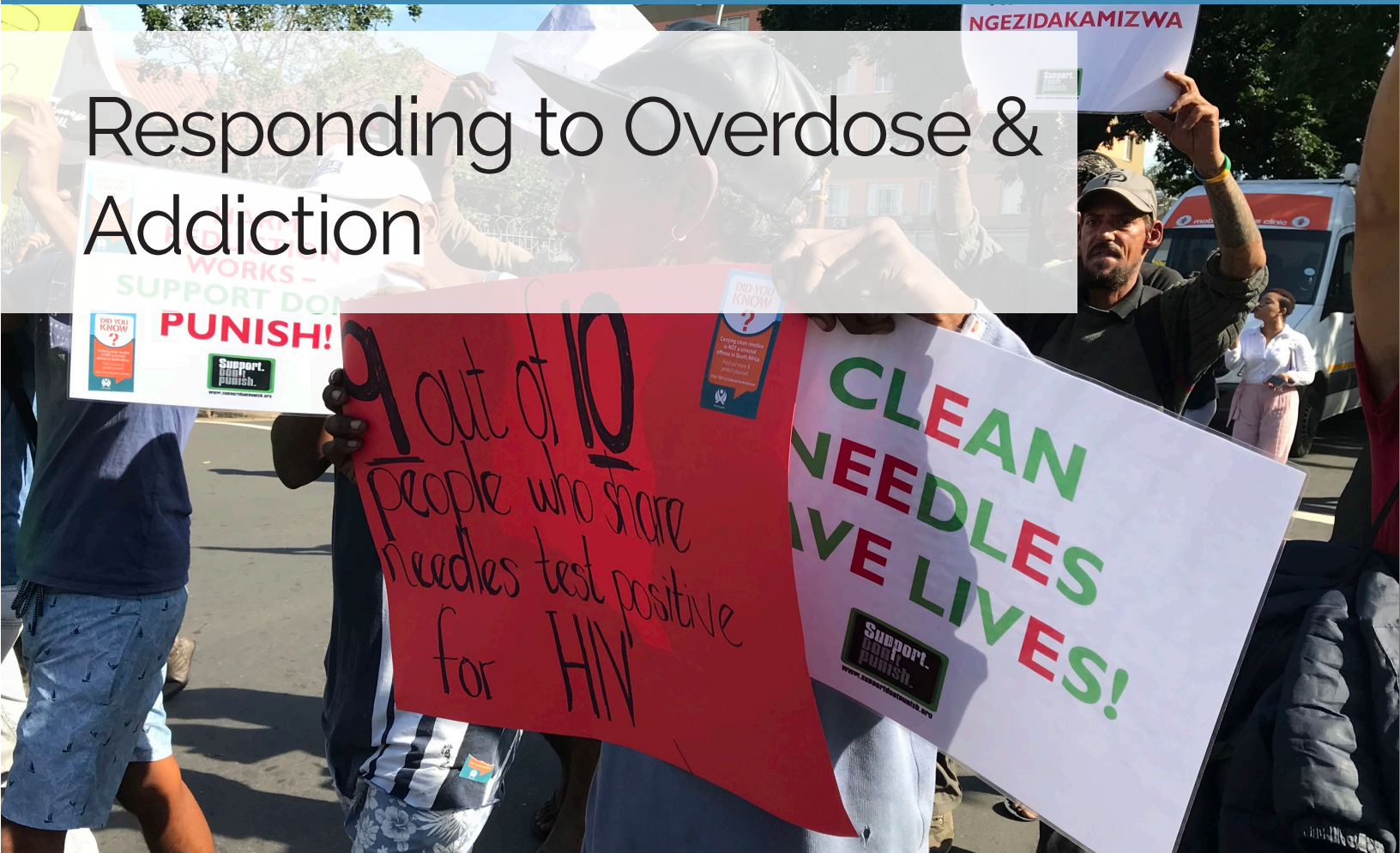
In the fall of 2018, AA&D received funding to support a scoping project to understand the epidemiology of hepatitis C (HCV) in the Russian Federation and develop an actionable plan to address barriers to treatment for this disease. A core component of this work was to identify potential future paths for importation and delivery of direct-acting antivirals (DAAs), which are life-saving drugs that can cure what was once a chronic disease.

An estimated 6 million people in Russia suffer from HCV, and the disease coincides with social and medical co-morbidities like TB and HIV that can challenge access to effective care. Less than 2% of people receive care, and if treatment is received from the public sector, it is typically with older, less effective medicines. The reasons for limited access to treatment are complex, but include a limited selection of treatments that are registered in-country, as well as stigma related to social factors (e.g. drug use). The cost of treatment for HCV in Russia and in much of the world is often prohibitively expensive, forcing people to resort to treatment options with questionable efficacy and safety. Compared to only a few years ago, the advent of DAAs has opened the opportunity to reverse the epidemic of HCV if comprehensive, cost-effective methods for care delivery can be identified and implemented. Such methods will require integrated care platforms that improve upon existing services and address co-morbid social and medical conditions that increase the risk of both HCV and of treatment interruption.



In 2018, AA&D Executive Director and AA&D partners undertook the initial steps towards understanding the requirements for importing DAAs for hepatitis C patients in Russia. Above, AA&D partners meet with a lead clinician in Vladimir, Russia.

Responding to Overdose & Addiction



Harm reduction in practice

Globally, half a million people die from drug overdose every year. AA&D is committed to designing programs that protect and promote the dignity and well-being of all people that use drugs or may be affected by drug use. We carefully select partnerships that give a voice and a face to drug users and their families. AA&D seeks to build international platforms that promote dialogue and the sharing of practical lessons that can be applied to reducing risks, linking individuals to care, and saving lives.

Above: Protesters advocate for harm reduction at a march in Durban, South Africa after the closure of the city's only needle and syringe exchange. Opposite: AA&D Executive Director Tom Nicholson attends a community group at TB-HIV Care's clinic for people who use drugs in Durban, South Africa.

AA&D Partners: MASS Design

MASS.

AA&D entered into a partnership agreement with MASS Design Group, initially to collaborate on documenting the role of architecture and design on spaces that provide counseling, rehabilitation, and reintegration services for homeless individuals and drug users in Durban, South Africa. Through interviews and focused discussions, AA&D and MASS would connect first hand with care delivery organizations both in the U.S. and abroad to document a set of design criteria that can be used as a model for centers around the world.

Addiction in Durban, South Africa

In 2018, AA&D broadened its support for harm reduction programs by partnering with a mixture of civil society and academic partners in Durban, South Africa to address growing numbers of drug overdose deaths amongst injection drug users in the city center. AA&D partnered with TB HIV Care in Durban where a group of 50 individuals were receiving OST as part of an 18-month demonstration project to understand the support and delivery mechanisms needed to sustain a larger program that could be rolled out nationwide. AA&D's team did basic qualitative interviews and a series of portraits with OST members to better understand their path to addiction and how the OST program had provided them with tools to set and achieve life goals including reconnecting with family, finishing school, and gaining employment to name a few. AA&D was invited to present this work as part of Drug Policy week co-sponsored by TB HIV Care in October of 2018 in

Cape Town. AA&D was also invited to be part of a working group commissioned by the Deputy Mayor to write a formal brief on best practices for harm reduction programs and recommendations for a comprehensive center of excellence to address the needs of a growing number of people who use drugs in the city. AA&D partnered with MASS Design to develop a comprehensive report that was presented to Safer Cities and the Deputy Mayor in collaboration with the Urban Future's Center and TB-HIV Care.



Health Delivery for Displaced People



Statement about local and global work

A direct challenge to health systems is the acute global migration crisis, resulting from economic dislocation, war, and environmental degradation. As a result, AA&D has focused its efforts on health delivery for displaced people, mobile populations, and the communities that receive them. AA&D in 2017 and 2018 charted its course forward with these partners and programs to respond to the ever-changing and deeply challenging health issues brought to the fore by the global migration crisis.

This includes speaking with refugee families and individuals in the Research Triangle area who are in need of services, but often unable to reach them or properly consider their options, in order to build new tools and programs that more directly address their needs. It means conducting assessments in internally displaced person (IDP) camps in the conflict-stricken areas of northern Iraq, and working with victims of sexual violence and human trafficking to share a message of alarm while discussing remedies and ways forward for victims and communities affected by war. It means supporting the health systems in Germany that receive and provide care for people fleeing violence in Syria.

Above, members of AA&D's team alongside the Center for New North Carolinian's community health workers, who support refugees and migrant people in Greensboro, NC, during a workshop for the Kenan Biddle Partnership-funded project to assess and address challenges experienced by refugees in North Carolina.



Garmian Researchers Nazdar Qudrat and Dr. Pegah Seidi visit Duhok IDP camp in Kurdistan, Iraq to conduct interviews with recent and soon-to-be mothers around mental health, perinatal care, and access to health services and resources.

Health Challenges in Complex Emergency Settings: Iraq IDP Study

AA&D has partnered with researchers from UNC Chapel Hill and Garmian University in Kurdistan, Iraq to conduct novel research to understand the burden of trauma and mental health concerns as well as how these overlap with maternal and child health challenges and overall gaps in health service delivery. In the summer of 2018, researchers completed a cross-sectional survey among IDP camp residents to evaluate their levels of post-conflict trauma and ability to access needed healthcare. The team plans to build on this foundational work into 2019 with a survey of recent and future mothers in IDP camps located in Northern Iraq. This second study in particular seeks to understand and improve mental health services for displaced mothers and children from the Yazidi, an ethno-religious minority who have suffered extensively in past and ongoing conflicts in Iraq.



From left: Garmian University researchers Nazdar Qudrat and Dr. Pegah Seidi sit with children displaced by conflict in Northern Iraq; Ms. Qudrat and Dr. Seidi visit Duhok IDP camp in Kurdistan, Iraq.



AA&D Partner, Michael Knipper (far right), leads a discussion with medical students to identify innovative strategies for the medical school and its students to offer support to refugees in Giessen.

New Partnerships in Giessen, Germany

Giessen University has partnered with the Zero TB Initiative to share strategies for providing social support for TB patients among refugees using teams of medical students. Over 80% of TB in Giessen is diagnosed through the UN resettlement center which processes up to 50 families per day. During the height of the European refugee crisis, Giessen was home to over 10,000 refugees, making up more than 1/8 of its population. Giessen University has a committed group of students that are providing crucial support for TB patients and their families. AA&D is working with Giessen University faculty and students to strengthen a coalition beyond the University to include local health and refugee reception center officials to conceptualize and deliver a comprehensive package of TB elimination services to its residents.

Nobel Laureate Nadia Murad Lecture at Duke University



Left: AA&D Executive Director Tom Nicholson, Nadia's Initiative Executive Director Abid Shamdeen, Nobel Laureate Nadia Murad, UNC Chapel Hill Assistant Professor Dr. Aunchalee Palmquist, and AA&D Consultant for Complex Emergencies Dr. Dilshad Jaff. Right: Nobel Laureate Nadia Murad speaks at the Duke Center for International Development's Crown Lecture in Ethics in 2018.

On October 29, 2018, Nobel Peace Prize Laureate Nadia Murad spoke as a Crown Lecturer at Duke University. As a member of the ethno-religious Yazidi community from Northern Iraq, she has been lauded for her work to end genocide and sexual violence as a means of war. The Yazidi community has faced historic persecution and violence that has intensified in recent years. Her own experience of violence at the hands of ISIS has fueled her work to start a nonprofit, Nadia's Initiative, as a platform to advocate for women's and minorities' rights. The event coincided with AA&D's research initiative in partnership with UNC Chapel Hill and Garmian University researchers to understand mental health needs and maternal and child health challenges among the Yazidi in Iraq. AA&D started the push to bring Nobel Laureate Murad to Duke.



Members of AA&D's research team conduct a participatory focus group with refugee mothers in Carrboro, NC to understand their challenges related to resettlement and accessing needed services.

Support for Refugee and Migrant Communities in North Carolina

Refugees that arrive to the United States from emergency and conflict areas regularly experience significant challenges related to getting the proper support and services that they need. In North Carolina alone, more than 1,700 refugees arrived between October 2016 and June 2017, and despite more than 50 service providers claiming to support these communities, there remains well-documented but less-understood gaps in need and the actual delivery of services.



AA&D was awarded funding in January 2018 from the Kenan Biddle Partnership, a joint initiative between the Mary Duke Biddle Foundation and the Willian R Kenan, Jr. Charitable Trust, to implement a collaborative social innovation project initiated and led by students at UNC Chapel Hill and Duke University. Building off preliminary scoping of the service providers who are reported to sup-

AA&D Partners: RCP and CNNC



Refugee Community Partnership (RCP): Based in Carrboro, NC, RCP supports refugee families in the Triangle Area through models of accompaniment. RCP hosts events and conducts programming to encourage community-building, and volunteers representing RCP accompany refugee families through resettlement and as they navigate their new homes. Finally, RCP engages with students at the UNC Chapel Hill to raise awareness of the challenges experienced by refugees in North Carolina.



Center for New North Carolinians (CNNC): Affiliated with UNC Greensboro, CNNC has led the way with programming and support for refugees and immigrants in Gilford County, NC. Their hallmark campaign for these communities includes the Orange Card Program to facilitate referrals to health providers. CNNC also employs resource navigators and volunteers for health promotion and access campaigns to improve health in these communities.

port refugee communities in the North Carolina, this new initiative sought to identify and address the challenges experienced by refugee community members in the Triangle Area. The goal of this collaboration was to develop, vet, and disseminate a training handbook for organizations and individuals who are supporting refugee and immigrant communities across the state.

Initiated and led by students from the UNC Gillings School of Public Health and Duke Center for International Development, the research team conducted participatory surveys and focus groups with members of the refugee community and other stakeholders. Team members and participants also included representatives from Carrboro, NC-based Refugee Community Partnership

The image shows the cover of a handbook. The title "Training Handbook and Programmatic Guide for Community Resource Navigators" is centered in a bold, black, sans-serif font. Below the title is an illustration of a family (a man, a woman, and a child) standing in front of a background of overlapping, thin, orange and yellow lines forming a grid-like pattern. At the bottom of the cover, the text "Version 1.0 | December 2018" is printed in a small, grey font.

Training Handbook and Programmatic Guide for Community Resource Navigators

Version 1.0 | December 2018

(RCP) and UNC Greensboro-based Center for New North Carolinians. In direct response to the needs voiced during this stakeholder engagement, the team developed as their primary deliverable a training handbook and programmatic guide for community health workers, social workers, and other people who support the refugee community. This handbook will be improved over time and its scope expanded to support refugees and the communities that host them.

The team plans to continue engagement with refugee stakeholders, students, and service providers in North Carolina to promote an integrated service delivery landscape for the refugee community and those communities experiencing similar challenges while accessing essential services. Moreover, team members and their partners at Duke and UNC Chapel Hill have made critical strides in advocating for the needs of refugee communities in North Carolina and elsewhere in the world.

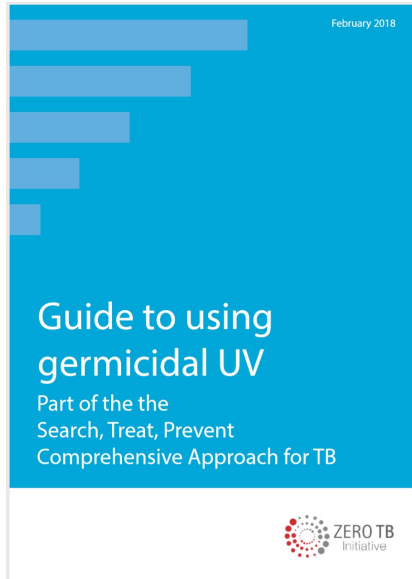


Advance Access & Delivery

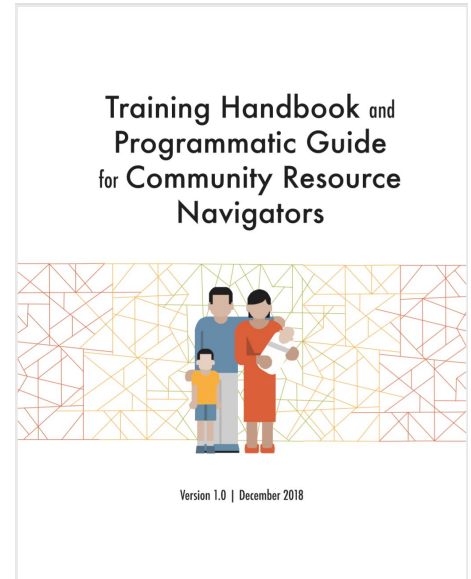
REPORTS AND TOOLS



A case study and analysis of comorbid burdens of TB and diabetes, and best practices for delivering care



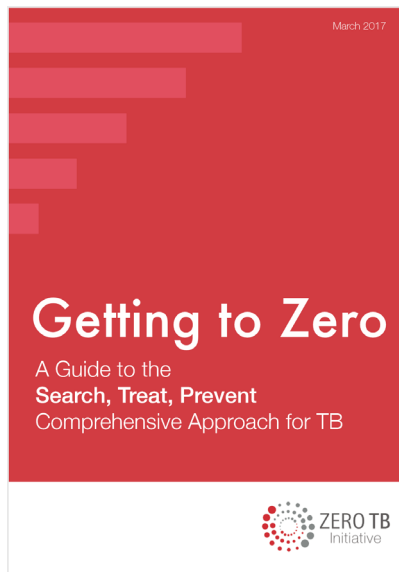
A practical guide to infection control and germicidal UV usage for clinics, hospitals, and other health facilities



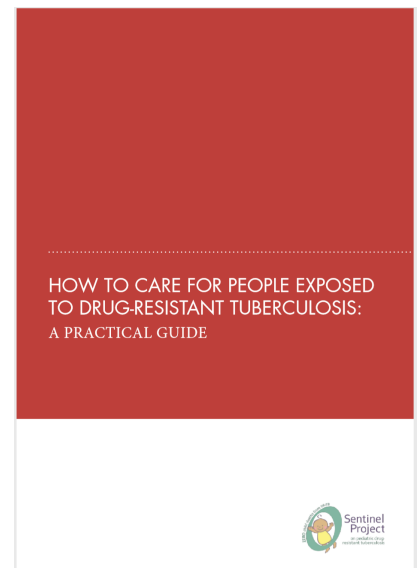
A training handbook and program implementation guide for organizations supporting refugee communities



Analysis and report of findings of global burden of drug-resistant TB, availability of appropriate pharmaceuticals, and current initiatives working to improve supply chains and access



An introductory guide for programs and policymakers to the Zero TB Initiative's Search Treat Prevent framework for eliminating TB

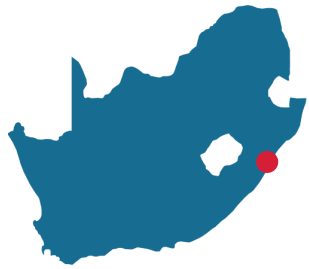


A practical guide to identifying and treating contacts of people with drug-resistant TB



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PROGRESS
AT PARTNER
SITES



Durban, South Africa

GLOBAL TB PROGRAMS
INTEGRATED HEALTH SERVICES
RESPONDING TO OVERDOSE AND ADDICTION

South Africa has one of the highest burdens of TB and HIV in the world. TB is the leading cause of death in South Africa with close to 10% of all deaths nationally attributed to TB. The TB epidemic in South Africa is largely driven by HIV, and in KwaZulu-Natal, where AA&D is working, the prevalence among adults 15-49 years old was 22.8% in 2015. South Africa also has one of the highest burdens of diabetes globally, with an estimated national prevalence of 5.4%. A major contributor to diabetes deaths is the number of undiagnosed cases, with estimates between 30-80%. The South African Department of Health has recently put forward an initiative to strengthen the capacity of local clinics at the district and sub-district level to respond to the growing needs across the country. The re-engineering primary health care (PHC) strategy is focusing on strengthening district-based teams of specialists, with the initial emphasis on maternal and child health, strengthening school-based health care services, and creating ward-based outreach teams that can screen and link community members to care at a local facility.

NCD-LINK

On July 9th, 2018 AA&D launched NCD-LINK, a 5-year project funded with support from Eli Lilly to screen and link patients to care across 10 public facilities and one district hospital in Durban, South Africa. AA&D and its partners have planned their activities for NCD-LINK to complement South Africa's national re-engineering primary health care strategy, and AA&D has positioned itself to share updates and lessons learned at regular intervals with Department of Health partners from District, Provincial, and National levels.



IRD South Africa director Thulani Mbatha speaks at the launch event for NCD-LINK, a collaborative initiative between AA&D, IRD South Africa, the South Africa Medical Research Council, and the eThekweni District Department of Health.

AA&D is partnering with the eThekweni District Department of Health, IRD-South Africa and the South African Medical Research Council to carry out project activities and to document and share project findings with partners. Over the first year of the project, key partnerships were forged with project facilities. Communication and health education materials were created with input from facility teams. Screening tools were designed and a pilot period was planned with rigorous input from partners at the SA-MRC.

Partnerships Supporting Harm Reduction

In 2015, a census report found between 4,000-6,000 homeless people living in the central business district (CBD) area of downtown Durban. The current numbers are likely to be similar, if not higher, with high rates of unemployment and very few affordable shelters or housing options open for those transitioning in and out of homelessness. Of these individuals, it's expected that more than a half to two-thirds are regular drug users, but the exact numbers are not known. What is known, is that over the last 5 years, the number of informal and formal drug laboratories has increased 10-fold according to the head of Durban Metro Police's Drug Unit. This increase in drug production and evidence of direct ties with suppliers in Pakistan has led to a surge of both highly potent and questionable quality drugs on the streets of Durban. Drug users in Durban are often faced with self-administering drugs outside, in crowded, unsanitary, and in many cases, unsafe locations. While there are many challenges facing drug users in Durban, there is unwavering commitment from members of civil society, law enforcement, and local government to promote programs and delivery systems that will meet drug users where they are. TB-HIV Care is one such program that AA&D partnered with in 2018.

Amongst many services that TB-HIV Care provides to drug users and sex workers in Durban, one is a 18-month opioid substitution therapy (OST) demonstration project that enrolled 50 street level drug users. The program prioritized individualized OST distribution, counselling, and group sharing and learning on a daily basis. AA&D participated in weekly group meetings where harm reduction principles were discussed and participants shared from life experiences before and during OST. AA&D was asked to capture portraits of participants and short stories that were catalogued to show the path participants were on during their recovery journey. These images and stories were presented in Cape Town at South Africa's Drug Policy Conference and were included in several progress reports to the Department of Health.



From left: Durban man protesting needle exchange closure during a march in eThekweni Municipality; AA&D co-founder Michael Wilson presents at a conference for harm reduction in Cape Town, South Africa.

Launching NCD-Link



AA&D and its partners hosted a launch event for the NCD-LINK project on July 9, 2018. The launch was held at the Kwamakhutha Clinic and was attended by key stakeholders from the eThekweni Municipality Health Unit, the eThekweni District Department of Health, KwaZulu-Natal Provincial Department of Health, Eli Lilly, and project implementing partners. The event was well attended by the community and raised awareness about the project and its goal of screening and linking community members to care across NCD's and TB. The event included NCD, TB, and HIV screening for community members, a stakeholder breakfast for all DOH partners and project stakeholders, and a keynote address given by the MEC for Health of Kwazulu-Natal, Sibongiseni Dhlomo.



Zithulele, South Africa

GLOBAL TB PROGRAMS

INTEGRATED HEALTH SERVICES

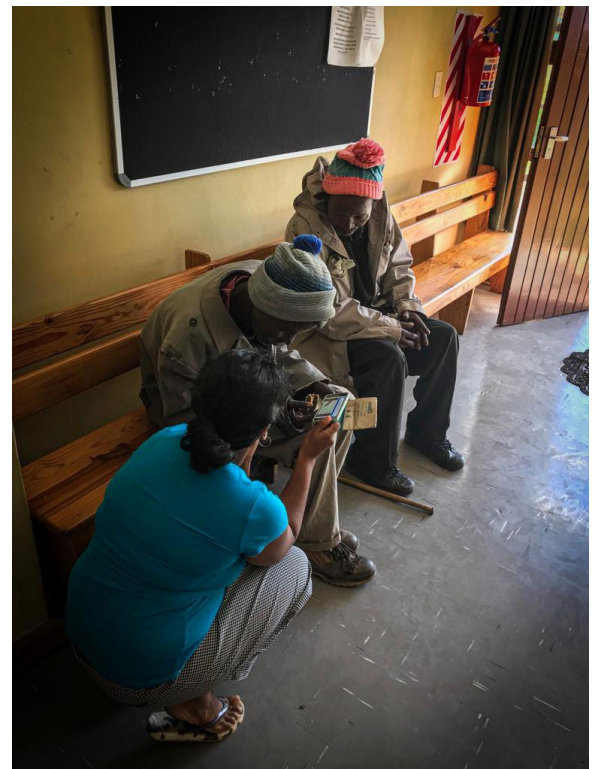
Zithulele District Hospital is a deeply rural district hospital in the Eastern Cape province of South Africa, situated in OR Tambo District, the third most deprived district in the country. Over the past decade, the hospital has seen the development of a large multi-disciplinary team that describes itself as hospital-based, but community-focused. This team provides a full range of district-level services to patients, offering in-hospital and out-patient care. Zithulele serves a catchment area of nearly 1000km² with a population of approximately 127,500 people. Over the past decade, Zithulele has made numerous connections with a variety of organizations and partners beyond the ECDOH to support the work and reach beyond the hospital. Such partners include Walter Sisulu University where they train Family Medicine registrars and host undergraduate medical students; Jabulani Rural Health Foundation, an NGO started in 2007 to support Zithulele Hospital, its clinics and community by providing a variety of logistic support for ARV prepacking as well as support for over 7000 people at clinic level; and Philani Nutrition Centres Trust, an NGO employing community health workers, called mentor mothers, who support maternal and child health in the community.

AA&D started supporting Zithulele's local Zero TB coalition in 2018, inviting two of their senior clinical managers to the Zero TB symposium in Dubai, July 2018, accompanied with several site visits to support the team as they write operational plans to make Zero TB a reality in the Eastern Cape. AA&D's team is partnering with a post-doctoral fellow from Harvard Medical School's Department of Global Health and Social Medicine who is also supporting the Zithulele team, initially through a comprehensive chart review of Zithulele and its 12 satellite clinics to map TB households and household contacts. Secondly, AA&D continues to support Zithulele by connecting its team with clinical and program experts from across the ZTB coalition, and through fundraising and grant writing efforts.



Above: AA&D co-founder Michael Wilson (second from right) visits the Zithulele District Hospital in Eastern Cape, South Africa, to support the area's Zero TB coalition and TB elimination efforts.

Right: A health worker consults two patients at the Zithulele District Hospital, a deeply rural health facility where TB is a highly prevalent but where the district hospital's significant capacity for care delivery stands to implement a comprehensive method for TB elimination.



Partner Sites



Lima, Peru

GLOBAL TB PROGRAMS
INTEGRATED HEALTH SERVICES

TB Cero, a ZTBI coalition in Lima, Peru, was launched by consortium of partners including Socios En Salud, Harvard Medical School, Lima city officials, and Advance Access & Delivery. SES works as the implementing partner to expand treatment for both drug-susceptible and drug-resistant TB in the high-burden neighborhoods of Carabayllo, Callao, and San Juan de Lurigancho. Alongside active case finding, treatment, and prevention activities, SES delivers social support packages to many families to ease the burden of treatment.

In late 2018, TB Cero Lima initiated its TB Movil program funded by TB REACH, the Dubai Harvard Medical Research Foundation, and Janssen Global Public Health to aggressively and systematically screen and test for TB disease and infection and provide linkage to care. Building on implementation lessons learned from the TB Mobile project in Karachi, this program uses mobile vans carrying chest radiography, CAD4TB, other diagnostic equipment, and stations for consultations with health providers.

Mobile diagnostic unit in Lima, Peru.



Odessa, Ukraine

GLOBAL TB PROGRAMS
INTEGRATED HEALTH SERVICES

On May 30th, 2017 Odessa, Ukraine joined the global movement, publicly stating through the Mayor's office the intention of the local government to design and implement a comprehensive program against tuberculosis (TB) in line with the Zero TB Initiative (ZTBI) approach. Financial support was made available for this effort through the Global Fund, local health services, as well as state and national budgets that typically fund TB services, which are delivered through the public/government sector.

Odessa, Ukraine partners.





Vladimir and Moscow, Russia

GLOBAL TB PROGRAMS

INTEGRATED HEALTH SERVICES

The city of Vladimir has experienced a quick drop in TB rates as the TB control program moves away from hospital-based to home-based models of care and implements more sensitive diagnostic technologies. With this drop in rates, Vladimir has recently moved into the pre-elimination phase for TB.

In 2018, AA&D and the city of Vladimir took initial steps to prioritize HCV elimination alongside TB initiatives. This collaboration drew on Sputnik models of accompaniment that AA&D leadership and partners have implemented elsewhere in Russia. The ongoing and anticipated programs seek to implement enhanced and targeted adherence programs to support and meet the urgent needs of patients.

Landscape in Vladimir, Russia.



Kurdistan, Iraq

INTEGRATED HEALTH SERVICES

HEALTH DELIVERY FOR DISPLACED PEOPLE

Iraq has a population of 37 million and is one of the nations most affected by atrocities and instability in the world. The physical and mental impacts of the ongoing conflicts are profound on its residents. Currently, more than 15% of the population has been forced to flee their homes internally and externally and according to an estimation by the Internal Displacement Monitoring Center (IDMC), there are more than four million IDPs in Iraq, which constitute 10.8% of its population and 10% of IDPs worldwide. While most of efforts are made to take care of the physical health and emergency needs, there are very few services offering mental health support. Prevalence of mental health issues among the population is high with more than 7.5 million Iraqis estimated to experience profound and deep mental trauma produced by the ongoing armed conflicts.

In 2018, AA&D partnered with researchers from Garmian University in the Kurdish region of Iraq and UNC Chapel Hill to assess the mental status and experience of trauma of adults living in IDP camps in the Garmian region. The purpose of these efforts was to better understand the unmet needs in order to advocate for the improvement of mental health services for IDPs in Iraq, the Middle East and globally.



Chennai, India

GLOBAL TB PROGRAMS
INTEGRATED HEALTH SERVICES

TB Free Chennai was launched 2017 in the state of Tamil Nadu by the Chennai Corporation, REACH, and AA&D alongside a coalition of public and private partners. AA&D is closely partnered with and has supported the work of Chennai-based REACH, which has been designing and implementing community-based strategies alongside the Chennai Corporation to achieve Zero TB in their city. REACH bridges the gap between the public and private sectors in a city where a significant proportion of people seek care in the private sector despite limited oversight and regulation of this sector's diagnostic and treatment practices. REACH's stakeholder engagement and partnerships takes different forms, such as public-private mix clinics in private hospitals and partnerships with local pharmacists to perform TB screening and treatment provision. By facilitating cross-sectional partnerships and strategic wide-reaching stakeholder engagement, REACH helps to provide for patients a preferable option for their care while ensuring high-quality medicine.

AA&D supported the continuation of REACH's Improved Pathway for Active Contact Tracing of Tuberculosis (IMPACT) Initiative, which by completion screened 6,252 contacts of TB patients and identified 61 people with TB across the North, Central, and South districts of Chennai. Building on REACH's strengths in public-private partnerships, this project seeks to design, implement, and improve upon an innovative diagnostic algorithm involving chest radiography and Gene Xpert to improve case detection among at-risk and vulnerable populations including household contacts. Importantly, this program explores the effective use of a voucher-based incentive system to encourage contacts of TB patients to undergo TB screening and diagnosis.

In 2018, REACH began piloting an initiative to screen contacts of known TB patients for non-communicable diseases including diabetes and hypertension, and to link those who screen positive to high-quality diagnosis and care. The operational and programmatic lessons of this work carry potentially significant implications both for Chennai and for other areas globally that have similarly growing burdens of NCDs that are co-morbid with infectious diseases.

2017 launch of TB Free Chennai





Advance Access & Delivery

IN MEMORIAM

Aaron Plourde, 1979 - 2018



Our close friend and colleague Aaron Plourde died on May 12th, 2018, after a yearlong battle with pancreatic cancer. He was a loving father and husband, and a man who enjoyed hard work and mastering practical skills. He was always positive, and brimming with intelligence and energy. Aaron previously worked in communications for the City of Durham and for the North Carolina School of Science and Math, and before that as a reporter for a major newspaper in Maine. As Media and Communications Officer, Aaron worked on the technical aspects of AA&D's mapping project, built treatment management tools, kept the global teams in touch, and helped AA&D build its foundation for future work. He will be sorely missed by the team, and his loving family and circle of friends.

Dan Bigg, 1959 - 2018

On August 22, 2018, we lost another shining light in the fight to improve the lives and health of people left behind, in this case people who use drugs in the US and around the world. Dan Bigg was a renegade who could talk to anyone and move them to action when it came to the disastrous drug war, harm reduction and recovery, and the idea of "any positive change" for people who use drugs and struggle with addiction. Dan led the way for some of the first needle exchange programs and naloxone distribution to reverse overdose across the country, decades ago. Dan worked closely with AA&D on global strategy to create a non-profit supply chain for drugs of uniquely public interest like naloxone -- an idea that has taken hold since his death, but not yet in the fully radical way that Dan was advocating. He was a fighter, a strategist, and a huge presence in any room. From South Africa to Russia to the US, his death was painful for many.





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FINANCIAL
STATEMENTS,
2017-2018

Statement of Financial Position, 2017 & 2018

ASSETS (USD)	End of Year 2018	End of Year 2017	End of Year 2016
Cash (fiscal agent)	\$1,262	\$2,745	\$303,986
Cash	\$168,342	\$61,690	\$37,933
Equipment	\$2,991	\$3,538	\$1,774
TOTAL ASSETS	\$172,595	\$67,973	\$343,693

LIABILITIES	End of Year 2018	End of Year 2017	End of Year 2016
Accounts Payable	\$6,450	\$11,717	\$4,983
TOTAL LIABILITIES	-\$6,450	-\$11,716.66	-\$4,983
Total assets beginning of year	\$67,973	\$343,693	\$406,478
Change in net assets	\$98,172	-\$287,437	-\$67,768
TOTAL NET ASSETS	\$166,145	\$56,256	\$338,710

Statement of Activities 2017 & 2018

	2018	2017	2016
REVENUE	\$525,636	\$296,748	\$540,908
Elton John AIDS Foundation	\$30,938	Pfizer Foundation \$34,992	
Donations individual	\$5,976	Donations individual \$1,040	
Global Fund Technical Partnerships	\$35,856	Global Fund Technical Partnerships \$177,184	
Harvard Medical School	\$124,954	Harvard Medical School \$83,532	
Lilly Global Health	\$299,743		
UNC Gillings	\$17,670		
Kenan Biddle Partnership	\$10,500		

Statement of Activities 2017 & 2018, cont.

		2018		2017	2016
EXPENSES		\$403,245		\$573,955	\$505,381
Program expenses		\$382,222		\$554,355	\$459,298
	ZTBI Health Services	\$99,193	ZTBI Health Services	\$144,387	
	Multidisease platform	\$21,632	Multidisease platform	\$139,746	
	Core Program HR (general fund)	\$38,021	Stakeholder mapping	\$31,272	
	ZTBI TB Site Scoping	\$0	ZTBI TB Site Scoping	\$32,267	
	Infection Control and Pooling Demand	\$67,951	Infection Control and Pooling Demand	\$61,622	
	ZTBI Secretariat Tools & Accompaniment	\$141,693	ZTBI Secretariat Tools & Accompaniment	\$145,062	
	Mobile populations	\$13,731			
Supporting unrestricted expenses		\$21,023		\$19,600	\$46,083
			Fiscal agent fees (Partners In Health)	\$2,799	
	Unrestricted Office	\$6,209	Unrestricted Office	\$6,181.74	
	Software + Communications	\$3,719	Communications	\$1,079.19	
	Retreat/events	\$178	Special internships	\$6,667.64	
	Legal & Printing	\$15	Legal & Printing	\$785.51	
	Supplies	\$77	Software and supplies	\$130.92	
	Travel	\$5,989	Travel	\$1,141.99	
	Depreciation expense	\$548	Depreciation expense	\$658.19	
	Accounting	\$4,287	Accounting	\$156.00	



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THANKS TO PARTNERS AND SUPPORTERS

AA&D thanks its partners and supporters for their contributions of time, energy, and resources to AA&D's efforts and in a spirit of solidarity since AA&D's inception and throughout 2017 and 2018. We look forward to meaningful initiatives ahead into 2019 and beyond.

All Zero TB Initiative Sites
Alliance for Public Health, Ukraine
American Underground
Burnet Institute
Carolina Breastfeeding Center, UNC
Chapel Hill
Center for New North Carolinians, UNC
Greensboro
Chennai Municipal Corporation
Chicago Recovery Alliance
City Health International
Clinton Health Access Initiative
Delft Imaging Systems
Department of Health South Africa (District, Provincial and National)
Doxastic, Inc.
Drew Quality Group, Inc.
Duke Sanford School of Public Policy
Elton John AIDS Foundation
Garmian University, Iraq
University of Giessen
Gillings School of Global Public Health
Harvard Medical School, Department of
Global Health and Social Medicine
Harvard Medical School Center for
Global Health Delivery - Dubai
Healthy Native North Carolinians
Indiana Recovery Alliance

Initiative on Healing and Humanity, HMS
Instituto de Medicina Tropical "Pedro
Kouri" University, Havana, Cuba
IRD Global
IRD South Africa
Kenan Biddle Partnership
Lilly Foundation
Lilly Global Health Partnership
Lilly MDR TB Partnership
MASS Design
Médecins Sans Frontières
Ministry of Health Ukraine
Ministry of Health and Social Development, Russian Federation
Ministry of Health Mongolia
Ministry of Health Peru
Mongolian Health Initiative
Nadia's Initiative
National Institute for Research in Tuberculosis (Chennai)
NC Harm Reduction Coalition
Odessa TB Services
Open Health International
Partners in Health
Pfizer Foundation
QIAGEN
REACH
Refugee Community Partnership

RESULTS, US & UK
RNTCP India
Socios En Salud
South Africa Medical Research Council
State Government of Tamil Nadu
Stop TB Partnership/ TB REACH
TB/HIV Care
The Global Fund
Treatment Action Group
UN Office for Project Services
UNC American Indian Center
UNC Eshelman School of Pharmacy
Zero TB Cities
Zero TB Initiative
Zithulele District Hospital

Individual Donors
Anonymous x5
Catherine Admay
Gail Cassel
Kimberly and Alan Hammer
Heather Hoff
Thomas Huzij
Jack and Mary Knapp
Taylor Knapp
Garry Nicholson

A special thanks to our team members from 2017-2018: Kei Alegria-Flores, Julia Bürgi, Preeti Prabhu, Dilshad Jaff, Raha Khademi, Miranda Law, Elizabeth Tsui, Casey Wells, Chelsea Sumner, Mary Grace Bolduin, and Willis Wilson.



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