LHL International

ANNUAL REPORT 2025

2025 was a dreadful year for tuberculosis (TB) and global health. Since the US stop work order came in January 2025, there has been an estimated 62 000 additional deaths and 81 000 additional cases of TB during the year as a result of disruption of health care services, and lack of drugs and diagnostics, especially in low-income countries. This has to a large degree affected our programs and partners and guided all our advocacy work.

In this situation, our achievements in Malawi, Tanzania, Zambia and Sudan are more important than ever. During the year, close to 1 million people have been screened for TB and 55 000 people affected by TB have been reached through the programs. In addition, more than 4000 volunteers and health workers have been trained.

The projects in Latvia and Polen are running effectively focussing on reaching vulnerable persons. Close to 900 vulnerable persons have received food support. Building capacity in health communication is also a key priority, and 66 volunteers and health workers participated in trainings.

1. OUR PROJECTS AND PARTNERS

In 2025, LHL International had projects in Malawi, Sudan, Tanzania, and Zambia (Norad 2021-2025), in Poland and Latvia (Norwegian Ministry of Health and Care Services) and in Norway (mainly in Oslo municipality).

MALAWI

The first lady of Malawi became a TB champion thanks to LHLI and Paradiso TB Patient Trust. Unfortunately, her term ended in September 2025. Picture from World TB Day 2025. The first lady to the left. Limbani from Paradiso on the right. Photo by Paradiso

Paradiso TB patient Trust (Paradiso) is the only organization of and for TB survivors in Malawi and thus an important partner both for LHL International and the Malawian National TB and Leprosy Program (NTLEP). The organization and its many volunteers of TB survivors disseminate information and create awareness about TB and HIV/AIDS among people in their local communities. They explain symptoms and treatment, screen people and refer them for testing, and they support and follow up those who are diagnosed and put on TB treatment. TB Clubs and volunteers also offer support for TB survivors, such as companionship through joining the local TB Clubs and in some areas by offering community-based pulmonary rehabilitation. The organization has a strong voice on behalf of TB patients and TB survivors and collaborates closely with district health officials and the NTLEP.

Picture showing participants of a 12-week program of pulmonary rehabilitation in Ngwenya, Malawi. Photo: Berthe Stenberg

Due to the stop work order from the US, and its aftermath, 2025 has been a challenging year for Malawi, for Paradiso and for TB prevention and care. The TB data for 2025 is not yet published, but it is expected that case notification has been reduced due to the cuts in international donor funding, which led to less active case-finding campaigns and community engagement activities. There were also reports about stock -out of TB drugs and diagnostic cartridges (Gene Xpert) countrywide. In addition to this, the reduction in funding led to a huge demand for nutrition and transport reimbursement for people with drug resistant TB (DR-TB), and Paradiso had to fill part of this gap on behalf of the national TB program (NTLP). Paradiso was also affected by the stop work order by USAID as one of their community TB projects (TB LON 1) was halted for 3 months.

Highlights:

Paradiso and the National TB Program under Ministry of Health signed a Memorandum of Understanding outlining the joint efforts to control TB in the country. It states that Paradiso will contribute to community outreach and patient care as well as contribute to marking of the World TB Day.

A joint abstract was submitted to, and accepted by, the Union and presented by Bruce Matewere, CEO of Paradiso, at the World Conference on TB and Lung Health in Copenhagen in November 2025. The oral presentation was titled "Sustained effects of community based pulmonary rehabilitation for TB survivors in Malawi"

Picture showing Bruce Matewere presenting on sustained effects of PR in Malawi. Photo: Berthe Stenberg

Based on analysis of data and information from our joint project establishing and implementing Pulmonary rehabilitation (2021-2023), LHL International and partner Paradiso published an article titled: *Community-based rehabilitation for post TB Lung disease – a programmatic intervention,* in the International Journal of Tuberculosis and Lung Disease (IJTLD). The article can be accessed here: https://pmc.ncbi.nlm.nih.gov/articles/PMC12352951/

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ORIGINAL ARTICLE

Community-based pulmonary rehabilitation for post-TB lung disease – a programmatic intervention

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SUMMARY

BACKGROUND: Many survivors of pulmonary TB struggle with poor lung health and poor quality of life.
METHODS: We designed and implemented a culturally appropriate, low-cost, community-based pulmonary rehabilitation (PR) program, and measured its effect on health and wellbeing. We identified former TB patients with pulmonary complaints in 9 districts in Malawi. Those who met the inclusion criteria were divided into groups and given a tailored training program with an educational component and guided through sessions twice per week for 12 weeks. Data on 13 health variables was collected before and after the PR.
RESULTS: 467 former TB patients were enrolled. 285 (61%) were female. The mean age was 45 years (16–81). After the 12-week PR, chest pain reduced from 66.4% (310) to 8.8% (41) and cough from 47.5% (222) to 9.6% (45). Moderate and severe dyspnea disappeared, and no one scored below 80 on the Karnofsky Index scale after the PR ended. Endurance and functional capacity measured by 6-minute walk test (6MWT) increased by 15.5%.
CONCLUSION: The 12-week course of PR had a positive effect on people's health and well-being, and it is now integrated into the National TB strategy in Malawi. The benefits of such programs are highly significant for the individual and the broader community. We strongly encourage other countries to implement similar PR programs.
KEY WORDS: tuberculosis; Malawi; chronic respiratory disease; post-TB sequalae; PTLD; 6MWT

2025 in numbers:

- Paradiso has TB clubs and volunteers in 10 districts, and they work in 25 % of all health facilities in these districts (78/310 facilities). The 78 health facilities where Paradiso volunteers work were able to diagnose 62% of all the

9595 people diagnosed with TB within the 10 districts, demonstrating the effect of volunteers and TB clubs in increasing access to care.

- 526 843 people reached with key information about TB through various outreach initiatives done by Paradiso and its many volunteers.
- 70 312 Malawians were screened for TB under this project. Of these, 9% had symptoms of TB and were referred for testing.
- In Kamuzu prison, as many as 18,5% of those showing symptoms of TB after screening, tested positive and were put on treatment.
- 1 304 TB patients were followed up by Paradiso volunteers/treatment supporters. Treatment success among those followed up was between 96-100% (depending on the site), compared to about 90% on national level.

SUDAN

Health Development Programme (HDP) is a nationwide TB-organisation with 37 000 volunteers localised all over Sudan. HDP and their volunteers work with awareness raising, TB screening, treatment adherence, providing practical help and social and nutritional support to patients during treatment, and extensive training activities aimed at both health workers and their own volunteers. HDP also manages a large network of other partner organisations (CSOs).

Sudan experienced an unprecedented deterioration in humanitarian and health conditions during 2025, as a result of the ongoing war and the expansion of conflict across several parts of the country. Military operations and widespread insecurity have led to significant destruction of infrastructure and the disruption of many state institutions and essential services, particularly the health sector.

The health system is under enormous pressure due to the destruction or closure of a large number of health facilities, the displacement of health workers, and severe shortages of medical supplies and essential medicines. Significant cuts in humanitarian and health funding have further weakened health programs, including TB control programs, leading to a decline in early diagnosis, treatment, and regular follow-up for patients.

People affected by TB, especially those with drug-resistant tuberculosis (DR-TB), are facing extremely serious challenges under these conditions. Large-scale internal displacement has caused many patients to interrupt their treatment or move to other areas without effective systems to ensure continuity of care. In addition, difficulties in accessing health facilities, disruptions in medicine supply chains, and weak follow-up and community support systems have increased the risk of treatment interruption and further spread of the disease. Moreover, the harsh living conditions in displacement areas and refugee camps (overcrowding, malnutrition, poor ventilation, and widespread

poverty) create an environment that facilitates the transmission of TB and increases the likelihood of new cases as well as drug-resistant TB.

HDP is also facing major challenges related to limited operational capacity, shortages of human and financial resources, and difficulties accessing many conflict-affected areas. This has directly affected patient support programs, including assistance for TB patients such as transportation support for patients to collect their medication and the provision of monthly food baskets. Lack of funding, with subsequent focus more on patient-related activities than learning, awareness and information activities, is also a challenge related to the onboarding of all the new volunteers.

In light of these interconnected challenges, there is an urgent need to strengthen the humanitarian and health response and ensure the continuity of TB diagnostic and treatment services, with particular priority given to patients with drug-resistant TB who require continuous and consistent medical care. The situation also requires greater international support to help sustain the health system, secure medical supplies, and expand early detection and treatment programs in order to reduce the spread of the disease and protect the most vulnerable populations.

Without timely and effective interventions, the ongoing crisis could reverse the progress previously achieved in TB control in Sudan and lead to a significant increase in TB infections and TB-related deaths in the coming years. Despite this, HDP has been able to maintain an impressive level of activities, as shown in the numbers below. One positive highlight from 2025 is that UNDP donated a Mobile PHC (Mobile Primary Health Care Unit) to HDP, enabling HDP to broaden their range of health-related services. The Mobile PHC has as staff of trained medical professionals and was stationed in the Khartoum area.

2025 in numbers:

- 812 sub-committees, up from 721 in 2024
- 37 150 volunteers, a 22% increase from 2024
- 71 000 people screened for TB, up from 51 000 in 2024
- 821 on treatment for resistant TB received food support throughout the treatment period
- 9 200 patients on treatment were followed up by volunteers

TANZANIA

Tanzania has a population of nearly 70 million and is among the five most populous countries in Africa. The population is projected to double by 2050. In 2020, the World Bank reclassified Tanzania from low-income to lower-middle-income status. Despite economic growth, tuberculosis (TB) remains a major public health challenge and is among the three leading causes of death. Encouragingly, Tanzania is one of the few high TB-burden countries on track to meet global targets for reducing TB incidence and mortality.

2025 was challenging, due to both external and domestic factors. First the Stop Work Order from the United States early in the year, and then the general election on 29 October that was followed by a series of demonstrations and civil unrest that erupted in Dar es Salaam and later spread to other cities, following allegations of electoral irregularities, suppression of opposition parties and police intimidation. Security forces responded with gunfire, tear gas, and curfews, as well as targeted killings, prompting international concern and travel warnings from several foreign governments. The opposition party Chadema has claimed that between 1,000 and 2,000 people were killed in these protests, which if confirmed would be a far higher death toll than in any previous Tanzanian election.

We collaborate with three partners in Tanzania:

MKUTA – the National TB patient Organisation with its head-quarter in Dar Es Salam, seven zonal offices and 140 local branches across Tanzania's 26 mainland regions. The organisation is composed of former TB patients who conduct awareness raising activities in their communities, screen people for TB, refer those with symptoms for testing, and follow up patients on home-based treatment until they are cured.

They have particular focus in reaching the high-risk populations that have poor access to health care, including miners, people using drugs, indigenous people (Masaii) and prisoners.

MKUTA is a recognised stakeholder and works closely with the Ministry of Health at national, regional, and local level. The organisation is represented in key national forums, including the Tanzania National Coordinating Committee for the Global Fund, Tanzania Non-State Actors and Tanzania Community TB care forum.

Highlights:

- Community based intervention contributed to 34% of all TB case notifications, of which MKUTA alone accounted for 21%. These efforts strongly support national priorities related to early detection and treatment adherence. In some regions the contribution from community-based interventions was even higher. For example, in Mara region - where MKUTA is the sole community organisation involved in TB work - community referrals accounted for 61% of all notified cases.
- MKUTA was appointed as sub-sub recipient under the Global Fund Cycle 7 TB/HIV program. This recognises MKUTA's leadership as Tanzania's TB patient organisation and its proven capacity to deliver community-based

TB services at scale, ensuring that people with TB, including high-risk populations, receive timely people-centred care.

- In collaboration with Kibong'oto Infectious Disease Hospital initiated social support for people with multidrug-resistant tuberculosis. The support includes regular home visits by MKUTA volunteers and nutritional support. The aim is that by involving the community in patient follow-up, costs will be reduced, the quality of care improved, and treatment adherence increased (read more under Kibong'oto Infectious Disease Hospital).

2025 in numbers:

- One head-quarter, 7 zonal offices, 140 local branches (TB clubs) and 4633 active members
- Near 7100 awareness-raising sessions in the communities
- 920 000 people screened
- 108 000 were identified with symptoms and referred for testing
- Case-notification Tanzania (preliminary results - not yet shared with WHO) was close to 80 000 and MKUTA contribution was close to 17 000 (21%).
- 3 500 patients received home based treatment followed up by MKUTA members
- Near 11 700 people reached through contact tracing
- 85% of patients who had interrupted treatment before completion were successfully traced and supported back to care.

MKUTA-Mbeya member Mrs Elizabeth Lupola providing TB-education to the owner and customers of a local bar in Ilemi Ward, Mbeya City.

A MKUTA member supporting a patient on home-based treatment.

Temeke Municipal Council is located on the southern part of Dar Es Salaam city and has a population of around 1,3 million people. A large part of the population is living in low-income households and are engaging in petty-trade and informal sector activities. The TB activities are led by the regional TB and leprosy officer, with seven district TB leprosy

officers. There is a total of 136 governmental and non-governmental health facilities, including 21 diagnostic centres for TB. There is one prison in the region, and systematic TB screening is implemented. Temeke Municipal Council maintained its position as one of the highest performing community TB care models in Tanzania, driven largely by MKUTA community-based work in Temeke through the MUKIKUTE TB club.

Highlights:

Temeke continued to deliver some of the strongest TB program results in Tanzania. Their close cooperation with MKUTA through MUKIKUTE TB Club remained a core strength in regards of finding people early and follow them up during treatment, easing pressure on the health facilities. The district upheld excellent TB/HIV integration, ensuring all patients were tested and that almost all co-infected persons began treatment promptly. Treatment outcomes remained strong, with high levels of cure and very low levels of deaths or treatment interruptions.

2025 in numbers:

- 4 171 TB cases were notified.
- 38% (1 620) came from community referrals - confirming the central role of involving community health volunteers/former TB patients in early case identification.
- All notified people with TB were tested for HIV (4 171) and close to 15% tested positive (615 people) and 99,8 % started treatment.
- 4 018 patients received home-based DOT (directly observed treatment), followed up by former TB patients and/or relatives. Only 153 patients chose facility-based DOT.
- 95% cure rate
- 2.3% mortality and 1.1% lost to follow-up, which are strong clinical outcomes in a high-burden district.
- 520 children under 15 were diagnosed and started on treatment.
- 283 people were identified with post TB lung disease and 80 were referred to lung-rehabilitation (exercising and nutritional support) with excellent results.

Lung rehabilitation in Temeke

Mukikute visit patients at home for treatment support

Kibong'oto Infectious Disease Hospital (KIDH) is a semi-autonomous governmental hospital and a centre of excellence when it comes to DRTB management. It serves as a referral centre for the more complicated TB cases, in terms of antibiotic resistance profile and comorbidities like silicosis and mental health issues, and in terms of socioeconomic challenges. We have collaborated with them since 2013. Since then, hospital has grown and modernized greatly. They now have an imaging and radiology department equipped with a CT-scan, a specialized laboratory, and an oxygen plant with air compressors. With our support, they also completed the rehabilitation of the recreational centre for DRTB patients, where patients learn new job skills that are more suited to their physical endurance, such as tailoring and hair dressing. Reading and learning materials for all ages are also available.

Our support at KIDH focuses on three main groups: a) reaching out to vulnerable populations like miners and Maasai nomads, b) following-up DRTB patients on ambulatory treatment, and c) supporting patients admitted at the hospital. Both active case finding among vulnerable populations and follow-up of DRTB patients on ambulatory treatment are done in close collaboration with MKUTA.

a) Using sometimes the mobile clinic and sometimes their feet, a team goes from mining pit to mining pit, from village to village, raising awareness and screening on TB, silicosis, HIV, nutrition, and other important topics. Since 2025, the mobile clinic is equipped with a computed aided diagnosis (CAD) software for silicosis (CAD4silicosis) in addition to the CAD4TB. Both softwares are integrated, and together they can analyse and diagnose hundreds of x-rays per day. Those suspected of having TB give a sputum sample on spot to be tested, that way the team makes sure that no one is lost on the pathway to care.

b) Our support for patients on ambulatory treatment (through the program Family Centered Care) has expanded to include not only those discharged from KIDH, and not only in the four regions around the hospital. Through a collaboration of KIDH as the trainers and technical experts, and MKUTA as implementers, we have piloted what we hope can become a nationwide support for all DRTB patients. This will strengthen contact tracing which has not been systematically put into effect so far. Furthermore, due to stigma and financial difficulties caused by the incapacitating nature of TB and its sequalae, many patients lose the support of their families and/or risk interrupting treatment. KIDH and MKUTA help reintegrate them and make sure they have throughout and even after treatment completion, patients are also supported and visited in their homes, to assess for TB associated disabilities and post-TB lung disease and refer to the clinic if necessary.

c) Many of the patients at KIDH who stay at the hospital for several months develop mental health issues due to the disease itself, the stigma and social isolation, or drug side effects, away from their families and unable to support them or get support from them. We provide social support in the form of the aforementioned and recently rehabilitated recreational centre, organize sports bonanza, outing trips and provide basic hygiene items.

Highlights:

- One CAD4Silicosis has been installed in the mobile clinic and one at the Occupational Health Service Centre at KIDH, and is under validation for national implementation.
- Four new mines were visited and mass screenings conducted: Franone Mining Company Ltd, Longido, Lemshuku and Ruvuma.

- Advocacy efforts have been fruitful at the Mirerani mining complex, and the district plans for the construction of a health facility within the mines. Preliminary activities including clearing of the land has commenced.
- Mentorship and refreshing to previously trained staff on health communication skills from various hospitals was given. In addition, three new KIDH staff were trained as trainers.

2025 in numbers:

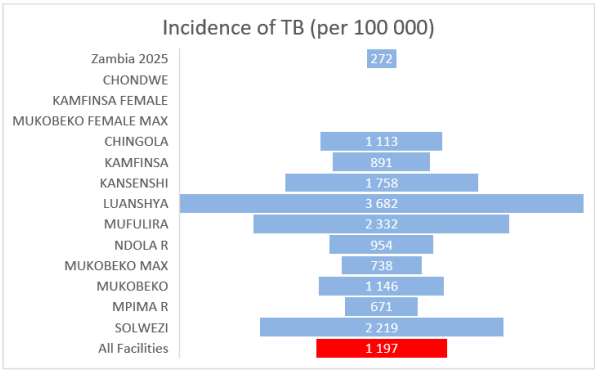
- 1 425 people with post TB disabilities were identified, of which 1 143 were managed for PTLD, receiving pulmonary rehabilitation and/or medications, as well as instructions for home-based management.
- 20 141 miners reached and 5 672 screened for TB
- 578 DRTB patients received nutritional support, 2 712 received some kind of social support, and 267 received sustainable livelihoods support/trainings

ZAMBIA

Of all the countries we currently work in, Zambia is still the one with the highest incidence rate of TB. Our partner organization in Zambia**, In But Free (IBF),** has been working with the Zambia Correctional Service (ZCS) since its foundation in 1995 and we have collaborated with them since 2015. Together with IBF, we work in 13 out of the 108 correctional facilities in the country, accounting for a third of the national inmate population (10 000/30 000), operating at three times their capacity[1]. In such crowded conditions, with suboptimal ventilation and limited food, the TB burden is in some cases 18 times higher than in the general population [2], putting the inmates, the staff and the surrounding communities at risk.

[1] Institute of Crime and Justice Policy Research B. World prison brief 2020. Available: https://www.prisonstudies.org/country/zambia [Accessed 21 Jul 2020].
[2] Ministry of Health Zambia. Zambia population--based HIV impact assessment 2016. Lusaka, 2019.

We educate and screen inmates for TB, HIV and malnutrition, and we train some of them as peer educators, so they can support their fellow inmates. This model of care and service delivery is quite unique and has given IBF international attention and recognition. IBF has also formed infection control committees at each correctional facility, which we support with granulated chlorine, soap and other personal and general hygiene items. Screening activities and advocacy for better prison health are also essential components of this program, especially during 2025 where challenges related to shortages of standard screening registers, sputum cartridges and other basic supplies following funding withdrawals. IBF provided books to use as improvised registers and later sourced and distributed the standard TB screening registers, however the cartridges and supplies are too costly for them to cover that gap and these shortages are reflected in the regional and national TB notification rates.



Facility	*2024*	*2025*	*Trend*
Zambia	49 537	51 753	↑
Luanshya	13	20	↑
Mufulira	4	8	↑
Solwezi	6	9	↑
Kansenshi	4	10	↑
Mukobeko Medium	2	10	↑
Chingola	4	5	↑
Kamfinsa	84	35	↓
Ndola Remand	2	3	↑
Mukobeko Maximum	7	10	↑
Mpima Remand	0	1	↑
Chondwe	0	0	↔

The figure to the left shows TB incidence per 100 000 in 2025. The table to the right compares 2024 and 2025 TB case notification in Zambia (NTLP reports) and in the correctional facilities where we have activities.

Highlights

- After the USAID funding cuts, the PTLD workshop that was planned to develop the guidelines was cancelled and two technical experts laid off. With our support, IBF stepped up and facilitated the workshop. The guidelines, with input from IBF and us, are finalized and will be included in the new National strategic plan starting in 2027.
- Three abstracts were submitted to The Union Conference, of which one was accepted. IBF director attended the conference in Copenhagen and spoke of the IBF model on behalf of the team.
- IBF secured a third donor to work with smart agriculture solutions in Meheba refugee camp

2025 in numbers:

- 30 379 prisoners reached with interventions

- 113 people diagnosed with TB, 13 less than in 2024, and 110 people were diagnosed with HIV.
- Kamfinsa, the biggest and most congested facility, had a significant drop in the number of notified cases as the US funding cuts affected mass screenings in the facility.
- 653 peer educators conducted 28 127 screenings, followed up 218 TB patients, and conducted 6 291 awareness raising and educational sessions in different health topics.
- 9 advocacy meetings with duty bearers and 10 coordination and consultation meetings with other NGOs.
- 1 245 inmates received nutritional support

POLAND

A recent report (March 2026) from WHO and ECDC claims that the European region misses 1 out of 5 TB cases due to undiagnosed or unreported TB infections.

For two years LHL International has collaborated with Poland and the local organisation **Foundation for Social Education (FES).** Funding comes from Ministry of Health and Care Services Norway. Focus during the project's first two years has been on increasing knowledge of TB among staff and volunteers at FES and starting to implement TB screening and spread quality TB information. Traditionally FES works with other infectious diseases such as HIV, STIs and Hep C, among vulnerable groups, but were looking to expand their reach and include TB as well. FES operate free testing centres and a mobile van and reach thousands of people from vulnerable groups in this way. Two health communication training sessions, facilitated by LHL International, were conducted in 2025. Part of FES's work is also on advocacy to help improve the polish health system so that people from very vulnerable groups can be reached more easily with prevention, with testing and with quality information. In addition, FES works to remove barriers to proper treatment and care, and advocate for a much more people centred referral- and follow up system.

Pictures of SoMe posts made by FES after workshops on health communication, facilitated by LHL International.

Participant evaluation of the Health Communication trainings held in 2025 showed that participants (27 total) enjoyed the training and rated its usefulness very highly. The workshop in November scored 4.9 out of 5 (top score), and the one in August got 4.5 out of 5.

When asked about the *relevance* of the training one participant said:

"Definitely relevant. Doctors and nurses find it very difficult to communicate with patients in a way that focuses on the patient's well-being". and another one responded that:

"I believe that such training is necessary for virtually everyone who works with other people".

The project also launched an e-learning course on the same topic in 2025. FES adapted, translated and recorded an educational, and free of charge, e-learning course called "Inclusive health Communication", originally developed by LHL International. The link to the training course in polish can be found here: https://www.lhlinternasjonal-kurs.no/home-poland/.

FES has promoted e-learning courses among all its volunteers and staff, at various events, and on social media. The e-learning course was also recommended for those who participated in the two physical training workshops mentioned above.

2025 in numbers:

A total of **6 675 people reached** by FES with testing, counselling, harm reduction services and support, in 2025

- Number of people reached with the mobile clinic/van - outreach service: 809 people from vulnerable groups in 2025. Various tests were offered.
- Number of people reached through FES voluntary testing and counselling service centers was 5 866. 4 991 got an HIV test, 4843 tested for syphilis, and 4 876 tested for HCV in 2025.
- Number of people reached with social support such as food: 500 people from vulnerable groups.
- Estimated TB cases in Poland are around 4400 (11/100 000), but there is no national data on notification in the WHO 2025 annual TB report, nor data on treatment success. Poland saw an increase in notifications from 3 388 in 2020 to 4 400 reported in 2023. Resistant forms of TB have doubled.

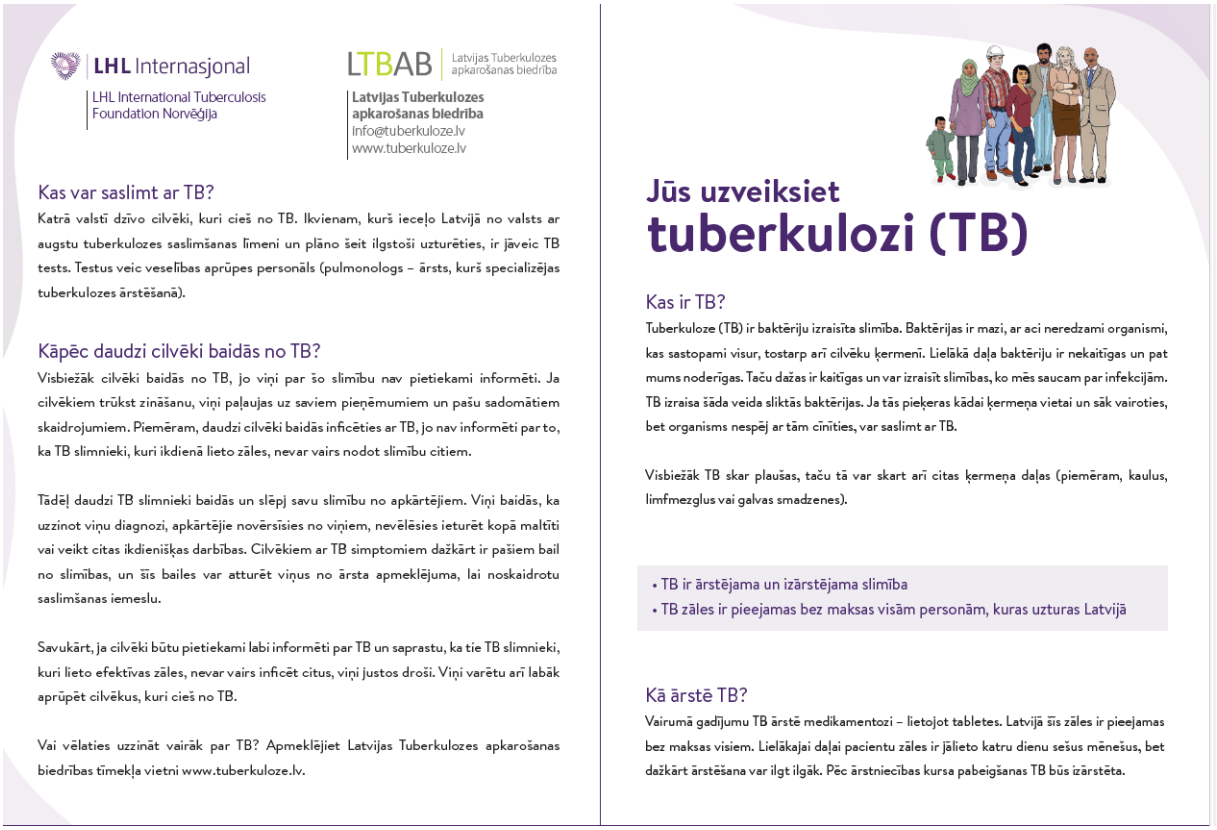
LATVIA

2025 is the second year of a 3-year collaboration with Latvia. LHL International, with the support from the Ministry of Health and Care Services Norway, collaborates with the organization Latvian Society Against Tuberculosis (LTBAB) on a project called "Strengthened person-centered care for people with tuberculosis in Latvia".

In order to progress towards more person-centered care Latvian healthcare professionals working with TB have been trained in effective health communication and people-centered care since the start. All training is facilitated by LHL International in collaboration with LTBAB. Participants rated the trainings very highly both on relevance and usefulness.

Nutritional support has been provided for vulnerable people under the project, and food vouchers were distributed in 15 sites across the country. The distribution reflects a targeted approach based on patient needs and aims to secure treatment adherence and success.

To improve patient knowledge about TB and to support adherence to TB treatment, information materials were produced and disseminated also in 2025. These included a Posters "How to correctly collect sputum" as well as thousand copies of printed patient friendly materials, including a booklet. These materials were distributed to TB facilities across the country.



LHL Internasjonal
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Kas var saslimt ar TB?

Katrā valstī dzīvo cilvēki, kuri cieš no TB. Ikvienam, kurš ieceļo Latvijā no valsts ar augstu tuberkulozes saslimšanas līmeni un plāno šeit ilgstoši uzturēties, ir jāveic TB tests. Testus veic veselības aprūpes personāls (pulmonologs – ārsts, kurš specializējas tuberkulozes ārstēšanā).

Kāpēc daudzi cilvēki baidās no TB?

Visbiežāk cilvēki baidās no TB, jo viņi par šo slimību nav pietiekami informēti. Ja cilvēkiem trūkst zināšanu, viņi paļaujas uz saviem pieņēmumiem un pašu sadomātiem skaidrojumiem. Piemēram, daudzi cilvēki baidās inficēties ar TB, jo nav informēti par to, ka TB slimnieki, kuri ikdienā lieto zāles, nevar vairs nodot slimību citiem.

Tādēļ daudzi TB slimnieki baidās un slēpj savu slimību no apkārtējiem. Viņi baidās, ka uzzinot viņu diagnozi, apkārtējie novērsīsies no viņiem, nevēlēsies ieturēt kopā maltīti vai veikt citas ikdienišķas darbības. Cilvēkiem ar TB simptomiem dažkārt ir pašiem bail no slimības, un šīs bailes var atturēt viņus no ārsta apmeklējuma, lai noskaidrotu saslimšanas iemeslu.

Savukārt, ja cilvēki būtu pietiekami labi informēti par TB un saprastu, ka tie TB slimnieki, kuri lieto efektīvas zāles, nevar vairs inficēt citus, viņi justos droši. Viņi varētu arī labāk aprūpēt cilvēkus, kuri cieš no TB.

Vai vēlaties uzzināt vairāk par TB? Apmeklējiet Latvijas Tuberkulozes apkarošanas biedrības tīmekļa vietni www.tuberkuloze.lv.

Jūs uzveiksiet
tuberkulozi (TB)

Kas ir TB?

Tuberkuloze (TB) ir baktēriju izraisīta slimība. Baktērijas ir mazi, ar aci neredzami organismi, kas sastopami visur, tostarp arī cilvēku ķermenī. Lielākā daļa baktēriju ir nekaitīgas un pat mums noderīgas. Taču dažas ir kaitīgas un var izraisīt slimības, ko mēs saucam par infekcijām. TB izraisa šāda veida sliktās baktērijas. Ja tās piekļeras kādai ķermeņa vietai un sāk vairoties, bet organisms nespēj ar tām cīnīties, var saslimt ar TB.

Visbiežāk TB skar plaušas, taču tā var skart arī citas ķermeņa daļas (piemēram, kaulus, limfmezglus vai galvas smadzenes).

- TB ir ārstējama un izārstējama slimība
- TB zāles ir pieejamas bez maksas visām personām, kuras uzturas Latvijā

Kā ārstē TB?

Vairumā gadījumu TB ārstē medikamentozi – lietojot tabletes. Latvijā šīs zāles ir pieejamas bez maksas visiem. Lielākajai daļai pacientu zāles ir jālieto katru dienu sešus mēnešus, bet dažkārt ārstēšana var ilgt ilgāk. Pēc ārstniecības kursa pabeigšanas TB būs izārstēta.

An example of information material developed in Latvian language. This is a leaflet called “You will get cured from TB”

A study of TB patients’ physical health status initiated in 2025 will continue in 2026, with ongoing data collection and analysis. Results from this work are expected to support planning for (lung)rehabilitation and provide evidence for the importance of including functional assessments in routine TB care to reduce potential health problems post TB.

2025 in numbers:

- The estimated incidence of TB in Latvia is fairly high with 21/100 000 (390 cases) according to the WHO TB report, 2025.
- Both incidence of, and mortality from, TB has decreased with more than 60% since 2015, but there are challenges related to treatment completion and drug-resistant TB.
- Latvia also has a high percentage of resistant TB cases with more than 9% among new cases and 24% among previously treated cases.
- Notifications of TB was 281 according to WHO, which translates to 15/100 000. This means that there are several missing TB cases in the country. In fact, 28% of those sick with TB do not get diagnosed, nor treated.
- A total of 39 new people participated in the two training courses in health communication and people-centered care
- A total of 380 food vouchers were distributed to support TB patients in vulnerable situations

TB ACROSS

A key part of the TB Across project was to achieve a long-term positive impact by establishing a network for future collaboration. There was considerable interest for such a network during the conference in October 2024.

In spring 2025, a joint digital network meeting was held, with 41 participants from all nine countries and the international stakeholders. The meeting included the launch of the network, agreement on a joint statement from the network, and status updates from WHO, Stop TB, ECDC and the Ukrainian Alliance for Public Health.

The statement adopted at the network meeting reads: *"TB Across is a network of persons dedicated to ending the tuberculosis (TB) epidemic in Estonia, Finland, Latvia, Lithuania, Norway, Poland, Romania, Sweden and Ukraine. We represent various government entities, international organizations, civil society and academia and commit to promote people-centred care for people affected by TB and support the right to access to diagnosis and treatment for refugees and migrants in the region. We will share best practices and lessons learned, and work across countries, professions, government and civil society, and together with people affected by TB, to end TB by 2030."*

Other activities in 2025 resulting from the network included:

- The establishment of TB Across has increased cooperation between network stakeholders and with WHO Europe. We are now more integrated into WHO Europe's network and participate in their meetings on access to medicines.
- Collaboration with the Alliance for Public Health on resource mobilisation for TB work in Ukraine.
- Increased exchange of information on global and national developments.
- Greater focus on sharing funding opportunities and developing joint projects between the countries and with organisations such as TBEC.
- Engagement in initiating studies on access to, and pricing of, TB medicines in the individual countries.
- Engagement in peer-support work and discussions on how cooperation in this area can be developed across borders. These discussions include cooperation with FILHA in Finland.

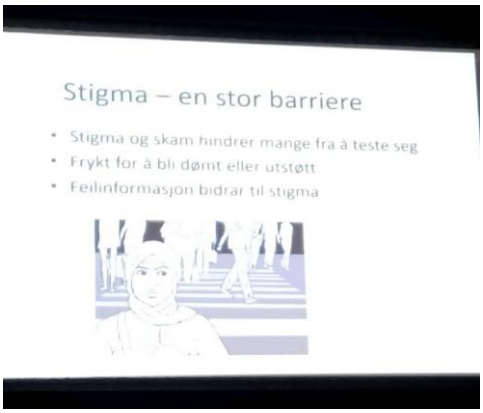
For LHL International, TB Across has expanded our network in Europe and provided opportunities to strengthen our TB work both in Europe and globally through the development of new joint projects within European consortia and by applying for EU funding. In Norway, we participated in a TB coordinators' meeting in June to update coordinators on the global and regional TB situation and challenges, including the increased migration of Ukrainians.

In 2025, we applied to the Norwegian Ministry of Health and Care Services for a new project to continue TB Across. We received funding for this in autumn 2025 and began planning a workshop focusing on peer support, to be held in Oslo in May 2026, with participants from 14 countries.

NORWAY

In Norway, we provide patient support, tailored information about tuberculosis to population groups most at risk of the disease, education for health personnel and do advocacy work. Our volunteers do peer work and participate in outreach information work.

We collaborate with users (former patients and immigrant organizations), the health system (health personnel in the municipality and in hospitals that treat tuberculosis patients), and organizations and other actors who work with immigrant health. Users participate in planning and implementing activities and give us access to arenas to conduct outreach information work.



Presentation about tuberculosis at an event organised by Tverrkulturell helseinfo at the World AIDS Day.

Training, exchange of experiences, and collaboration with healthcare personnel and health authorities, such as the Norwegian Institute of Public Health, have been prioritized. Part of this cooperation has been to conduct a mapping of tuberculosis isolation practices at Norwegian hospitals. The results of the mapping will be shared with health personnel, in order to work with them to align and improve practices. Where possible, we have involved former patients directly in these collaborations. In order to promote the user perspective, we have particularly highlighted, and gained support for, the need to improve the psychosocial follow-up of tuberculosis patients, not least for patients with resistant tuberculosis.

To support patients suffering from the somatic and psychosocial burdens (including stigma, isolation and depressive reactions) related to tuberculosis, we also offer contact with former patients (peers). In the period, our peers have followed up patients, both physically and digitally, who have been treated at hospitals in Oslo, Drammen and Kristiansand.

In recent years, there have been many patients from Ukraine who have had complex needs. A large proportion have had multidrug-resistant tuberculosis, psychosocial challenges such as alcoholism, depression and other mental comorbidities. In 2025, where fewer Ukrainian refugees came to Norway compared to the previous years, there has been a small reduction of patients with such challenges.

Regarding information to at-risk groups, we have been conducting diverse outreach work, e.g. through organisations representing them, at adult education centres, asylum centre and low-threshold services. We have also disseminated information physically and digitally to at-risk groups.

Throughout 2025 we have given input to professional reference documents and recommendations related to the treatment and follow-up of tuberculosis patients, published a professional article in a nursing journal on psychosocial challenges related to tuberculosis, and served as user representatives in a research project and service development. We have also been actively engaged in the work of The National Tuberculosis Committee and the specialist group for multidrug-resistant tuberculosis.

Overall, we are satisfied with our work in 2025 and believe that our efforts have had a meaningful impact on patients, others affected by tuberculosis, and health professionals. We will use these experiences in our continued work to support tuberculosis patients, promote the patient perspective in services, and distribute targeted and adapted information about tuberculosis to at-risk groups.

2.0 ADVOCACY AND COMMUNICATION

LHL Internationals advocacy and communication work has to large extent been affected by two major events in 2025: the USAID stop work order that significantly disrupted the global TB response and the replenishment of Global Fund to fight HIV, TB and malaria (The Global Fund) for grant cycle 8 (2026-2029).

LHL International is member of several Norwegian and global networks for development, global health and TB, such as the Global Fund Advocacy Network (GFAN), Joint Nordic initiative for the Global Fund, Stop TB Partnership, The

International Union against TB and lung disease and Forum for the Environment and Development. We also frequently coordinate and meet with other Norwegian civil society organisations.

Key activities in 2025:

- Letter to the Prime Minister and the Minister of Development with a call to increase the support to Ukraine and the Global Fund together with HIV Norway, Alliance for Public Health Ukraine, and 141 civil society organisations in Ukraine
- Joint letters to the Minister of Development about the consequences of large cuts in Official Development Assistance (ODA), and the ODA budgets for 2025 and 2026
- Attended several meetings at the Norwegian Ministry of Foreign Affairs, i.e. about the situation in Sudan, global health and strategy for non-communicable diseases.
- Attended international meetings for TB and global health: Stop TB partnership board meeting (Manila), partnership meeting with IAVI (Amsterdam), GFAN annual meeting (Ottawa), world conference on TB and lung health (Copenhagen) and TB advocacy meeting in Danish parliament (Copenhagen)
- Working with Norad on the Global Aids strategy and Global Fund board meeting
- Parliamentary hearing about ODA budget 2026
- Norwegian Youth politicians visiting our partner Mukikute in Dar Es Salaam, Tanzania.
- Organizing event at Pride House for Oslo Pride.

Norske ungdomspolitikere fra AUF, SU, Grønn Ungdom, Senterungdommen og Rød Ungdom i Tanzania i regi av Tankesmien Agenda. Her på besøk hos en familie som er rammet av tuberkulose, sammen med MKUTA.

Under Pride diskutert vi hvilke konsekvenser de alvorlige kuttene i amerikanske helsebistand har fått for skeive. Vi hørte fra Dumi Gatsha, en menneskerettsforkjemper fra Botswana, og norske ungdomspolitikere

LHL International in the media:

24/2/2025 *Stå opp for inkludering i bistanden*. Mona Drage og Marit Sørheim. Transit Magasin https://www.transitmag.no/2025/02/24/sta-opp-for-inkludering-i-bistanden/

24/3/2025 *Frida's battle with multidrug-resistant tuberculosis: one day at a time*
Facilitated interview with Norwegian TB survivor, Frida, for world TB Day for ECDCs website (European Center for Disease Control) https://www.ecdc.europa.eu/en/fridas-battle-multidrug-resistant-tuberculosis-one-day-time

02/04/2025 *Millioner dør helt unødvendig av tuberkulose. Kan det bli verre?* Mona Drage, Karine Nordstrand (FHI) og Mange Wang Fredriksen (LHL). Altinget.no
https://www.altinget.no/artikkel/millioner-doer-helt-unoedvendig-av-tuberkulose-kan-det-bli-verre

15/10/2025 *Hjerte-lunge-redning for bistandsprosenten.* Med 25 norske bistandsorganisasjoner. Altinget.no
https://www.altinget.no/lovebakken/artikkel/hjerte-lunge-redning-for-bistandsprosenten

14/11.2025 *Norske tuberkulosebekjempere i internasjonal kamp*. Intervju i LHL sitt magasin Et bedre liv. No 3.2025

28/11/2025. *Tuberkulosepasienter har behov for helhetlig oppfølging som også omfatter psykisk helse*. Tidsskriftet Sykepleien. https://sykepleien.no/fag/2025/11/tuberkulosepasienter-har-behov-helhetlig-oppfolging-som-ogsa-omfatter-psykisk-helse

16/12/ 2025 *En varslet helsekrise.* Mona Drage og Laila Løchting. Halvor Frihagen og Bente Bendiksen (Hiv Norway) Transit Magasin. https://www.transitmag.no/2025/12/16/en-varslet-helsekrise/

17/12/ 2025 *Når de siste antibiotikaene slutter å virke.* Mona Drage og Laila Løchting. Dagsavisen.
https://www.dagsavisen.no/debatt/nar-de-siste-antibiotikaene-slutter-a-virke/10115783

Social media

Website: https://www.lhl-internasjonal.no/
Facebook: https://www.facebook.com/LHLinternasjonal
Instagram: https://www.instagram.com/lhl_internasjonal/
LinkedIn: https://www.linkedin.com/company/lhl-international/

3.0 PURPOSE, RESULTS AND HUMAN RESOURCES

LHL International Tuberculosis Foundation (LHL International) was founded by LHL 1.1.2013, with the purpose to strengthen and develop the work to fight tuberculosis internationally and in Norway.

LHL International sees the fight against tuberculosis as a fight for basic human rights. The main goal is to reduce the burden of tuberculosis. We work with a people centered and holistic approach, including everyone affected by TB, particularly focusing on vulnerable groups. No one should be left behind.

LHL strategy is "Together we can end TB" 2019-2025 https://www.lhl.no/globalassets/lhl-internasjonal/dokumenter/lhl-internasjonal-strategi-2019-2025.pdf

LHL International has funding agreements with Norad, Ministry of Health- and care services, and Oslo Municipality. LHL International also collaborates with other global actors such as Danish Aidsfunds, World Health Organization (WHO), The International Union Against Tuberculosis and Lung Disease (The Union), Liverpool School of Tropical Medicine (LSTM), The Global Fund to fight HIV, TB and malaria, Global Fund Advocacy Network and Stop TB Partnership.

LHL Internationals work comprises mainly of projects aiming to end tuberculosis, financed by tied public funds, legacies and donations received from other sources.

Our international projects constitute the largest part of our work (grants totaling 24,7 MNOK). The funds are transferred to our local partners for the implementation of agreed activities and to reach the expected joint results. The projects are closely followed up with technical advice, capacity building and supportive supervision. In 2025, LHL International had 8 partners across 6 countries. The main project activities are related to these key areas:

- People centered TB prevention and care (including TB associated disabilities)
- Health system strengthening
- Research
- Public information campaigns
- Health communication
- Organizational development
- Digitalization
- Anti-corruption

The use of the grants and implementation of activities are done in accordance with the budget and annual plan.
The expenditures related to the work for TB in Norway was TNOK 275 in 2025.

Financial statement of 2025

The financial statement for LHL International produced a profit of TNOK 106 in 2025. In comparison the financial statement for 2024 showed a profit of 981 TNOK. Our own funds for the projects were covered with earmarked funds, co-financing and equity. TNOK 106 is entered into the foundation's equity. At the end of 2025 the balance of funds with restrictions imposed is NOK 5 000. This is planned to be used in 2026. Non-earmarked donations were accounted for as income in the year they were received, according to current rules.

Human Resources and environment

LHL International have 8 staff, with Mona Drage as the director.

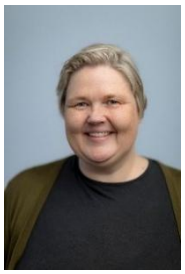
Mona Drage
Director

Christian Torgersen
Senior advisor Finance

Berthe Stenberg
Senior advisor Malawi, Latvia and Poland

Hedvig Fiske Amdal
Senior advisor Tanzania and health communication

Ingunn Nordstoga
Senior advisor Norway



Laila Iren Løchting
Senior advisor Policy and communication

Verónica Álvarez-Mañón
Senior advisor Tanzania and Zambia

Knut Sundby
Senior advisor Sudan

Staff safety on travel is important. All employees and consultants travelling on behalf of LHL International are aware of safety procedures and guidelines. We comply to the Norwegian government advice for travels and follow the local situations closely together with our country partners. All travels are registered with the Ministry of Foreign Affairs, www.reiseregistrering.no and all employees have extended travel insurance. In 2025, there was no travel to Sudan due to safety concerns. There have been no accidents or injuries during travel.

LHL International follow the government's intention of an inclusive working life (IA-bedrift). There is extensive room for flexible hours and working from home. In 2025, the total sick leave was 1,5 % for short-term absence and 9,7% for long-term absence.

LHL International has zero tolerance for corruption, fraud and financial mismanagement. Routines have been established for external and internal warning and whistleblowing, and we are actively working to increase knowledge and awareness both internally and externally. 27 anti-corruption workshops have been held during 2025, and there were no misconduct cases reported.

At the end of the year there were eight employees: six women and two men. The board have consisted of four members, one man and three women (including the board chair).

The foundation does not pollute the external environment beyond what can be considered normal for this type of work. In 2025, we have travelled to projects as planned (except Sudan), and most of the collaboration and follow-up has taken place via digital platforms, telephone, or e-mail.

Oslo, den 12.05.2026

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Mari Larsen	Chi Ching Vivian Lam	Laila Løchting
Board chair	Board member	Board member

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Arne-Ketil Hafstad	Mona Drage
Board member	Director

Annex 1

Aktivitetsregnskap 2025 LHLs Internasjonale Tuberkulosestiftelse					
LHL Internasjonal					
	Note	2025	2024	2023	2022
Anskaffede midler					
Tilskudd Norad		21 201 790	20 225 485	22 386 664	27 933 251
Tilskudd HOD		3 493 898	4 677 106	1 234 938	1 577 175
Tilskudd EEA		-	925 061	2 360 703	1 907 900
Tilskudd Oslo Kommune		185 070	185 000	185 982	184 580
Sum Offentlige Midler		**24 880 758**	**26 012 651**	**26 168 286**	**31 602 906**
Andre Donorer		52 200	90 000		143 465
Administrasjons Tilskudd		1 633 327	1 579 984	1 681 297	2 033 240
Sum Donor Midler		**26 566 284**	**27 682 636**	**27 849 583**	**33 779 611**
Gaver, innsamlede midler		260 967	438 680	525 125	495 725
Andre inntekter		209 440	277 970	3 510 440	3 237 478
Finansinntekt		468 331	691 393	603 266	185 616
Sum inntekter		***27 505 022***	***29 090 678***	***32 488 414***	***37 698 430***
Forbrukte midler	*2,3,4,5,6,7,8*				
Kostnader til anskaffelse av midler		39 352	65 932	61 715	55 179
Kostnader til aktiviteter som oppfyller formålet		24 946 288	26 008 736	29 400 943	34 236 912
Administrasjonskostnader		2 413 380	2 034 706	2 688 423	2 241 895
Sum forbrukte midler		***27 399 020***	***28 109 373***	***32 151 081***	***36 533 986***
Årets aktivitetsresultat		**106 002**	**981 305**	**337 333**	**1 164 444**
Pr 31.12	**Note**	**2025**	**2024**	**2023**	**2022**
EIENDELER					
Omløpsmidler					
Fordringer	9	*254 638*	*373 980*	180 597	409 715
Markedsbaserte verdipapirer		*6 722 304*	*6 550 058*	6 316 067	6 133 816
Bankinnskudd	*10*	*17 276 393*	*15 369 857*	15 097 060	16 157 933
Sum omløpsmidler		***24 253 335***	***22 293 894***	***21 593 724***	***22 701 463***
SUM EIENDELER		***24 253 335***	***22 293 894***	**21 593 724**	**22 701 463**
FORMÅLSKAPITAL OG GJELD					
Formålskapital	*11*				
Stiftelseskapital		*5 100 000*	*5 100 000*	5 100 000	5 100 000
Formålskapital med eksterne restriksjoner		*5 000*	*5 000*	5 000	5 000
Annen formålskapital		*12 620 354*	*12 514 353*	11 533 048	11 195 714
Sum formålskapital		***17 725 354***	***17 619 353***	***16 638 048***	***16 300 714***
Kortsiktig gjeld					
Leverandørgjeld		*192 208*	*216 911*	193 501	268 222
Skyldig skattetrekk og arbeidsgiveravgift		*398 654*	*278 641*	245 517	440 563
Påløpte lønn og feriepenger		*883 715*	*816 302*	621 331	655 501
Donormidler med tilbakebetalingsvilkår		*5 038 404*	*3 362 688*	3 745 086	5 036 462
Annen kortsiktig gjeld		*15 000*	-	150 241	-
Sum kortsiktig gjeld		***6 527 980***	***4 674 542***	***4 966 675***	***6 400 749***
SUM FORMÅLSKAPITAL OG GJELD		***24 253 335***	***22 293 894***	***21 593 724***	***22 701 463***