

To

Shri Narendra Modi
Honorable Prime Minister, Government of India

Cc

The Prime Minister's Office, Government of India
Mr. Jagat Prakash Nadda, Minister of Health, Ministry of Health & Family Welfare, GoI.
Mr. Piyush Goyal, Minister of Finance, Ministry of Finance, GoI.
Ms. Sushma Swaraj, Minister of External Affairs, Ministry of External Affairs, GoI.
Ms. Sumitra Mahajan, Speaker of Lok Sabha, Office of Lok Sabha Speaker, India.
Ms. Preeti Sudan, Secretary, Ministry of Health & Family Welfare, GoI.
Dr. Promilla Gupta, DGHS, Ministry of Health & Family Welfare, GoI.
Mr. Sanjeeva Kumar, Addl. Secretary (Health), Ministry of Health & Family Welfare, GoI.

25 May 2018

SUBJECT: The United Nations High-Level Meeting on Tuberculosis – September 2018

Dear Shri Narendra Modi ji,

The United Nations General Assembly (UNGA) will hold a high-level meeting on Tuberculosis (TB) on 26 September, 2018 during the second day of general debate of the 73rd session of the General Assembly in New York. On behalf of the undersigned TB survivors, community and civil society organisations committed to ending TB in India, we are writing to request you to personally attend the TB High-Level Meeting and lead our country's national delegation at this important event.

The High-Level Meeting comes at a critical time when the world is gearing up to end TB by 2035. At the current rate of progress, it will take 150 years to achieve the target of Sustainable Development Goal (SDG) 3.3 to end the TB epidemic. TB kills more people every year than any other infectious disease and is the ninth leading cause of death globally. It is the only major drug-resistant infection transmitted through the air and the leading cause of death due to antimicrobial resistance. TB is a cause and consequence of poverty, lack of awareness and poor treatment; and its deadly persistence demonstrates the imperative of supporting the research and development (R&D) of new health technologies as well as ensuring their accessibility and affordability to all people in need. For these reasons, TB sits at the heart of the SDGs, making progress against TB an essential measure of the successful realisation of the SDG agenda at large.

TB remains a major obstacle to attaining the SDG vision of health, development, and prosperity for all in India. According to WHO Global TB Report 2017, our country had an estimated **27,90,000** people infected with TB in 2016 and **1,47,000** of these were drug-resistant. In the same year, **4,23,000** people died of TB, despite it being preventable and curable, and approximately **12,000** people co-infected with TB and HIV were among the reported deaths.

Funding for research on TB in India is not sufficient given the urgency of the TB crisis. New tools to prevent, diagnose, and treat TB are urgently required.

TB transmission happens in workplaces, schools, on public transport and even at healthcare facilities. On 17 April 2018, the first meeting of National TB Forum on community engagement with different stakeholders – including the affected community – was organised for better community engagement. It is encouraging to see the bold steps being taken to realise the dream of Ending TB and your commitment to do so by 2025. We urge you to use the opportunity created by the UN High-Level Meeting to raise the political profile of TB domestically and globally.

Engagement at the highest levels of government between now and the UN High-Level Meeting in September 2018 is critically important to ensure that this meeting becomes a true turning point in inspiring the urgent investments and actions, the world needs, to defeat TB. It is our belief that ending TB will require multi-sectoral solutions, carefully coordinated across government ministries and departments at the Head-of-State level. We, therefore, appeal to you to:

1. Attend and lead the Indian national delegation to the High-Level Meeting on TB on 26 September 2018 at 73rd United Nations General Assembly in New York. We ask that membership of the national delegation demonstrate an all-government prioritisation of TB, including Cabinet-level officials from relevant ministries, parliamentarians and mayors of states, cities and districts in India with a high-TB burden, other relevant officials and representatives from civil society organisations and persons in India, personally affected by TB.
2. Convene a national consultation in advance of the High-Level Meeting to inform the selection of the national delegation and the development of priority actions and commitments to take forward to the United Nations General Assembly in September. We ask that the national consultation include the same diverse constituencies highlighted for membership in the national delegation, discussed above.

Among the actions required to end TB in India and globally, we call your attention to the 'key asks' below, drafted after extensive discussions with all stakeholders including civil society and affected communities (Annexure 2). In addition to this, we highlight more India specific asks and suggestions for action (Annexure 1).

We respectfully ask for your support elevating these issues to the highest level of political dialogue in advance of and during the High-Level Meeting:

1. Reach all people by closing the gaps on TB diagnosis, treatment and prevention
2. Transform the TB response to be equitable, right-based, and people centered
3. Accelerate development of essential new tools to end TB
4. Invest the funds necessary to end TB
5. Commit to decisive and accountable global leadership, including regular UN reporting and review

We are committed to working together to leverage the unprecedented opportunities presented by the High-Level Meeting on TB and welcome further engagement with your administration as preparations get underway.

For further information, kindly contact Ms. Blessina Kumar, Touched by TB, on 9818761110, 9818733310, or email blessi.k@gmail.com

Respectfully submitted by

A. Sankar, Executive Director, Empower India
Abou Mere, President, Indian Drug Users' Forum (IDUF)
Amogh Gauresh Mangalore, Touched by TB
Amrita Limbu, TB Survivor, Touched by TB
Anthony Chettri, Jalpaiguri
Anupama Srinivasan, Deputy Project Director, REACH
Ashvini Vyas, CEO, Asha Kalp
Bijayalaxmi Rautaray, Secretary, Sahayog
Blessina Kumar, Touched by TB, (National Coalition of people affected by TB, India)
Cedric Gregory Fernandes, Pune, Touched by TB
Chinmay Modi, Delhi, Touched by TB
Dean Savio Peter Lewis, Mumbai, Touched by TB
Deepali Nagpal, Haryana, Touched by TB
Edwina Pereira, Executive Director, Child First Foundation
Faiz Anwar, Jharkhand, Touched by TB
G. K. Shanta, Rainbow TB Forum
Ganesh Acharya, TB survivor and TB/HIV Activist
Gourav Jaiswal, Education Activist, Seoni
Hari Om Rana, Uttar Pradesh
Jahnabi Goswami, Assam Network of Positive People (ANP+)
Jamhoih (Jamie) Tonsing, Director, The Union South-East Asia
Joy Ganguly, Delhi, Touched by TB
Ketholelie Angami, ARK Foundation, Nagaland
Leena Menghaney, Regional Head (South Asia), Médecins Sans Frontières (MSF)
M. Sadananda Singh
Manisha Sharma, Development Sector Professional, Delhi
Mercy Annapoorni, Madurai, Blossom Trust
Mona Balani, TB Advocate, Delhi, Touched by TB
Mukul Kumar, Delhi
Mutum Tilak Singh, Touched by TB
Nandita Venkatesan, Journalist and TB Advocate, Touched by TB
Niraj Sinha, State Operations Manager, FIND
P. Santhanalakshmi, President, Paneer HIV Positive Women's Network Trust
Prabha Mahesh, Mumbai, Touched by TB
Prachi Gangwani, Mumbai, Touched by TB
Prashant Sharma, TB Survivor
Priyanka Kumari, Delhi, Touched by TB
Puja Negi, Delhi
R. Gopa Kumar, Delhi, Touched by TB
Rajesh Kumar, Executive Director, SPYM

Ramasamy Pandian, Chennai, Touched by TB
Reeta Sahoo, Orissa Touched by TB
Rhea Lobo, Mumbai, Touched by TB
Ritu Gorai, Mumbai, Touched by TB
Santosh Giri, Kolkata, Touched by TB
Satish Kumar, Delhi
Shachi Phakde, Psychologist, Mumbai
Shantanu Nagar, Mumbai, Touched by TB
Shobha Shukla, Citizen News Service (CNS)
Smrity Kumar, Project Director, REACH
Sonal Mehta, Chief Executive, India HIV/AIDS Alliance
Subrat Mohanty, The Union Southeast Asia
Vellat Sasi Kumar, Health & Development Consultant, RAHEIN
Vikas Panibatla, TB Alert India
Yogesh Balkrishna Bhalerao, Mumbai, Touched by TB

Organisations

Alert India
ARK Foundation, Nagaland
Asha Kalp
Assam Network of Positive People (ANP+)
Blossom Trust
Bolo Didi
Child First Foundation
Citizen News Service (CNS)
Empower India
Global Coalition of TB Activists (GCTA)
Hepatitis Coalition of Sikkim
India HIV/AIDS Alliance
Indian Drug Users' Forum (IDUF)
NE HeAT (North-East, India Hepatitis, AIDS and TB)
Paneer HIV Positive Women's Network Trust
Rainbow TB Forum
Resource Group for Education and Advocacy for Community Health (REACH)
Sahara Aalhad
Society for Promotion of Youth & Masses (SPYM)
TB Alert India
The Union Southeast Asia
Touched by TB (TbTB)
Tripura state network of positive people (TSNP+)
Western (India) Harm Reduction Network

Annexure 1

India-specific asks and way forward for action:

1. Reach all people by closing the gaps on TB diagnosis, treatment, and prevention, which would also help in successful implementation of NSP (2017-25).
2. Transform the TB response to be equitable, right-based, and people centered through effective synergies between different stakeholders and community engagement (including TB survivors).
3. Invest the required funds to end TB while maintaining coordination between Centre and State government funds and ensuring that the States efficiently utilise funds.
4. Commit to decisive and accountable global leadership, including regular UN reporting and review.
5. Establish a National TB Ministerial Caucus to oversee TB program progress and influence effective implementation, including building of concrete accountability, monitoring and evaluation mechanisms.
6. Increase domestic and global resources for TB to ensure effective TB program implementation.
7. Employ sufficient numbers of community healthcare workers and other healthcare system employees required for a scaled-up TB response that includes widespread active case-finding and contact tracing programmes. More steps should also be taken to ensure the health of healthcare workers.
8. Recognise TB research and development (R&D) as a shared responsibility and commit to budget for the financial resources required or obtain it globally or under CSR to develop much-needed tools to better diagnose, treat, and prevent TB and MDR-TB.
9. Ensure that the TB research consortium is set up, following the commitment at the Moscow Ministerial Meeting and is fully funded and functional for an accelerated response.
10. Ensure that affordability and access to existing and new TB medicines, vaccines and diagnostics is a national priority, in line with the World Health Organization's global strategy and plan of action on public health, innovation and intellectual property.
11. Promote full use of existing flexibilities under the Trade-Related aspects of Intellectual Property Rights (TRIPS) agreement to promote access to newer TB medicines.
12. Support a strong declaration of commitment as an outcome of the UN HLM that includes clear, measurable global and national programmatic targets to guide and sustain the response to the TB epidemic.

UNITED TO END TUBERCULOSIS: AN URGENT GLOBAL RESPONSE TO A GLOBAL EPIDEMIC

Key Asks from TB Stakeholders and Communities



PREAMBLE

Tuberculosis and its drug-resistant forms constitute a global health crisis. TB is airborne and causes the most deaths worldwide of any single communicable disease. Because TB is widespread and driven by numerous social factors, the global response to TB must go beyond purely medical or public health approaches. Ending TB therefore requires the high-level political leadership that only Heads of State and Governments can provide.

Through the Sustainable Development Goals and their endorsement of the WHO End TB Strategy, UN member states have committed to ending the TB epidemic by 2030. However, at the current rate of progress, this will not be achieved for at least another 150 years. Without immediate concrete action, an estimated 28 million people will die from TB by 2030, at a global economic cost of USD\$1 trillion. The case for ending the TB epidemic is clear. Every dollar spent on TB could return benefits to society worth US\$43.^[1]

The following priority actions must be taken by Heads of State and Governments to accelerate progress and achieve the goal of ending TB:

1. REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION

- Commit to diagnosing and treating a cumulative 40 million people by 2022 through both public and private-sector health services—including 3.5 million children and 1.5 million people with drug-resistant TB.
- Commit to diagnosing and providing preventive therapy to a cumulative 80 million people by 2022 through both public and private-sector health services—including 9 million children exposed to TB.

- Commit to implementing National Strategic Plans that are designed and evaluated based on progress towards ending TB at the national level, with targets for testing, treatment and prevention.

2. TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED, AND PEOPLE-CENTERED

- Enact and implement policies that recognize the rights of people, including key populations, to know their TB status—whether active or latent TB—and to be provided with accessible, affordable and equitable access to services and care.

The Global Plan to End TB identifies the following as key populations: people who have increased exposure to TB due to where they live or work, including prisoners, sex workers, miners, hospital visitors, health care workers and community health workers; people who live in urban slums; people who live in poorly ventilated or dusty conditions; both adult and child contacts of TB patients; people who work in overcrowded environments; people who live and work with livestock; people who work in hospitals; people who have limited access to quality TB services including migrant workers, women in settings with gender disparity, children, refugees and internally displaced people; illegal miners; undocumented immigrants; people from tribal populations and indigenous people; people who are homeless; people who live in hard-to-reach areas; people who live in homes for the elderly; people living with mental or physical disabilities; people who face legal barriers to

access care, including people who are lesbian, gay, bisexual or transgender; and people who are at increased risk of TB because of biological or behavioral factors that compromise immune functions, including people living with HIV, people living with diabetes or silicosis, people undergoing immunosuppressive therapy, undernourished people, people who use tobacco, people who suffer from alcohol-use disorders, and people who inject drugs.

- Remove discriminatory laws against people with TB, and promote rights-based laws, policies and practices that enable access to services. End TB-related stigma and discrimination, and prevent TB transmission in work places, school and other congregant settings by 2020.
- Facilitate equitable access and universal uptake of TB tools (drugs, diagnostics, vaccines), ensuring that cost is not a barrier to the access of quality diagnostics and treatments. Align and harmonize regulatory pathways to fast-track the uptake and implementation of new tools, including utilizing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, where needed.

3. ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

- Create a research-enabling environment that streamlines and expedites innovation and promotes collaboration across UN member states in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including;

- (i) A 2-month or less oral cure for TB and its drug resistant forms before 2028

- (ii) One or more new or repurposed vaccines ready to enter the registration process for global use by 2025

- (iii) Affordable point-of-care TB diagnostics that can identify new infections and tests for drug resistance by 2025

- Acknowledge that TB innovation is a shared responsibility, and ensure that all R&D efforts are needs-driven, evidence-based and guided by principles of affordability, efficiency, equity and collaboration. Importantly, as a central component of the AMR response, TB will require models of innovation that delink the costs of R&D from prices and volumes of sales to facilitate equitable and affordable access.

4. INVEST THE FUNDS NECESSARY TO END TB

- Recognizing that investments in TB care and prevention are critical to achieving Universal Health Coverage, double current funding to US\$13 billion annually in order to implement TB care and prevention activities laid out within the WHO End TB Strategy and the Stop TB Partnership's Global Plan to End TB 2016-2020.

- Increase funding for TB research to close the US\$1.3 billion annual funding gap, for example, through each member state spending up to or beyond 0.1% of its annual Gross Domestic Expenditure on Research and Development (GERD) on TB research; and implement long-term funding strategies to ensure the sustainability of research progress and pipelines.

5. COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP, INCLUDING REGULAR UN REPORTING AND REVIEW

- Convene a follow up UN High-Level Meeting on TB in 2023 and every 5 years thereafter, until the End TB target is met, with the UN Secretary-General delivering an annual report to Heads of State and Government at the UN General Assembly to review progress towards achieving the commitments of the 2018 UN High-Level Meeting on TB Political Declaration. The report will be supported by an independent review body utilizing a constructive and evidence-based approach that synthesizes existing monitoring and implements new tools such as scorecards and national rankings.

- Add TB as a regular item on the agenda of existing regional Heads of State and Government meetings and mechanisms from 2019 to analyze and review the results, and establish additional commitments and actions to address identified gaps and challenges.

- Commit to evidence-based multisectoral actions at the national level to operationalize these commitments, including the appropriate ministries (Health, Finance, Justice, Family Welfare, and Education) under the auspices of the Head of State or Government, with active involvement of civil society and affected communities at every stage of the process.



#EndTB

Visit our website on the UN HLM on TB
<http://stoptb.org/global/advocacy/c5.asp>

Stop TB Partnership