

H.E. Mr. Walton Alfonso Webson

Ambassador and Permanent Representative of Antigua and Barbuda to the United Nations
Per email

H.E. Mr. Koro Bessho

Ambassador and Permanent Representative of Japan to the United Nations
Per email

6 June 2018

Dear H.E. Mr. Walton Alfonso Webson and H.E. Mr. Koro Bessho,

Human rights are imperative to the success of the tuberculosis response

We are people affected by tuberculosis (TB), members of affected communities, civil society organizations, human rights lawyers, health care workers, and TB activists from around the world. We write to you unified in this central message: **We can end TB together, but only if we take human rights seriously.** Human rights must be both anchor and lodestar to our response at all levels.

We echo the call for “priority actions” from the Civil Society groups to transform the TB response to be equitable, rights based, and people-centered. We also note that member states have already made key commitments embodied in human rights instruments that have significant implications for the TB response, many of which require faster and bolder action of the type the upcoming United Nations High-Level Meeting—United to End Tuberculosis: an urgent global response to a global epidemic (the HLM) is meant to drive.

To this end, we look forward to the HLM. We take heart in the role you are playing to co-facilitate intergovernmental consultation and negotiation on the modalities and outcomes of the HLM.

Under your leadership, the HLM outcomes hold the potential to change the course of the global response to TB. To do this, it is imperative that the HLM results in commitments grounded in and aimed at promoting the human rights of all people affected by TB.

We welcome the Draft Elements Paper dated 25 May 2018, which proposes a preliminary draft of a political declaration that the HLM will ultimately produce. In that context, our dedication to the fight against TB and the success of the HLM compels us to highlight the below 12 key human rights commitments that, were they to be made at the HLM and then faithfully implemented, would enable the end of TB.

At the United Nations High-Level Meeting—United to End Tuberculosis: an urgent global response to a global epidemic, countries should commit to:

1. Facilitate, through legislation and policy, proactive measures that enable people affected by TB and DR-TB to lead in the formulation, implementation, and monitoring and evaluation of the TB response at all levels. Cognizant of the social and economic conditions that often impede their full engagement, such measures must include providing financial and technical support to TB community groups and civil society.
2. Prohibit in law and policy all forms of discrimination against people affected by TB – including in employment, education, housing, and health care settings – and repeal or amend any laws or policies that discriminate against people based on TB or other health status. Further, establish legal protections for the rights to privacy and confidentiality for people affected by TB, and establish accessible remedies for discrimination or violations of the rights to privacy or confidentiality.
3. Set clear, specific targets and timelines that fulfil human rights obligations arising from domestic, regional, and international law, including the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. These targets must include the full participation of civil society and affected communities, including people affected by drug-resistant TB (DR-TB), be fully resourced and implemented, and be aligned to the WHO End TB Strategy, the Stop TB Partnership Global Plan to End TB, and the Sustainable Development Goals.
4. Fulfil the right of all people to access high quality, people-centered testing and treatment services for TB and DR-TB, including new drugs and technologies, such as bedaquiline, delamanid and rapid diagnostic tests. Further, implement community-based services that are accessible to all people and take all measures necessary to reach all people in need of such services, including through the deployment of community health workers employed under dignified conditions.
5. Establish or strengthen domestic legislative and policy frameworks to align with international human rights and best practices relating to detained people, including the Nelson Mandela Rules (formerly known as the United Nations Standard Minimum Rules for the Treatment of Prisoners), with independent oversight and accountability mechanisms to ensure fulfilment of the rights of detained people. These include the rights to be provided with high quality testing and treatment services for TB and DR-TB and to conditions of detention consistent with human dignity and the prevention of TB, including proper ventilation and the absence of overcrowding.
6. Establish or strengthen national legislative and policy frameworks to ensure effective TB prevention, testing, treatment and care for migrants, including by making clear provision in law for: the right of all people, regardless of immigration status, to access TB and other health services; protections against negative immigration or other consequences when accessing

health services; and measures to promote continuity of care for mobile populations. Further, repeal or amend any laws that allow for deportation due to TB or other health status.

7. End the unnecessary use of sub-optimal medicines by updating national TB guidelines and essential medicine lists to align to WHO standards, issuing humanitarian waivers, and establishing rapid registration programs where medicines for DR-TB are not registered. Further, take proactive measures to ensure that WHO guidelines are rapidly updated to provide clear and evidence-based guidance that takes into account the debilitating impact of severe treatment side-effects such as hearing loss.
8. Fulfil the core human right of access to existing treatments through implementing the recommendations of the United Nation Secretary-General's High-Level Panel on Access to Medicines, including the recommendations that:
 - 8.1. World Trade Organization (WTO) Members "must make full use of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities as confirmed by the Doha Declaration to promote access to health technologies when necessary";
 - 8.2. States should "adopt and implement legislation that facilitates the issuance of compulsory licenses"; and
 - 8.3. States should, through a process initiated by the United Nations Secretary-General, urgently establish a "binding R&D Convention that delinks the costs of research and development from end prices to promote access to good health for all."
9. To address the need for development of new medicines required to fulfil the right to health, fill the US\$1.3 billion annual funding gap for TB research and development, including by dedicating at minimum 0.1% of national expenditure on research and development to innovations related to the TB response, and ensure that the products of such public investment are available and affordable to all who need them.
10. Ensure local and national accountability by funding civil society organizations that work to protect and promote human rights. Further, fund, and otherwise support, local accountability structures such as clinic and village health committees, including by adopting legal and policy frameworks that promote their operations and ensure their independence.
11. Identify populations most affected by TB and develop systems to monitor progress in the TB response among these populations, including through improved disaggregated data, while ensuring protection of their right to privacy and confidentiality.
12. Double current funding to US\$13 billion annually in order to reach the global targets established in the WHO End TB Strategy and the Stop TB Partnership's Global Plan to End TB 2016-2020.

Conclusion

These commitments to specific law and policy reform for human rights are prerequisites to the success of all other commitments that might be made at the HLM. We are hopeful that you will engage these imperatives, incorporate them into the consultation and negotiation process, and advocate for their inclusion in the outcomes of the HLM.

We invite the wide distribution of this letter as you in your good judgment see fit. We also respectfully request an opportunity to engage directly with you on progress toward a political declaration that marks a turning point for the TB response. We eagerly await correspondence indicating your earliest convenient availability for such an engagement.

We are committed to the success of the HLM and to supporting you in your efforts toward that end. We submit this correspondence, and hope it will be received, in that spirit.

We request that you kindly confirm receipt.

Yours in solidarity in the fight to end TB,

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Signatories:

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2. Asociacion CCEFIRO
3. Access to Rights and Knowledge Foundation, India
4. Action against AIDS Germany
5. ACTION global health advocacy partnership

6. Activists Coalition on TB - Asia-Pacific (ACT! AP)
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8. Advocacy Core Team
9. African Men for Sexual Health and Rights (AMSHeR)
10. Afrihealth Optonet Association
11. AIDS Accountability International
12. AIDS Action foundation
13. AIDSfonds
14. AIDS and Rights Alliance for Southern Africa (ARASA)
15. AIDS Foundation of South Africa
16. AIDS-Free World
17. Allan Maleche
18. Alliance for Public Health (Ukraine)
19. APCASO
20. Arumugam Sankar
21. Asociación Nacional de Personas Positivas Vida Nueva de El Salvador
22. Association for Reproductive and Family Health (ARFH)

23. Association Marocaine de Solidarité et de Développement (AMSED)
24. Association of Refugees, Immigrants and Survivors Engage in the AIDS Response
25. Australian Federation of AIDS Organisations (AFAO)
26. Ahmed Luwambi
27. Becharo Yaa Youth Group
28. Ben Katana
29. Bertrand Kampoer
30. BCL Health Care Support
31. Bibi Ahmed
32. Blessina Kumar
33. Blossom Trust
34. BONELA (The Botswana Network on Ethics, Law/Human rights and HIV AIDs)
35. Canadian HIV/AIDS Legal Network
36. Caribbean Vulnerable Communities
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38. Carol Nawina
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40. CCEFIRO
41. Center for Change and Community Development
42. Center for Health, Human Rights and Development (CEHURD)
43. Children Education Society (CHESO)
44. Chrisdon Kagan da
45. Christine Tatu
46. CITAMplus
47. Civil Society Movement Against Tuberculosis Sierra Leone (CISMAT-SL)
48. Club des Amis Damien
49. Coalition of People Fighting HIV/AIDS and TB in Migori
50. Coalition of Zambian Women Living with HIV/AIDS (COZWHA+)
51. Coast Smart Women Against HIV/Aids and STIs (COSWA)
52. Colleen Daniels
53. Communities' Holistic Initiative for Social Advancement (CHISA)
54. Construyendo Caminos de Esperanza frente a la Injusticia, el Rechazo y el Olvido
55. Cristian Eduardo Pineda Benites
56. Christopher Cheupe

57. Dako Support Group
58. Daraja Women Support Group
59. Delhi Network of Positive People
60. Donela Besada
61. Dora Kiconco Musinguzi
62. Doreen Maghanga
63. Dr. Bosire Wairimu
64. Dr Hristijan Jankuloski
65. Dr J. Carolyn Gomes
66. Dr Mira Shiva
67. Dr. Edona Deva
68. Dr. Khin Swe Win
69. Dr. Sunitha Varghese
70. Dr. Pramila Singh
71. Drew Aiken
72. East African Harm Reduction Network (EAHRN)
73. Eastern Africa National Networks of AIDS Service (EANNASO)

74. Education For Self Help (ESEH)
75. EKPIZO, Consumer Association the Quality of Life
76. Empower India
77. Eric Friedman
78. Esther Nelima
79. Eurasian Network of People who Use Drugs (ENPUD)
80. Eva Limachi Salgueiro
81. Ever Mvera
82. Exodus
83. Emilly Juma
84. Enos Ndeke
85. Eugen Kalama
86. Evelyne Okelo
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89. Faith Mwendu Ndungu
90. Flossy Nyagah

91. Furuha Katana
92. Francis George Apina
93. Ganesh Acharya
94. Global Coalition of TB Activists (GCTA)
95. Global TB Community Advisory Board (TB CAB)
96. Global Network of People Living with HIV (GNP+)
97. Grace Saha
98. Grupo de Incentivo à Vida
99. Genesis Support Group
100. Grupo de Ativistas em Tratamentos (GAT)
101. Haris Singh
102. Health Action International (HAI)
103. Health NGOs Network (HENNET)
104. Hezron N. Ochieng
105. HIV/AIDS People Alliance of Kenya, HAPA Kenya
106. HIV Justice Network
107. Hope Support Group

108. Ida Léa Savadogo/Yugbare
109. India HIV/AIDS Alliance
110. Initiative for Health and Equity in Society
111. Instituto de Salud Msc Cristóforis Deneke (ISDEN)
112. Interagency Coalition no AIDS and Development (ICAD)
113. International AIDS Society
114. International Community of Women Living with HIV
115. International HIV/AIDS Alliance
116. International Indigenous HIV & AIDS Community (IIHAC)
117. International Network of People who use Drugs (INPUD)
118. Jane Side
119. Joan Didier
120. Jointed Hands Welfare Organisation (JHWO)
121. Johnpaul Omollo
122. Jonathan Stillo
123. José Maurício Melo Araújo
124. Journalists Against AIDS (JAAIDS)

125. Joyce Tandi Munala
126. KELIN
127. Kenya AIDS NGO Consortium (KANCO)
128. Kenya Treatment Access Movement- KETAM
129. Khairunisa Suleiman
130. KHANA-Cambodia
131. Kilifi Youth Bunge
132. Kikamba Arts Expert Arts Youth Group
133. Kisumu Ndogo Initiative
134. Kigali Hope
135. Lawyers Collective
136. Lean on Me Foundation
137. Lesley Odendal
138. LHL International Tuberculosis Foundation
139. Linda RM Baumann
140. Linda Wanjiru Kroeger
141. Lindsay McKenna

142. Lloyd N. Friedman
143. Lucy Ghati
144. Ludmila Cristina do Carmo Tavares
145. Maa Community Health Workers CBO- Kenya
146. Malawi Women's Coalition Against Cancer
147. Marcus Low
148. Maria van der Linde
149. Marilynne Laini
150. Mary Mwanaidi
151. Maurine Murenga
152. Maxime Lunga
153. Merlin Young
154. Mesa Tematica Nacional Sobre VIH/SIDA Del Foro de la Sociedad Civil en Salud
155. Michael Akanji
156. Mihir Mankad
157. Mwanakombo Said
158. Muhumuza Abdulkharim

159. Masika Khamisi
160. Mtwapa Youth Group
161. Mujjaheedin Support Group
162. Mwanhawa Chai
163. Mwavitendo Support Group
164. Namibia Diverse Women's Association (NDWA)
165. Midii Bakari
166. Nia Njema Support Group
167. Nana Gleeson, BONELA
168. Nandita Venkatesan
169. Naomi Monda
170. Network of people living with HIV/AIDS in Kenya (NEPHAK)
171. Nkoko Iju Africa
172. Nawiri Adolescent Parent Youth Group
173. Observatório Tuberculose Brasil
174. OECS Regional Coordinating Mechanism
175. Olga Leones, representante legal de la Corporación Pazaporte

176. Organizaciones Sociales de la Comunidad ante el Comité Nacional de Prioridades
177. Owomugisha Immaculate
178. Pamoja TB group
179. Pan African Positive Women's Coalition-Zimbabwe
180. Paneer HIV Women Network Trust
181. Paul Kasonkomona
182. Paula Donovan
183. Pleaders of Children and Elderly People at risk
184. PLUS, Coalition Internationale Sida
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189. Prof. O. A. Ladipo
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191. Rainbow TB Forum
192. Raman Chawla
193. Réseau Accès aux Médicaments Essentiels (RAME)

194. Rising Winners Youth Initiative
195. Said Geneso Youth Group
196. Susan Ongechi
197. Safe Community Youth Initiative
198. Salud por Derecho
199. Sandeep Kumar Swain
200. Section 27
201. See Change Initiative
202. Sofia Gruskin
203. Shine Us
204. Stephen Lewis
205. STOPAIDS
206. Suraj Mandoori
207. TB People
208. TB Proof
209. Timur Abdullaev
210. Tororo Forum for People Living with HIV Networks (TOFPANET)

211. Treatment Action Campaign
212. Treatment Action Group
213. Tumaini Young Mothers
214. Takaungu Support Group
215. Terry Dama
216. Uwezo Support Group
217. Uganda Harm Reduction Network(UHRN)
218. Uganda Network on Law, Ethics and HIV/AIDS(UGANET)
219. Ukrainian Network of People Who Use Drugs
220. Umoja Support Group
221. Victory Post Test Group
222. Warembo Forum
223. Wings of Hope Self Help Group
224. Widows and Children Assistance (CWCA)
225. Wika Gofwen, Team Leader, Media for Social Change and Development (MSCD)
226. Wim Vandavelde

- 227. Women-Concern Liberia
- 228. Wote Youth Developent Projects
- 229. Yolse, Santé Publique & Innovation
- 230. Youth LEAD
- 231. Zimbabwe Civil Liberties and Drug Network