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,

Contact:

Mr. Allan Maleche
Executive Director, the Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN)
amaleche@kelinkenya.org

Ms. Drew Aiken
Associate, O’Neill Institute for National and Global Health Law
da722@georgetown.edu

Signatories:

1. Asociación Dominicana de Enfermos y Afectados por Tuberculosis (ASODENAT)

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)

7. Aditi Sharma

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)


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

37. Carlos Rojas Ecoña

38. Carol Nawina

39. Carolene Kituku
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

87. Fimbo Youth Initiative

88. Fabiola Janet Rojas Coyca

89. Faith Mwende 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


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 Wanjuru 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. Marilyne 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

185. Institute of Human Rights and Health INSADÉH – PERU

186. Primah Kwagala

187. Pritha Biswas

188. Prof. Brian Citro

189. Prof. O. A. Ladipo

190. Proscovia Ayoo

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