**TO:** [MINISTER OF HEALTH]

[ADDRESS]

**CC:** [NATIONAL TB PROGRAM MANAGER]

[OTHER RELEVANT MINISTRIES AND OFFICIALS]

[RELEVANT PARLIAMENTARIANS]

[DAY] [MONTH] 2018

**SUBJECT: [COUNTRY]’s Engagement in the United Nations High-Level Meeting on Tuberculosis**

Dear Minister [LAST NAME],

On behalf of the undersigned civil society organizations and community groups committed to ending the tuberculosis (TB) epidemic in [COUNTRY], we are writing to encourage the active participation of your office in preparations for the United Nations High-Level Meeting on TB, to be held on September 26, 2018 during the second day of general debate of the 73rd session of the General Assembly.

The High-Level Meeting comes at a critical time in the fight against TB. 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, and its deadly persistence demonstrates the imperative of supporting the research and development (R&D) of new health technologies and 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 realization of the SDG agenda at large.

TB remains a major obstacle to attaining the SDG vision of health, development, and prosperity for all in [COUNTRY]. Our country has an estimated [NUMBER] new cases of TB each year, and [XX PERCENT] of these are drug-resistant. [XX NUMBER OF DEATHS] [NATIONALITY] die of TB each year despite it being preventable and curable. Funding for research on TB in [COUNTRY] is minimal, and new tools to prevent, diagnose, and treat TB are urgently required. [ADD ANY OTHER BRIEF BACKGROUND DESCRIPTION OF COUNTRY TB CARE, RESEARCH AND ACCESS ISSUES].

Recently, diverse stakeholders in the TB community, including representatives of civil society, the private sector, TB-affected communities, and other constituencies, developed a set of key asks proposing specific commitments and targets for the draft political declaration of the High-Level Meeting. We hope you will take these key asks into consideration as you work with Prime Minister [LAST NAME], other Ministers, and our country’s Permanent Mission to the United Nations to develop a strong political declaration to be endorsed at the High-Level Meeting.

Among the key asks, the undersigned organizations call your attention to the following priority actions for our country to take forward at the High-Level Meeting:

1. **Commit to increasing funding for TB R&D to accelerate the innovation needed to end TB.** In particular**:**
	1. By2022, all countries spend at least 0.1% of annual gross domestic expenditure on research and development (GERD) on TB R&D to close the annual global R&D funding gap of $1.3 billion and fast-track the development and rapid uptake of new and more effective drugs and treatment regimens, diagnostics, vaccines, and other interventions and strategies for preventing, diagnosing and treating TB.
	2. By 2022, all countries develop national strategic plans for TB research or incorporate TB research into national health research plans.
	3. Countries reaffirm that R&D efforts should be needs driven, evidence-based, and guided by the principles of affordability, efficiency, equity, and collaboration. When in place, these principles ensure that the public can enjoy a strong return on public investments in research.
2. **Commit to ending TB suffering and deaths in children. In particular:**
	1. By 2019, all states have established an Inter-Ministry Task Force and developed a funded action plan to address child TB comprehensively across maternal, child and adolescent populations.
	2. By 2022, 90% of children with TB and MDR TB (respectively, 900,000 and 28,800 each year) are diagnosed, put on appropriate treatment and reported to National TB Programmes.
	3. By 2022, 90% of children with household exposure to an infectious TB case (2.4 million children <5 years of age, and HIV-infected children of any age) receive preventive therapy each year.
3. [OTHER ASKS IMPORTANT TO YOUR COUNTRY/CONSTITUENCY, IDEALLY TIED INTO THE KEY ASKS]

The impact of the first-ever UN High-Level Meeting on TB will only be as large as the ambitions of the countries participating therein; we are counting on you to seize this opportunity to affect change sorely overdue in the fight against TB.

We welcome further engagement as you and your colleagues begin preparations for the High-Level Meeting on TB. To further discuss any of the points raised in this letter, please direct correspondence to [CONTACT NAME, EMAIL, PHONE].

Respectfully submitted,

[INSERT LIST OF SIGNATORIES]