To: Name, Title

Name, Title

Cc: Name, Title

Name, Title

Date 2022

**Subject: Update to national tuberculosis guidelines required to support access to shorter regimens as a human right**

To whom it may concern,

We write this letter on behalf of the Global Tuberculosis Community Advisory Board (TB CAB), a group of research-literate activists from around the world that advise research and product sponsors and advocate for the expeditious translation of research to policies that benefit the heath and well-being of people at risk of and living with TB. We write to you in close collaboration with the civil society organizations listed below and in solidarity with communities affected by TB. Many of the representatives that make up the signatories to this letter have direct lived experience with TB and the outdated, longer, more toxic regimens that have historically been used to treat it.

After over two decades of investments in research and development, we can finally treat and cure TB infection in as little as one month and most forms of drug-sensitive and drug-resistant TB in four and six months, respectively. Yet few people anywhere in the world have access to these shorter regimens. According to international human rights law, governments have “a duty to make available and accessible to all persons, without discrimination, especially to the most vulnerable, all the best available applications of scientific progress necessary to enjoy the highest attainable standard of health.” The standard of care set by World Health Organization Guidelines should serve as the minimum framework of care guaranteed to people affected by TB everywhere in the world.

**Thus we appeal to you:**

1. **To make urgent updates to the national guidelines for the prevention, treatment, care and control of TB in the country, to fully align with the recommendations issued in the latest consolidated guidelines of the World Health Organization (WHO);1-6**
2. **To advocate for financial and other resources necessary to by the end of 2024 get in place the “staff, stuff, space, systems, and support” needed to implement the updated national guidelines; and**
3. **To include civil society and affected community voices in these efforts.**
4. **ALIGN NATIONAL AND GLOBAL GUIDELINES**

We respectfully request that before the end of the year, the national program streamline necessary discussions and issue updated national TB guidelines that align with the latest WHO recommendations. These updates should include the following short-course treatment regimens referred to by a global civil society led campaign as the “1/4/6” regimens:

* The **one-month** (28-day) **or once-weekly** (12 weeks) TB preventive treatment regimens, “1HP” and “3HP” – one month of daily rifapentine and isoniazid, and three months of once-weekly rifapentine and isoniazid.
* The **four-month** rifapentine- and moxifloxacin-containing regimen from Tuberculosis Trials Consortium Study 31 / AIDS Clinical Trials Group Study 5439 (HPMZ) and the four-month regimen from the SHINE trial for children with non-severe TB (HRZ[E]).
* The **six-month** bedaquiline- and pretomanid-based regimens for drug-resistant TB (BPaL[M]) from the TB-PRACTECAL and ZeNix studies.

The WHO recommendations endorsing these regimens are evidence-based and the result of an exhaustive review of the science and best practices.

1. **GET STAFF, STUFF, SPACE, SYSTEMS, SUPPORT NEEDED TO IMPLEMENT THE UPDATED GUIDELINES IN PLACE BY 2024**

To follow through on the commitments articulated by Ministers of Health in Moscow in 2017 and by Heads of State in New York during the United Nations High Level Meeting on TB in 2018 toward achieving the 2030 Sustainable Development Goals, the 1/4/6 regimens offer a new unified framework around which to rally the energy, political will, and funding necessary to correct the course of the global fight to end TB.

We understand that the implementation of national guidelines that are fully aligned with the WHO consolidated guidelines entails not only the effort of the Ministry of Health and the National TB Program, but also cooperation across sectors and the provision of sufficient funds from the government and other sources. For this reason, we ask your offices to make the necessary efforts with the competent authorities to ensure adequate resources to ensure the full healthcare infrastructure necessary for delivering patient-centered care—what the late Dr. Paul Farmer referred to as the “5 Ss”: staff, stuff, space, systems, and support.

* **Staff** being all care providers, including doctors, nurses, community health workers (e.g., public, private, informal, community-based, etc);
* **Stuff** being diagnostic tests and corresponding consumables, imaging technologies, medications, other equipment;
* **Space** being appropriate, dignified care facilities for patients within a clinic, hospital, or community care setting;
* **Systems** being policymaking and regulatory mechanisms, active case finding outreach programs, referral services; and
* **Support** being accompaniments for patients to get better, such as food, housing, counselling, and other psychosocial services. This approach requires a multi-sector and fully financed TB response.

It is only with this type of comprehensive and patient-centered approach that we stand a chance of addressing the ravages of stigma and social inequality that TB leaves families to deal with in its wake. We remind you that every dollar invested in tuberculosis programs gives a return of 40 dollars in investment in health. And the cost of inaction is inevitably higher – according to one analysis, the failure to adopt and scale up the full range of innovations available to us would result in 6.6 million additional TB deaths and economic loss of US $1 trillion by 2030. We stand ready as allies to support the health program to advocate for sufficient resources.

1. **PARTICIPATION OF CIVIL SOCIETY AND AFFECTED COMMUNITIES**

As representatives of TB-affected communities, we request an equal seat and consideration in the processes of preparing policies and frameworks that determine standards of care for people and communities affected by TB in the country.

Public health must be a sustained commitment of all, the most vulnerable communities have been the most affected by tuberculosis throughout history, so attending to their needs and controlling the disease impacts not only health but also the economy of the most disadvantaged.

We invite you to join us in rejecting the inertia and mediocrity that has too long plagued the response to TB globally and in the country. Meet the call to action issued by the 1/4/6x24 Campaign by taking urgent action to ensure that every eligible person with TB infection or TB disease will have access to evidence-based, short-course treatment regimens; this is their human right and your responsibility.

Respectfully submitted, the undersigned

Signatures in formation

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Landmark Clinical Trials

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Other references:

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