



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

30 May 2018

Excellency,

Further to my letter of 27 April 2018 and in accordance with paragraph 7 of General Assembly resolution 72/268 on the scope, modalities, format and organization of the high-level meeting on the fight against tuberculosis, I will convene an interactive civil society hearing on 4 June 2018 at the United Nations Headquarters in New York. The hearing will take place in Conference Room 1 from 10:00 a.m. to 6:00 p.m.

In this regard, I am pleased to enclose herewith the agenda of the hearing. I encourage representatives of Member States to participate in the hearing.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in black ink, appearing to read 'M. Lajčák', with a stylized flourish at the end.

Miroslav Lajčák

To all Permanent Representatives and
Permanent Observers to the United Nations
New York

Interactive Civil Society Hearing
as part of the preparatory process toward the General Assembly High-Level meeting on TB
4 June 2018
Conference Room 1
Provisional Programme

10:00 - 10:30	<p><u>Opening segment</u></p> <p>Welcoming remarks by H.E. Mr. Miroslav Lajčák, President of the General Assembly</p> <p>Opening remarks:</p> <ul style="list-style-type: none"> • Mr. António Guterres, Secretary-General, United Nations • Dr. Ren Minghui, Assistant Director-General for Communicable Diseases, World Health Organization • Dr. Lucica Ditiu, Executive Director, Stop TB Partnership • Dr. Eric Goosby, UN Special Envoy on TB • Ms. Ingrid Schoeman, TB Proof
10:30 - 11:45	<p><u>Panel 1: Reaching the unreached: closing gaps in TB diagnosis, treatment, care, and prevention</u></p> <p>This panel will focus on the reaching the millions of people who are falling ill with TB annually. In 2016, that figure was 10.4 million. Between 2018 and 2022, 40 million people will need quality care – including people with drug-sensitive, drug-resistant, and pediatric TB, TB-HIV coinfection and other comorbidities, other vulnerable and marginalized segments of the population, including miners, indigenous persons, prisoners, migrants, people who use drugs, and all those people needing preventive treatment. This panel will discuss how to pivot the global response in order to achieve the End TB targets, and ensure that everyone has access to quality TB prevention, diagnosis, treatment, and care.</p> <p><u>Guiding Questions:</u></p> <ul style="list-style-type: none"> • Recognizing that 40% of people with TB go undiagnosed or unreported every year, how do we transform to efforts so we can find, diagnosis and treat all people with TB, and address specific barriers through community-based, public and private sector care and prevention efforts? • Given SDG 3 which includes ending TB by 2030, and the overarching principle of Agenda 2030 of leaving no one behind, how should the international community best address the needs of society as a whole, including the vulnerable and marginalized segments of population, key populations and affected communities, taking into account age, gender and vulnerability perspectives? • How can we build accountability for measurable and fast progress on access to care? <p>Moderator: Joanne Carter, Executive Director, Results Storyteller: Dean Lewis, Touched by TB</p> <p>Stakeholder Panelists:</p>

	<ul style="list-style-type: none"> • Abdulai A. Sesay, National Executive Director, Civil Society Movement Against Tuberculosis in Sierra Leone • Donald Tobaiwa, Executive Director, Jointed Hands Welfare Organisation • Dr. Farhana Amanullah, Pediatrician, Indus Hospital • Hon. Angelina “Helen” Tan, Parliamentarian, Philippines <p>Interactive Q&A</p>
11:45 - 13:00	<p><u>Panel 2: Investing to end the world’s leading infectious killer</u></p> <p>TB cannot be eliminated with existing resources in TB care and R&D. Without significant investment in the fight against TB, the disease is estimated to cost the global economy nearly USD 1 trillion by 2030. This panel will focus on how to fill the annual funding gaps for TB care and prevention (USD 2.3 billion) and TB R&D (USD 2 billion), as well as build support for investment in dramatically underfunded health systems. Currently, 85% of resources for TB come from domestic funding, but more financing is needed both from domestic and international sources if we hope to end TB by 2030.</p> <p><u>Guiding questions:</u></p> <ul style="list-style-type: none"> • How do we achieve the financing necessary to fully fund the TB response? In particular, how do we ensure adequate resources for community advocacy and services in order to enable the scale up of TB programmes for prevention, diagnosis, treatment, and care for all people affected by TB, particularly key and vulnerable populations? • What are the key factors for change that will enable increased and reliable financing of community responses; including for adequate planning, costing and budgeting, and policy and regulatory frameworks? • What are good ways to drive greater accountability for domestic and international financing, including innovative approaches? <p>Moderator: RD Marte, APCASO Storyteller: Melquiades Huauya Ore, Strongheart Group</p> <p>Stakeholder Panelists:</p> <ul style="list-style-type: none"> • Hon. Nick Herbert, Co-Chair of Global TB Caucus • Marijke Wijnroks, Chief of Staff, The Global Fund to Fight AIDS, TB and Malaria • Ezio Tavora Dos Santos Filho, Coordinator, Rede TB • Carol Nawina Kachenga, Director, CITAMplus <p>Interactive Q&A</p>
15:00 - 16:15	<p><u>Panel 3: Innovation to end TB: new tools and approaches</u></p> <p>This panel will focus on the urgent need to invest in new tools, including drugs, diagnostics and vaccines, and their effective roll-out to ensure access for all people in need. Today, most people are still diagnosed using the same technology from 1882 - a microscope, the only vaccine is 97 years old, and the drugs available were found decades ago. Research and innovation are also needed to develop new approaches to tackling TB, and to face the public health threat of</p>

	<p>antimicrobial resistance (AMR). Multi-drug resistant TB is among the top concerns in the AMR response.</p> <p><u>Guiding questions:</u></p> <ul style="list-style-type: none"> • Given the urgent need for better TB diagnostics, drugs, vaccines, and technologies, how should civil society, other TB stakeholders, and Member States work together to ensure adequate resources and support for research and development and community-led initiatives, both globally and nationally, and accountability for research and development impact? • How are the weaknesses in TB diagnostics, drugs, vaccines and technologies affecting people today? Why do we need new tools? • How can civil society and, in particular, TB-affected communities, be meaningfully involved in research and development processes? • What is the best way to support existing and new research initiatives and ensure they deliver on their goals? <p>Moderator: Wim Vandeveld, Global Network of People Living with HIV Storyteller: Paula Rusu, TB survivor</p> <p>Stakeholder Panelists:</p> <ul style="list-style-type: none"> • Dr. Joanne Liu, International President, Médecins Sans Frontières • Prof. Madhukar Pai, Director, McGill Global Health Programs, McGill University • Adrian Thomas, Vice President Global Programs & Policy, Johnson & Johnson Global Public Health, Representative of the International Federation of Pharmaceutical Manufacturers & Associations • Dr. Erlina Burhan, Medical Doctor, Persahabatan Hospital <p>Interactive Q&A</p>
16:15 - 17:45	<p><u>Panel 4: Partnerships for success - the role of communities in an equitable, person-centred, rights-based response</u></p> <p>The TB response must begin with the affected people and communities, be rights-based, and enable a model of person-centred care and prevention. This panel will focus on efforts to empower communities through education and counseling, proper social protection, and people-centred models of service delivery such as integrated, decentralized, ambulatory care.</p> <p><u>Guiding questions:</u></p> <ul style="list-style-type: none"> • How should civil society and affected communities best support Member States to envision and implement inclusive, people-centered, gender sensitive, and evidence-based TB responses and equal access to justice? • Breaking the transmission cycle is essential to stopping any communicable disease – today this is happening in homes, communities and workplaces. As we accelerate efforts at preventing TB how do we ensure adequate balance between people’s rights to know if they have TB and their right to privacy?

	<ul style="list-style-type: none"> • How can accountability be advanced so that Member States and all stakeholders are advancing dialogue and partnerships in planning, implementing, monitoring and reviewing actions undertaken? <p>Moderator: Allan Maleche, Kenya Legal & Ethical Issues Network on HIV and AIDS Storyteller: Blessina Kumar, Chair, Global Coalition of Tuberculosis Activists</p> <p>Stakeholder Panelists:</p> <ul style="list-style-type: none"> • Dr. Seiya Kato, Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association • Timur Abdullaev, TBPeople • Maxime Lunga, Club des Amis Damien • Deliana Garcia, Migrants Clinicians Network • Connie Siedule, Akausivik Inuit Family Health Team (tbc) <p>Interactive Q&A</p>
17:45 - 18:00	<p><u>Closing segment</u></p> <p>Speakers:</p> <ul style="list-style-type: none"> • H.E. Mr. Miroslav Lajčák, President of the General Assembly • H.E. Mr. Koro Bessho, Permanent Representative of Japan to the United Nations • H.E. Dr. Aubrey Webson, Permanent Representative of Antigua and Barbuda to the United Nations