

Letter Inviting Potential MSCC Members to a Consultative Meeting

Name of Head of Agency
Title
Name of Government Agency
Address of Government Agency

Date: _____

Dear _____,

The Provincial/City Health Office of _____ would like to invite you to a consultative meeting on the formation of a Multisectoral Coordinating Committee (MSCC) to help eliminate TB not only in our province but throughout the country. As member of the **Comprehensive Unified Policy for TB Control in the Philippines**, we have identified the Department of Education to be a valuable partner of the province/city in our TB elimination efforts.

Your office/department would be of great assistance to the health department of (name of province/city) in the following aspects:

- Incorporate TB topics into the curriculum of elementary and secondary levels of public and private schools
- Conduct mass screening among children aged 14 years old and below for all public schools
- Coordinate similar activities in private schools
- Establish referral system between schools and TB service providers in the service delivery network either public or private
- Engage the clinic teachers and school nurses as treatment partners for school children diagnosed with TB.
- Implement TB in the Workplace in your offices and in schools
- Assist PHO/CHO conduct TB information drive among teachers and non-teaching staff in schools
- Monitor TB Program implementation in DepEd

The meeting agenda is as follows:

- Local TB situation
- Presentation of PhilSTEP objectives, strategies and performance indicators
- Challenges/Issues the city is facing
- Recommendation of the city on how to address these challenges
- How the stakeholders or members of the MSCC can contribute to help solve these problems

- Resources available from PHO/CHO
- Resources needed from the partners
- Expression of commitment from various sectors/members of the MSCC
- Schedule of MOU signing
- Schedule of strategic planning

The consultative meeting will be held at _____ on _____. For queries and confirmation of attendance, please contact _____, our NTP nurse coordinator, at telephone numbers: _____ or email at _____

Thank you. We look forward to a stronger partnership with you in the elimination of tuberculosis.

Very truly yours,

Name of Provincial/City Health Officer