

Global Alliance for TB Drug Development Stakeholders Association Community Representative

Call for Applications
Deadline: August 3, 2016

The Global Alliance for TB Drug Development (TB Alliance) is a not-for-profit product development partnership (PDP) dedicated to the discovery and development of better, faster-acting, and affordable drugs for tuberculosis that are effective against drug susceptible and drug resistant strains, compatible with antiretroviral therapies for HIV, and improve treatment of latent infection. As a PDP, TB Alliance is uniquely positioned to leverage a global network of public, private, academic, and philanthropic partners to most efficiently advance TB drug development. Working with these partner organizations worldwide, the TB Alliance is leading the advancement of the largest portfolio of TB drug candidates in history. The TB Alliance is committed to ensuring that approved new regimens are affordable, adopted and available to those who need them.

What is the TB Alliance Stakeholders Association?

The TB Alliance Stakeholders Association includes a range of institutions worldwide that share a clear interest and a significant stake in ensuring the development of a faster, better cure for TB. The Stakeholders Association includes representatives from developing nations, governmental agencies, NGOs, professional organizations, donors, research institutions, academia, foundations, pharmaceutical and biotechnology industries, advocates, and affected communities. Stakeholders advise, guide and support the TB Alliance; assist in the dissemination and sharing of relevant information; and participate in the TB Alliance's fundraising, outreach and advocacy efforts. They also provide input to TB Alliance's Board of Directors on various matters, through the President of the SHA. The Stakeholders Association meets annually in person to review the TB Alliance's progress and to provide feedback and guidance as well as communicates through written means and teleconference at least 2-3 times throughout the year.

What does being the Community Representative of the Stakeholders Association entail?

The Stakeholders Association Membership includes one individual, serving as a community representative. The Community Representative serves for a term of three years, and may not designate an alternate representative. The Community Representative is a voice for TB patients and participants in TB research and represents the issues and viewpoints of communities directly affected by TB and TB research. Representation is in his or her individual capacity, rather than representing an institution, but an expectation exists that prior to meetings feedback is gathered from communities involved in TB drug research. The Community Representative provides feedback on all aspects of TB drug research and development and will ideally be actively working with a Community Advisory Board and be able to advise the Association and the Alliance on matters relating to community participation in TB drug research. The Community Representative attends the Annual Meeting, where he or she will provide an "update from the field", the annual Community Engagement (CE) forum, where he or she will provide an "update from stakeholders", and will also participate in various other Stakeholders Association initiatives throughout the year.

The Community Representative does not receive monetary compensation. Travel support is provided and expenses are covered for the Community Representative to attend the Annual Meeting of the Stakeholders Association and the CE forum. In mutual agreement, an activity plan may be developed

for the community representative to participate in other meetings, or participate in written or recorded communication to advocate for increased funding or better regulation of TB research, as well as community involvement in TB research.

What is the process for selecting the Community Representative?

1. Written application – Candidates that wish to be considered for the Community Representative are invited to submit applications by no later than **Wednesday August 3, 2016**. The requirements of the application are explained in the application form.
2. Phone interview – All applications will be reviewed by a team including TB Alliance CE staff, a representative from Treatment Action Group (TAG), and the former SHA Community Representative. A short-list of candidates will be selected for phone interview, and will be contacted to arrange a time to talk.
3. Final decision – The selection committee, in collaboration with the Nominating Committee of the Association, will put forward up to three final candidates. Confirmation of the appointment will be determined by vote of the membership of the Stakeholders Association. The confirmed Community Representative will be notified no later than September 10, 2016 and the term of service will begin immediately.
4. The first meeting the Community Representative will be expected to attend is the 2016 Annual Stakeholders Meeting organized during the 2016 Union Conference in Liverpool, UK. A short training in public speaking for advocates is foreseen.

Selection Criteria:

Essential requirements:

- First-hand knowledge of the needs of people with TB or TB/HIV. Ability to passionately speak out on the need for more attention for TB treatment and the need for new and better treatment.
- Active involvement in Community Engagement for a TB drug clinical trial through participation in either local or global activities
- Active participation in organizations or networks working on TB or TB/HIV advocacy, treatment, education, treatment support, treatment or research literacy or community engagement for a clinical trial
- Ability to travel internationally to attend the Annual Meeting of the Stakeholders Association and the Community Engagement Forum.
- Ability to communicate in spoken and written English

Desirable requirements:

- Personal experience with TB and/or HIV
- Understanding of issues related to or prior involvement in clinical research (trials)

How to apply:

Candidates for Community Representative must submit a written application in English that contains the following:

- Completed application form
- Signed letter of recommendation from an individual or institution who can speak to the candidate's ability to serve as a Community Representative

Applications must be submitted by Wednesday August 3, 2016 via email to SHA@tballiance.org. Only completed applications will be considered. For questions about the application or the Community Representative selection process, please write to SHA@tballiance.org.

APPLICATION FORM
Community Representative of the TB Alliance Stakeholders Association

Applications are due by August 3, 2016

Please complete the following form and provide the requested documents.

Section 1. Basic Information

Salutation (Mr./Ms./Dr.)	
First (Given) Name	
Last (Family) Name	
Country of Citizenship	
Country and City of Residence	
Name of Organization (<i>If affiliated with an Organization</i>)	
Position held at this Organization	
Email Address	
Mailing Address	
Are you fluent in spoken and written English?	
Other languages spoken	

Disease areas and populations represented in your work	
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Types of Organizations and/or levels at which you have experience advocating in the field of health or health research (check all that apply):	
TB Organization	
HIV/AIDS Organization	
Community Group	
Community Health Clinic/Hospital	
Health Department	
Non-Governmental Organization (NGO)	
Religious Organization	
Research Institution	
Government	
Other (please specify)	

Section 2. Basic Knowledge Quiz

It is important that the Community Reprehensive have a basic understanding of TB and TB drug research and development to participate actively and appropriately in the Association. Please complete this quiz by marking an 'X' in the front of the correct answer from the choices provided.

- 1) What is the name of the bacteria that causes TB?
 - a. Mycobacterium Tuberculosis
 - b. Streptococcus
 - c. Neisseria Meningitis
 - d. Agrobacterium
- 2) Approximately how much of the world's population is infected with TB?
 - a. 5%
 - b. 20%
 - c. 30%
 - d. 50%
- 3) TB is most commonly a _____ disease
 - a. Airborne
 - b. Waterborne
 - c. Sexually transmitted
 - d. All of the above
- 4) What is the difference between TB infection and TB disease?
 - a. TB infection is contagious; TB disease is not contagious
 - b. TB disease is contagious; TB infection is not contagious
- 5) What is Multidrug-Resistant Tuberculosis?
 - a. A strain of tuberculosis that is resistant to at least two of the most powerful anti-TB drugs (Rifampin and Isoniazid)
 - b. A strain of tuberculosis that may develop resistance when TB is mistreated with only one anti-TB drug
 - c. Both a and b
 - d. A strain of tuberculosis that is resistant to a TB drug called "Multidrug"
- 6) TB is curable.
 - a. True
 - b. False
- 7) TB is a disease that only occurs in the lungs
 - a. True
 - b. False

- 8) If you have been successfully treated for TB disease, you will have lifetime immunity to it
- True
 - False
- 9) People living with HIV are at greater risk than HIV uninfected people for developing TB disease.
- True
 - False
- 10) The duration of treatment for MDR-TB is usually:
- 2 – 3 months
 - 9 – 24 months
 - 12 – 13 months
- 11) Which of the following is one of the most recent new drugs approved for TB treatment (select all that apply)
- pyrazinamide
 - bedaquiline
 - clindamycin
 - delamanid
- 12) Which of the following is **not accurate** about current TB drug development?
- With the large number of new drug candidates in human trials we can be assured that a new drug will become available in the next year.
 - Currently there are not enough research sites with the capacity to conduct drug trials needed.
 - The funding for research for new drugs is significantly lower than what is needed.
 - The different new drugs being developed will need to be studied together with other TB drugs to finally develop a new multi-drug treatment combination for TB.
- 13) What is **False** about the purpose of Informed Consent, Institutional Review Boards, Data Safety Monitoring Committees in the research process?
- They create barriers for research participants to get involved in research.
 - They protect the research participants from unethical research practices.
 - They help ensuring that the research is not harming the research participants.
 - All of the above.

Section 3. Narrative Responses

Please answer all of the following questions in narrative format (maximum 2 pages).

- 1. What is your interest in serving as the Community Representative to the TB Alliance Stakeholders Association and what do you hope to contribute to the group?**

- 2. Please explain how your experience makes you suitable to represent people living with TB or TB/HIV.**

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- 3. Provide a description of your current work related to TB or TB/HIV, and/or any relevant experience you have with providing input or representing a community in a clinical trial.**

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- 4. What issues would you like to advocate for in the field of TB and TB research? What topics would be important for you to see discussed at a stakeholder meeting?**

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5. Describe your participation in national, regional or global TB or TB/HIV community networks (please specify).

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6. List any global or regional conferences or trainings on TB or TB/HIV that you have attended in the past 1-2 years.
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Section 4. Additional Documents

In your application, please enclose:

- A signed letter of recommendation from an individual or institution who can speak to your ability to serve as a Community Representative to the TB Alliance Stakeholders Association.

Please submit applications by August 3, 2016 via email to: SHA@tballiance.org