**2021 - 2024 TB CAB Membership Application**

The Global Tuberculosis Advisory Board (TB CAB) is calling for applications from diverse individuals based in **Russia, Brazil, the Philippines, or Indonesia** to join its group of strong, research-literate community activists from TB-affected communities and networks in Africa, Asia, Eastern and Western Europe, and North and South America. The TB CAB is looking to establish representation that is diverse in geography, gender, experience and expertise. If you are interested in engaging with TB scientists, research institutions, and product sponsors, and in promoting access to the benefits of TB research, please consider applying to become a member of the TB CAB. Individuals from the global South, from high-burden countries and from all communities affected by TB, especially those often neglected in the context of TB, are especially encouraged to apply. This includes anyone irrespective of HIV status, religion, gender, sexual orientation or lifestyle.

**Deadline to apply is FEBRUARY 19. The application consists of three parts: (1) applicant questionnaire (see below); (2) letter of motivation; and (3) letter of peer support. Please submit your completed application via email to Patrick Agbassi:** **ayjpatrick@gmail.com** **& Lindsay McKenna:** **Lindsay.McKenna@treatmentactiongroup.org****.**

**What is the TB CAB?**

Founded in 2011, the TB CAB is dedicated to increasing community involvement in TB research and to mobilizing political will regarding key TB product development and access issues. The TB CAB acts in an advisory capacity to product developers and institutions conducting clinical trials of new TB drugs, regimens, diagnostics and vaccines; and provide input on study design, early access, regulatory approval, post marketing, and implementation strategies.

Applicants do not have to be experts in TB science, but need to bring strong interest in gaining scientific knowledge to become community experts in research and development (R&D) for TB diagnostics, vaccines, and therapeutics; study and trial design review; or regulatory and other processes and factors that affect access to TB innovations.

Members are not compensated for their participation; however, TAG covers all TB CAB-related travel and teleconferencing expenses so that participation is cost-neutral. TB CAB members serve as individuals, not in their capacity as members of, or representatives to, any organization or other affiliation.

**Membership Requirements for 2021 – 2024 Term**

* Interest in TB science and gaining research literacy;
* Basic knowledge of TB;
* Connection to community and/or civil society networks and ability to disseminate; information and bring about local, national, regional, and/or global action on issues;
* Confident to communicate in English (TB CAB working language);
* Capacity to actively participate in monthly teleconferences and regular communications via the TB CAB listserv (approx. 5hr/month);
* Availability to participate in annual in-person meetings (costs covered by TAG);
* Access to internet.

**How to apply**

1. Answer application questionnaire (2 pages multiple choice/short answer);
2. Write 1-page letter of motivation to explain why you want to join the TB CAB;
3. Submit peer support letter from community and/or civil society organization or network.

All information you provide in completing this application will be handled confidentially. Please complete the below questions honestly and to the best of your ability.

**1. Application Questionnaire**

|  |  |
| --- | --- |
| Last (family) Name | First Name |
| Country | Region/City |
| Preferred Phone (Mobile/Home/Office) | Email Address |
| Gender (optional) | Profession/Occupation/Current Job |
| Organizational affiliation(s) | Primary language(s) |

**Are you a TB survivor (optional)? If yes, briefly describe your experience.** *(Note: People directly affected by TB are encouraged to apply. We will not share this information without your consent; however, please be aware that this is not a secure form)*

* Yes
* No

**Please describe the kind of work you do at your home organization (3-4 sentences):**

**Please list any local, national, and/ or international networks or organizations you are involved in; and any CAB you are/have been part of:**

**How would you consider your general knowledge of TB?**

* Basic
* Good
* Very good
* Professional level

**Please indicate if you already have knowledge of any of the following:**

* Research and development of TB treatment and/or diagnostic and/or preventive technologies;
* Study protocol review or trial design issues;
* Global and/or regional and/or national issues affecting access to TB diagnosis, treatment, and/or preventive therapy;
* Implementation and other strategies for expediting uptake of new medicines and/or diagnostic and/or preventive technologies;
* Compassionate use (pre-approval access);
* Regulatory approval processes;
* Global and/or national guideline development processes;
* Government advocacy;
* Other:

**Please indicate which of the following you are most interested in learning about:**

* Research and development of TB treatment and/or diagnostic and/or preventive technologies;
* Study protocol review or trial design issues;
* Global and/or regional and/or national issues affecting access to TB diagnosis, treatment, and/or preventive therapy;
* Implementation and other strategies for expediting uptake of new medicines and/or diagnostic and/or preventive technologies;
* Compassionate use (pre-approval access);
* Regulatory approval processes;
* Global and/or national guideline development processes;
* Government advocacy;
* Other:

**How did you hear about the Global TB CAB?**

* TBOnline.info
* Posting on listserv
* Friend or colleague
* Current member of TB CAB
* TAG
* Other: \_\_\_\_\_\_\_\_\_

I understand that this application will be viewed by the TB CAB chair(s) and a selection committee.

* Yes

I understand and agree that, if accepted as a member, some information from this application form may be shared with other members of the TB CAB.

* Yes

By initialing below, I confirm that all information provided in this application is truthful and accurate.

\_\_\_\_\_\_

**2. Letter of Motivation**

Instructions: *The letter of motivation helps the selection committee understand who you are and what is motivating you to apply to join the TB CAB. In* ***1 to max. 2 pages****, please explain why you are interested in joining the TB CAB; and if you have sufficient time to commit to TB CAB activities.*

*You may want to consider including some of the following, or similar, content:*

* *What knowledge or interests will you bring to the work of the TB CAB?*
* *Describe any specific knowledge you have of TB research & development and/or access issues, including those that affect special or vulnerable populations (e.g., people with HIV, women, children, IV-drug users, etc.).*
* *Have you ever been involved in HIV, TB or HCV activism? If YES, please state when and why you became involved.)*
* *Are you involved now in HIV and/or TB and/or HCV activism? (If YES, please explain how you are involved (i.e. volunteer work, capacity building/ training, specific tasks, campaigns or initiatives / If NO, please explain why you want to become involved.)*
* *Do you have experience with activism in other disease areas? (If YES, please name disease area(s) and describe your involvement.)*
* *How do you plan to use your participation in the TB CAB in your professional and/or volunteer work?*
* *What do you plan to do with the information you learn?*

**3. Peer Letter of Support**

Instructions: *The peer letter of support helps the selection committee understand who you are, who you consider to be your peers, and how you work with them and other members of your network(s). In* ***1 to max. 2 pages****, please ask a peer from a community and/or civil society organization or network to explain how you know each other/ work together, why they support your application to join the TB CAB, and what they think you will bring to the TB CAB should be selected to become a member.*