Call for Evidence

**Inquiry into TB Research and Development**

**Background**

Tuberculosis (TB) is the world’s biggest infectious disease killer, causing over 10 million new cases and 1.5 million deaths every year. While the disease is curable, the preventive, diagnostic and treatment tools currently available are not fit for purpose, particularly in low-resource settings and in the context of drug-resistance. As the World Health Organization’s End TB Strategy clearly shows, the Sustainable Development Goal to end TB by 2030 will not be met unless new tools are introduced by 2025. As it stands, the world is over 100 years off-track on delivering this target.

The ongoing COVID-19 pandemic has drawn global attention to the need to invest in both global health research and health systems strengthening. Prior to the outbreak, the UK Government had already committed to increasing investments in research and innovation to 2.4% of GDP by 2027. Major UK investments in global health research are set to expire in the coming years, as the UK’s future engagement with EU mechanisms will change substantially. This year will also see the publication of the new WHO TB Research and Innovation Strategy, released at the half-way mark of the implementation of the political declaration of the 2018 UN High-Level Meeting.

Five years after publishing its first inquiry into Global Health Research and Development, the APPG on Global TB will gather evidence on ongoing research gaps and opportunities, as well as newly gathered insights to consider what steps are now needed to drive rapid, coherent and accessible innovation to end TB and what lessons might be learnt for the UK’s broader role in global health research moving forward.

**Scope of the Inquiry**

The APPG welcomes written submissions into all aspects of TB research and development, nationally and globally, and is particularly interested in the following:

* Funding

Including current funding trends, funding gaps, appropriateness of funding distribution and type, and innovative financing models and their strengths and weaknesses.

* Coordination

Including areas of neglect or duplication, mechanisms of coordination and their appropriateness, the implementation of national, regional and global strategies and suggested models for coordination.

* Market shaping and access

Including current market assessments, barriers to accessing quality-assured medical products, regulatory frameworks, experiences in the roll-out of new tools and the role of multilateral organisations like UNITAID, the Global Fund, Gavi and GDF.

* Accountability

Including fair share funding models, global monitoring and effective accountability mechanisms for global health research and development.

Please note that these suggestions are for guidance only. They do not have to be answered in their entirety nor restrict submission content. The APPG would welcome submissions on related topics that you feel would benefit the inquiry.

**Call for Evidence**

The deadline for written submissions is 9 AM on Friday 15th of May. Please follow the below guidelines for submitting evidence:

* Clearly state who the submission is from (i.e. whether from yourself in a personal capacity or sent one behalf of an organisation);
* Include numbered paragraphs;
* Include a summary of key recommendations at the start of the submission;
* Include no more than 3,000 words;
* Attach the submission to an email as a single document, in Word format.

The APPG values diversity and encourages civil society and TB affected communities to submit evidence. Following the review of written evidence, you may be asked to provide further evidence for clarification, in written or verbal form.

Written evidence may be referenced in the final report and published on the APPG’s website. If you wish your evidence to be anonymous, please make this clear at the time of submission.

Submissions should be emailed to the APPG’s secretariat at info@appg-tb.org.uk. If you have any queries about the report or require further information, please contact the Secretariat at the above address.