TDR For research on diseases of poverty

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TDR/JCB48/25.3

REPORT OF THE FORTY-EIGHTH SESSION OF THE

JOINT COORDINATING BOARD

WHO headquarters
Geneva, Switzerland
18–19 June 2025

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Report of the forty-eighth session of the TDR Joint Coordinating Board, 18–19 June 2025

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Acronyms and Abbreviations

ADP	Access and Delivery Partnership
DEC	disease endemic country
DF	designated funds
DND*i*	Drugs for Neglected Diseases *initiative*
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
JCB	TDR Joint Coordinating Board
KPI	key performance indicator
MDGH	Medicines Development for Global Health
PDP	product development partnership
SPC	TDR Special Programme Coordinator
STAC	TDR Scientific and Technical Advisory Committee
SWG	Scientific Working Group
TB	tuberculosis
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
the Alliance	the Alliance for Health Policy and Systems Research
UD	undesignated funds
WARN/CARN-TB	West and Central African Regional Networks for Tuberculosis control
WHO	World Health Organization

I. Introduction

The forty-eighth session of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at the World Health Organization's (WHO) headquarters in Geneva on 18–19 June 2025. The session was chaired by Dr Sunil De Alwis of Sri Lanka and, following his election on the second day, Dr Dirk Mueller of the United Kingdom. Representatives of several governments and organizations also attended the session as observers, as well as colleagues from WHO and TDR (see Annex 2).

The deliberations of JCB48 focused on TDR's achievements since JCB47 and plans from 2025 onwards. Important decisions taken included approval of the 2024 reports, including the Results report, the Risk management and the Financial management reports, as well as the Programme budget and workplan 2026–2027. All presentations are available on the JCB web page.

II. Summary of proceedings

Item 1. Welcome and opening remarks

Key messages

In his opening remarks, **Dr Sunil De Alwis**, Chair of the Board, welcomed JCB members and observers. He mentioned the briefing session on Tuesday, which was open to all JCB members and observers.

Dr Sylvie Briand, recently appointed WHO Chief Scientist and TDR Special Programme Coordinator, welcomed the delegates on behalf of the WHO Director-General. Dr Briand felt that it was symbolic that the JCB was being held during the first week in her new role and looked forward to close collaboration during her term. Dr Briand went on to say:

- With the Science Division occupying a prominent place within WHO, enhanced opportunities have been created to embed research and evidence in all areas of the Organization's work. Joint initiatives with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Alliance for Health Policy and Systems Research (the Alliance) can be strengthened and expanded.
- The meeting was convened to assess the progress made and to finalize the Workplan and budget for the 2026–2027 biennium. Insights and recommendations were invited to guide TDR in ensuring effective continuation of its implementation.
- Dr Jeremy Farrar's transition to a new Division was recognized as a timely occasion to acknowledge leadership and shared commitment.

Dr Jeremy Farrar, former Chief Scientist, mentioned the extensive discussions held with the new Chief Scientist regarding the recent structural changes within WHO, particularly concerning the evolving roles of each of the Divisions. A shared commitment was expressed to ensure seamless collaboration across these new configurations, especially between the Science Division and the Health Promotion and Disease Prevention and Control Division, despite the complexities introduced by the breadth of topics now encompassed in his portfolio, ranging from climate and NCDs to infectious diseases and social determinants of health. Dr Farrar also mentioned:

- The importance of cross-divisional synergy was emphasized by the WHO Executive Group, where only six members currently serve. Confidence was expressed that existing barriers to collaboration would be addressed, enabling TDR's work to remain fully integrated across WHO.

- A tribute was extended to Director TDR for his transformative leadership. He was credited with navigating TDR through a challenging period and positioning it for strength, with appreciation expressed for his long-standing commitment. The TDR team was commended for its sustained excellence.
- Its strategic balance of leadership and restraint was acknowledged as a key factor in recent successes. Optimism was conveyed for the Programme's future under Dr Briand's leadership.

Chair JCB extended a special welcome to Norway as a new Observer on the Board. Norway has been a long-standing supporter of the Special Programme and was previously a member of the JCB for many years. He went on to mention that five applications under paragraph 2.2.1 had been received for the seven vacancies from 1 January 2026, and that four applications had been received for the four vacancies under paragraph 2.2.3. The selections were due to take place during the second day.

All participants were encouraged to speak and actively participate. Chair JCB reminded delegates that recommendations and other documentation from previous meetings were available on the website.

Item 2. Statutory business

1. Appointment of the Rapporteur

The Chair informed the Board that Dr Vivian Kourí Cardellá (Cuba) had kindly agreed to act as Rapporteur of JCB48.

2. Adoption of the Agenda

The draft agenda of JCB48 was circulated to JCB members and observers in February, and the draft annotated agenda was made available on the JCB web page one month prior to the commencement of the session. No comments were received.

3. Declarations of interests

Declaration of interest forms were accepted as submitted by all members.

JCB48

- Appointed Dr Vivian Kourí Cardellá (representative of Cuba) as Rapporteur of JCB48.
- Adopted the agenda of JCB48.
- Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.

Item 3. Progress since JCB47

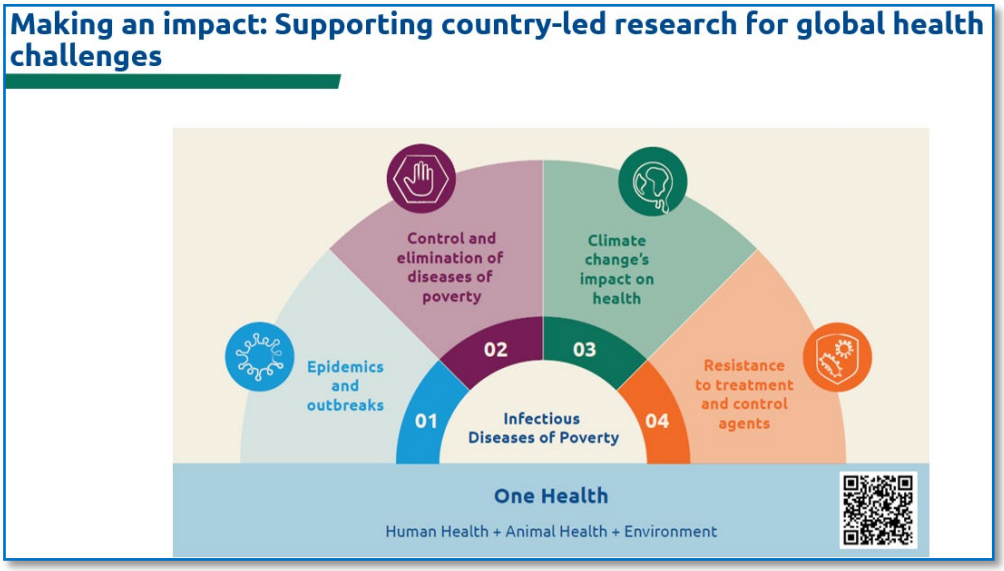
1. Director's report

Dr John Reeder, Director TDR, presented an overview of the Programme's achievements during the past year, plans for 2025–2027 and relevant updates on specific items such as personnel changes.

Key messages

Appreciation was extended to those attending for their time and commitment to TDR. The importance of the JCB as part of the governance cycle was highlighted, and the opportunity to present our work to ensure alignment with stakeholder expectations was emphasized.

A snapshot of technical progress and successes during 2024, the first year of the current Strategy, was presented. Alignment with the four major global health challenges was prioritized to ensure maximum impact.



Research for implementation

Elements of research support include better delivery of interventions, ensuring access and innovation and decision-making. Benefits from IR training are being realized through effective implementation of innovations such as the malaria vaccine Paediatric praziquantel and Moxidectin.

TDR's engagement is being expanded to address the health impacts of climate variability, though direct climate change mitigation remains outside its mandate. As disease patterns shift, the capacity to monitor and respond has become increasingly critical. Four projects are currently being conducted across Africa to explore various dimensions of climate-sensitive diseases.

Training and project implementation have been complemented by efforts to ensure policy relevance and measurable impact. Approximately 75 projects on antimicrobial resistance were undertaken, and a follow-up assessment conducted over the past year revealed that nearly 80% contributed to changes in national practices. These outcomes underscore the effectiveness of empowering local researchers in translating evidence into action.

As health systems weaken, tuberculosis (TB) – a disease closely tied to poverty – has been resurgent. Growing attention is being given to post-treatment challenges such as lasting disabilities and social disadvantage. TDR has expanded collaboration with partners to explore strategies for supporting affected individuals and addressing these often-overlooked outcomes.

Operational and implementation research have been strengthened through tools such as the ShORRT package targeting drug-resistant TB.

2025–2026 priorities:

The Strategy puts greater emphasis on democratizing research. Capacity is now being strengthened across the entire health system, from leadership to grassroots innovators. Tailored programmes are being developed to support both researchers and implementers in using research as a practical tool.

Research training for capacity strengthening

The Clinical Research Leadership programme – previously the Clinical Research and Development programme – was restructured upon recognition that the majority of trainees advanced to national leadership roles.

Realizing the importance of strong mentorship, an initiative has been launched to strengthen institutional support, addressing the variable quality of mentorship often observed between senior and junior researchers.

The Master of Public Health in Implementation Research continues to be delivered successfully through regional centres. While 41 students were directly supported this year, additional participants have enrolled independently, and the curricula have been integrated into broader health education.

The MOOC on implementation research remains a valuable tool for scale, with nine sessions offered in five languages and several thousand participants reached to date.

Collaboration with Cheikh Anta Diop University in Dakar, Senegal, to strengthen our One Health approach in response to sub-regional priorities, has led to a strong programme supported by project funding from IDRC. Strategic planning and fundraising were facilitated by a delegation led by former JCB Chair Dr Vic Arendt, representative of Luxembourg.

2025–2026 priorities:

Training centres are being strengthened to ensure flexibility and relevance of their training. Although alignment with the four health topics presents challenges, efforts continue to prioritize projects within these areas to foster a cohesive body of knowledge and capacity.

Flexible training has been emphasized to equip individuals with core implementation research skills, enabling adaptability in emergency contexts. Rather than specializing in a particular area, participants are being prepared with the versatility to apply their expertise across evolving public health needs.

Global engagement

This is a cross-cutting initiative to strengthen equity by improving uptake and addressing gender and social determinants. Efforts are being aligned with regional offices to maximize coherence with TDR's priorities.

Small grants of US$ 10 000–US$ 20 000 are being provided, often regarded as essential by regional researchers. Projects dispersed across varied topics may yield limited impact; however, when aligned under a shared theme, they can generate a consolidated evidence base with the potential to inform and influence policy.

The Social Innovation in Health Initiative has been catalysed through TDR support, resulting in a sustainable and independent network now led by the SIHI hub in the Philippines.

A new MOOC module has been introduced to complement SORT IT training, focusing on effective communication of research findings, an essential skill for influencing decisions.

The updated *Women in Science* compendium has been released, featuring prominent scientists such as Dr Soumya Swaminathan and Professor Yasmine Belkaid.

The *Global Health Matters* podcast continues to elevate underrepresented voices, featuring discussions on topics including colonialism and imperialism in science.

2025–2026 priorities:

Ensuring alignment of cross-cutting issues with the four global health challenges.

A **brief overview of the finances** included:

Director TDR expressed pride in the progress achieved in gender equity, with funding awarded to women increasing from 20% at the start of his tenure to a consistent 50%.

The 2024–2025 biennium commenced with a budget of US$ 40 million, which is on track for full delivery. The 2026–2027 biennium is expected to begin at the same level. Potential income shortfalls have been identified and will be actively addressed.

The 50th anniversary events held last year elevated TDR's visibility. Notably, institutions such as the Armauer Hansen Research Institute in Ethiopia and Fiocruz in Brazil independently organized celebrations, highlighting enduring partnerships.

Personnel changes

Organizational stability has been reflected in TDR's low staff turnover. Director TDR will retire from WHO on 30 June 2025. Recruitment of a new Director began in early 2024. Following interviews in November, three candidates were shortlisted by the Standing Committee, and final selection now rests with the WHO Director-General. The matter is being monitored closely. Interim arrangements have been proposed.

WHO reorganization

The current organigram was presented, reflecting TDR's alignment with the Science Division and the Chief Scientist. Consensus among the Standing Committee indicated that this positioning has been highly successful and is expected to yield even greater benefits.

With structural streamlining and fewer Assistant Directors-General, the transversal influence of the Science Division is anticipated to be further strengthened.

Summary

Despite global uncertainty and procedural delays, TDR has continued delivering on targets. Although implementation rates are slightly lower due to approval lags, progress has often exceeded expectations, prompting target revisions. The US$ 40 million budget for 2024–2025 remains on track, bolstered by additional contributions.

Funding efforts have intensified, with working groups established to develop concept notes and identify potential donors for large-scale, project-based grants.

Given ongoing global instability, a cautious spending approach has been adopted to allow for reprogramming if needed. Nevertheless, the 2026–2027 outlook remains positive.

Progress is driven by a lean Geneva-based team and strong partnerships. With 80% of funds allocated to operations, the model remains both efficient and impactful thanks to highly dedicated staff.

Discussion points on the Director's report

- The Board acknowledged the key achievements of the Programme, notably expanded country engagement and increased visibility of democratization efforts.
- The Board stressed the urgent need for a timely appointment of the new Director to ensure continuity. With the Director's retirement scheduled for 30 June 2025 and a successor unlikely to be in place by 1 July, the Standing Committee proposed, and the Board endorsed, seeking the Director-General's approval for TDR's Partnerships and Global Engagement Manager, Dr Garry Aslanyan, to serve as interim Director.

- The Director's dual leadership of TDR and RFH was deemed unsustainable for future appointees. The current organigram, considered a misrepresentation of TDR's role, was acknowledged by the Chief Scientist as under revision. The Board's concerns will be raised with the Director-General. Clarification was sought regarding TDR's placement and the positioning of HRP and the Alliance. It was confirmed that TDR and the Alliance are within the Science Division, while HRP remains in another Division alongside Maternal and Child Health. Improvements in the way the Science Division collaborates with other Divisions are anticipated under the new structure.
- TDR's inclusion in WHO oversight of procurement, travel, and HR implementation was questioned by the Board, as such scrutiny was viewed as inconsistent with its independent budgetary status. The resulting impact on implementation and the Director's appointment was noted. The JCB expressed that financial autonomy is critical for TDR's role and operation and must be maintained, especially in the current context of reform at WHO as the executing agency. Joint discussions with HRP are ongoing to present a case and assess viable solutions. It was also confirmed that TDR staff are excluded from WHO's remapping exercise.
- The Board inquired about the recent approval of moxidectin in Ghana and its availability elsewhere. The approval was highlighted as a historic milestone, marking the culmination of two decades of TDR's work and more recently in partnership with Medicines Development for Global Health (MDGH). TDR continues to support implementation research, while MDGH advances efforts to promote the drug's use in other countries.
- The Board appreciated the recognition of TDR's collaboration with DND*i* and suggested that cross-referencing of similar partnerships, such as with MDGH, could help demonstrate the broader value of such partnerships to donors.
- The Board requested clarification on TDR's role and its collaboration with partners in achieving results, as well as how this model may evolve. Rather than acting as the principal investigator, TDR enables countries to lead research efforts, convening partners and grantees around shared priorities. The ShORRT initiative was cited as a strong example – leveraging established networks to catalyse action and promote uptake. This partnership-based model has enabled increased impact without organizational expansion.
- The Board underscored the importance of enhancing synergies between TDR and other initiatives and inquired about measures being taken to prevent duplication. The evolving landscape, marked by increased country-level decision-making, is being closely monitored. TDR remains committed to identifying its niche and aligning efforts with partners.
- The potential of precision medicine to accelerate disease burden reduction and elimination was highlighted. TDR's role in enabling country-level implementation research was emphasized, particularly where new public health products are introduced. Context-specific implementation research, led by national actors, was recognized as essential for overcoming local obstacles and ensuring public health impact.
- The delegate from Switzerland referred to the ongoing reassessment of the government's development assistance strategy but reaffirmed strong internal support for TDR, emphasizing the Programme's continued importance.
- The Board commended TDR's work on gender equity and the empowerment of women scientists. Interest was expressed in exploring closer collaboration with the Latin America and Caribbean region, given its strong research infrastructure. A suggestion was made to consider innovative, multi-party coordination to address the high burden of tropical diseases. In response, it was noted that TDR has worked actively on vector-borne disease control in the region, including participating in the establishment of the Caribbean vector control network. Opportunities to build on this model and strengthen regional cooperation were acknowledged. Currently, engagement is maintained through regional training centres.
- The coordination between African research centres, such as CDC-Africa, and public health institutions and universities, particularly in French-speaking Africa, was discussed. In response, it was noted that significant progress has been made in recent years through the development and expansion of TDR's regional training centres and their integration into regional networks.

- A question was raised regarding how a Spanish-speaking researcher in Central Africa could access the regional training centre. It was explained that open calls provide the primary entry point. Regional training centres serve as outreach hubs; the centre in Colombia was highlighted as a model, currently linking 22 institutions and facilitating broad dissemination of materials and opportunities.

JCB48

- Approved the report of the Director.
- Welcomed the progress made in the implementation of the strategy and strong operational achievements.
- Welcomed the fact that despite difficult a funding environment, the Programme is operating with the full US$40 million budget scenario in 2024–2025, as approved by JCB.
- Expressed concern with visual representation of TDR in the new WHO organigram and requested the Chief Scientist/TDR Special Programme Coordinator (SPC) to clarify this representation with WHO.
- Expressed concern that no appointment has yet been made for the new TDR Director based on the selection process approved by the WHO Director-General and done by the Special Selection Panel. Requested that Chair JCB, the UNDP representative and the Chief Scientist/SPC meet the Director-General to seek the appointment as soon as practicable of one of the three candidates selected during the process.
- Reiterated JCB47's recommendation that the position of the TDR Director shall not be a dual appointment with any other WHO department.
- Requested that the Chief Scientist/SPC seek approval to appoint TDR's Partnerships and Global Engagement Manager (Dr Garry Aslanyan) as interim Director as of 1 July 2025 until the new Director is in place.
- Welcomed TDR's interaction with disease control and public health programmes in its implementation of research and capacity strengthening activities. Requested that this proactive engagement continue and that efforts be made to synergize activities with all global health entities.
- Welcomed TDR's partnerships with public health institutions in countries and requested that new approaches to regional and sub-regional collaboration and networking be developed focused on research capacity strengthening, gender and other areas (e.g. in subregions of Africa and/or Latin America and the Caribbean).

Following approval of the report, Chair JCB presented Director TDR with a Certificate of Appreciation.

2. Report of the Standing Committee

Dr Mandeep Dhaliwal, the current Chair of the Standing Committee, summarized the decisions and recommendations as presented in the minutes of the two meetings having taken place since JCB47.

Since the last JCB meeting, the Standing Committee engaged in a particularly intensive period, including substantial intersessional work, most notably on the selection of the new TDR Director.

In the context of a constrained funding environment, emphasis was placed on better showcasing the return on investment and strategic value of TDR's activities. The impact of investments in local capacity, institutional strengthening and cross-regional connections were underscored, particularly given the growing complexity of the global health financing landscape.

Financial and programme management were discussed, with appreciation expressed for the financial update and outlook and prudent bridging of the gap into the next biennium. The Investment Case was welcomed, and the development of a comprehensive communication strategy was encouraged to better highlight achievements and key messages.

Governance and partnerships were a focus, including the high response to the call for new STAC members. The extension of the current Director's term to the end of June was welcomed. The Committee strongly recommended a smooth leadership transition and proposed that the Partnerships and Global Engagement Manager serve as Director ad interim.

The importance of maintaining TDR's stable position through 2025–2027 was emphasized. The Programme Budget and Workplan, with its scenarios and contingency plan, was endorsed. The recommendation to carry forward unprogrammed, undesignated funds into 2026–2027 was reiterated to ensure a smooth start. The culture of prudent, forward-looking management was commended as a key factor in preventing disruptions experienced by other UN entities.

Updates were received from co-sponsors, and the JCB's call for membership nominations and upcoming elections was welcomed. The contributions of Dr Sunil De Alwis as Chair JCB were acknowledged at the conclusion of his tenure, with a recommendation for Dr Mueller's nomination as Chair for a 3-year term. Thanks were extended to Dr Daniel Eibach as outgoing Vice-chair, and Dr Iris Cazali was nominated Vice-chair for a 2-year term.

The Standing Committee was sincerely thanked for its substantial work since the last JCB meeting. The full set of recommendations is available on the TDR website.

JCB48

- Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB.

3. Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC)

Professor Margaret Gyapong presented an overview of the work done by STAC during the past year.

Key messages

STAC reviewed reports including from the scientific working group (SWG) and reviewed and made recommendations on the 2024 Results report, the Risk management report and financial implementation.

Support of the Standing Committee to advance the issues concerning Director TDR's successor were appreciated, including ensuring continuity with TDR's Partnerships and Global Engagement Manager, Dr Garry Aslanyan, taking on the role in the interim.

Discussion point

- Appreciation was extended to Professor Gyapong and to STAC members for their valued advice and support to TDR.

Note: A comprehensive STAC report was made available to the Joint Coordinating Board.

JCB48

- Welcomed the report presented by Chair STAC.

4. Programme performance overview

Dr Michael Mihut, Unit Head, Programme Innovation and Management, presented TDR's performance in 2024, the first year of the new Strategy, with an outlook for the coming biennium.

Key messages

TDR uses a Performance Framework to guide planning, monitoring, reporting and evaluation. The KPI matrix includes technical achievements, (outcomes, outputs), core values such as equity, quality, sustainability of results and managerial indicators.

Good progress was achieved on all technical results indicators. Examples were presented that showcased outcomes and outputs, and JCB members were invited to review the draft Results report for more details.

The key performance indicator measuring institutional capacity strengthening delivered a high number of results in all regions, surpassing the target for the strategic period. The initial target will be consequently revised.

Regarding KPI measures of TDR's core values, the results are largely within the target ranges, with women receiving 50% of the amounts of contracts and grants in 2024, and a good proportion of first authors of TDR-supported publications from disease endemic countries (DECs). The proportion of women on TDR's external committees is 71% higher than the target, while the proportion of women authors of peer-reviewed publications (KPI 16) is at 44%, slightly higher than the baseline but below the target range. In 2024, TDR allocated 66% of funding to DECs.

Only one expected result had delays in 2024, the rest were on track. TDR may face delays in implementation in 2025 due to actions taken by WHO to address the impact of their financial situation.

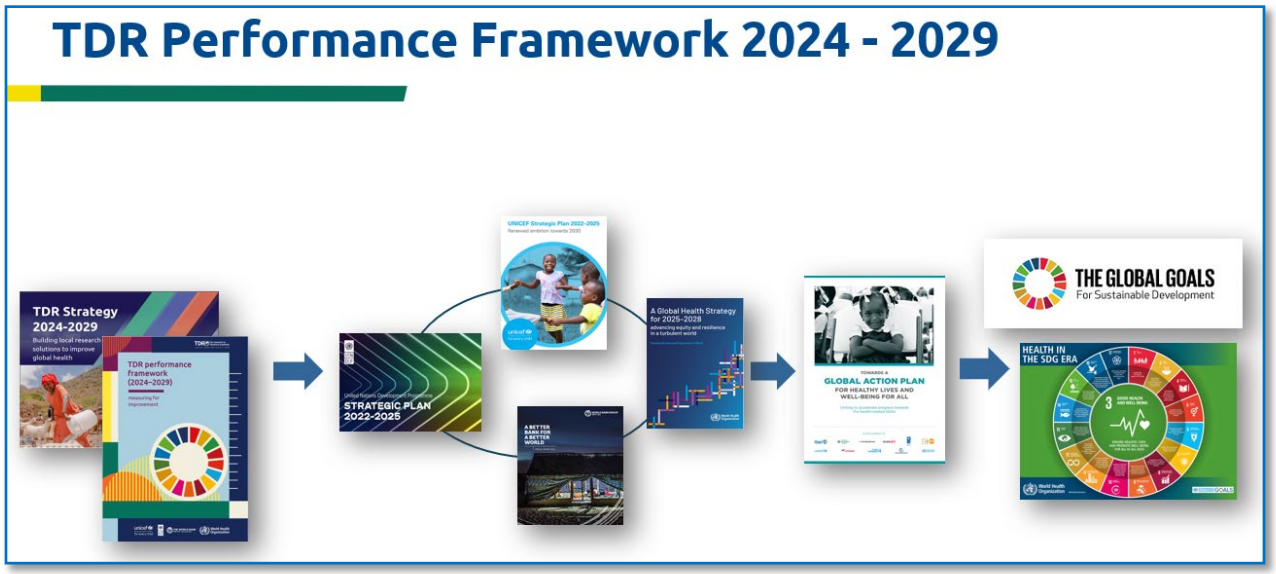
Efforts are ongoing to secure a blanket exemption for TDR as a Special Programme.

The Risk Management Report shows six open programme-level risks, with income being the highest risk in the coming biennium. Despite extensive fundraising efforts, more work is needed. Additional actions taken to foster fundraising efforts included a systematic approach to drafting concept notes and proposals, and training staff members to use TDR and WHO databases of potential funders.

The risk of not having the Director appointed timely for a smooth transition has increased dramatically since January, therefore it was upgraded recently and the additional action taken by the Standing Committee and Chair of JCB has been reflected in the Risk Management Report.

Proposed to reactivate Risk 12 to address the impact of WHO response and restructuring on the independence of TDR, with four new actions. This is one of the highest risks to the Special Programmes' existence and continuity.

Lessons learnt from 2024 include the WHO-caused delay in the recruitment of the next Director, despite the process having begun 21 months before the deadline, creating the first investment case for TDR in the context of the uncertainty in the global situation and learning that more of these health and economic impact analyses need to be done, and defining key performance indicators for the global health challenges.



Discussion points

- In response to a question concerning Indicators 1 and 6, the 21 outcomes are instances when a policy or practice has been changed and is listed in the Results Report for the year when the change took place. At project level, reporting includes longitudinal measurements, which are not allocated to a single year. Indicator 6 is looking specifically at capacity strengthening and for institutions it is measured through changes such as enhanced capacity for fundraising, ability to deliver new training programmes or contributing to research outcomes at country level. The latter would also be captured under Indicator 1.
- Figure 4 shows a decrease in the proportion of grants awarded to disease-endemic countries in 2024 compared to previous years. However, concern was expressed not about the proportion, but about the sharp decline in the total amount of grants allocated. Three contributing factors were noted. First, lower implementation levels are expected in the first year of a biennium. Second, the launch of the new strategy required time for project preparation, planning, partner identification and contract finalization, resulting in initial delays, a pattern we have seen for the last three strategic periods. Third, external funding – such as from USAID and CDC - was frozen and subsequently withdrawn.

- Clarification was sought on whether Risk 12 should be reopened. Agreement was expressed in favour of reopening the risk, which was originally established at the request of the Board during WHO's transformation process. Initially sunset due to lack of direct impact on TDR, it was later reactivated with the creation of the Science Division and reassigned when the Director assumed interim leadership of the Research for Health Department. It was subsequently closed again when deemed stable. Reopening was now proposed in light of renewed relevance.

JCB48

- Approved the 2024 TDR Results Report.
- Approved the TDR Risk Management Report, 2024.
- Expressed concern with the current WHO environment and its impediment on implementation of TDR's workplan as approved by JCB. Requested the Chief Scientist/SPC to seek an exemption for, and independent operations of, TDR separate from WHO to avoid delays in implementation.
- Welcomed the efforts made in fundraising for designated funds to broaden the base, requested that the plans be extended and new opportunities sought for fundraising for both designated and undesignated funding.
- Reiterated TDR's unique position to play the role of bridging between research and policy at global, regional and country levels. Requested that these activities be expanded with intensified knowledge exchange, communication and use of AI as appropriate.

Item 4. Financial management report 2024 and outlook 2025–2027

Dr Mihut presented the Financial Management Report for 2024 and the outlook 2025–2027, as well as the WHO TDR Certified Financial Report for 2024, looking at financial performance in the context of WHO's biennial 2024–2025 financial cycle, and subsequently moving to the 2025–2027 outlook.

Key messages

TDR maintained a strong financial position during the 2024–2025 biennium, with conservative planning under way for 2026–2027 to ensure budgetary balance. Since 2012, a dual-budget scenario model has been employed to mitigate financial risk. For 2024–2025, the JCB had approved a base scenario of US$ 40 million and a higher scenario of US$ 50 million, contingent on additional contributions. Following the September 2024 and February 2025 portfolio reviews, planned costs were adjusted, including reduced staffing expenditures due to vacancies, allowing modest increases to operations activities funding.

Undesignated (UD) funds are flexible funds from donors to support strategic priorities in TDR's workplan, while designated (DF) funds are tied to specific projects. For transparency, both are reported separately. By end-2024, implementation reached 42% of revised planned costs; by May 2025, it rose to 57%.

For undesignated funds, the planned costs as of February 2025 totalled US$ 27.3 million. The revenue forecast for the biennium as of April 2025 includes carry-over and a strategic reprogramming amount from the previous biennium, as requested by the Standing Committee in 2024. This ensured continued financial stability. For designated funds, the largest part has been received or confirmed, however, there is still a gap that recently even increased due to the freeze and loss of United States Government project-based grants.

Figures for 2025–2027 income forecast indicate uncertainty, with a wide revenue range for UD and DF funding scenarios, underscoring the need for intensified fundraising. Currency fluctuations remain a key

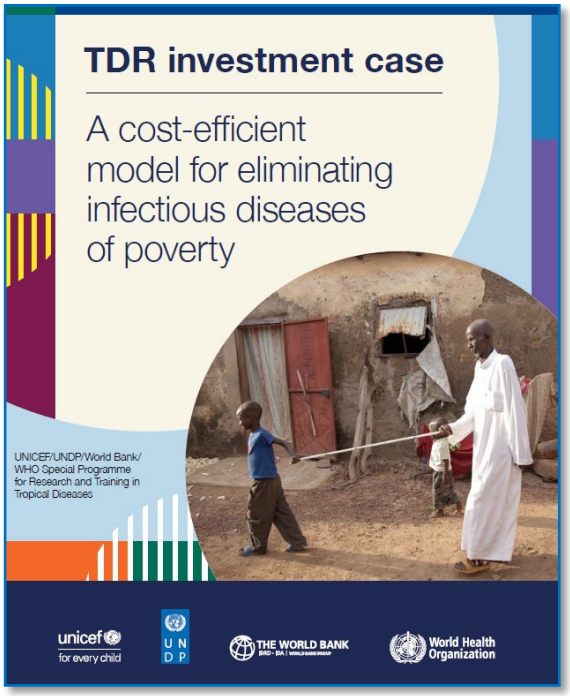
risk that can influence the purchasing power as well as the cost of staff. TDR acknowledged the vital financial and moral support from all donors, including disease-endemic countries, acknowledging Nigeria's leadership and sustained effort.

In 2026–2027, a higher proportion of funding is expected to come from designated funding compared to 2024–2025, due to geopolitical uncertainty and shorter funding commitments in undesignated funds. The remaining DF fundraising target is US$ 9.5 million, in addition to another 3.6 million for which proposal development is ongoing.

The Standing Committee approved the carry-over of funds to help address UD funding gaps in 2026–2027. Fundraising has become particularly competitive, especially following the halt in United States grants to the global health research community.

A potential funding gap may be addressed through sources such as current biennium revenue carry-over. If necessary, the contingency plan proposed in the 2026–2027 Programme Budget and Workplan document will be activated. The Standing Committee will review updated forecasts in November 2025 to decide between initiating the base budget or enacting the contingency plan for January 2026.

Risk mitigation actions, including a strengthened fundraising strategy, are detailed in the Risk Management Report. Notably, the development of an Investment Case has been a central element. An external health economist assessed historical and current TDR activities, cost-effectiveness and projected value. It will serve as a key tool to support upcoming fundraising aligned with the Strategy.



Discussion points

- Efforts to broaden the source of contributions continue. A database of over 120 potential donors for designated funds is regularly updated, and training was requested from WHO/CRM to use donor profiling. A cross-TDR approach supports the four global health challenges, with coordinated concept notes facilitating engagement. Through the WHO Foundation, access is being explored to a broader pool of donors – ranging from high-net-worth individuals to private sector and philanthropic entities. New funding models are being explored – including through joint grant applications with countries leading. While fundraising has remained active, designated funds have historically been limited to a lower ratio to reduce the risk of deviating from the Programme's strategic direction. However, with shifting global dynamics, this model is being reconsidered. All new funding, nonetheless, must align closely with Programme priorities.
- The Board requested clarification on the TDR Trust Fund and its components, including its purpose, operations, and potential role in addressing funding gaps. In operational terms, the Trust Fund serves as the Programme's current account, managing all incoming and outgoing funds, including the funding of the workplans for the current and the next biennium. It was explained that the Fund also includes a Human Resources Liability component valued at US$ 12 million, established in alignment with UN system requirements, created in 2014 following a JCB recommendation aimed at safeguarding the Programme's financial independence. It currently holds the equivalent of approximately 20 months of staff salary.
- The Board inquired about expected spending levels by the end of 2025, noting the increase from 42% in December 2024 to 54% by the end of April 2025. Implementation rate at year-end is expected to be in the range of 80-87%, provided that no additional slow-down measures are implemented by WHO.

- Clarification was sought regarding the status of frozen United States Government funding. It was confirmed that funds from USAID would not be reinstated, leading to a decrease in existing and forecasted designated funds.
- The Board also requested clarification on the WHO Foundation's donor engagement approach. It was explained that the Foundation operates under less restrictive funding rules, allowing contributions from high-net-worth individuals, charities and ethical businesses.

JCB48

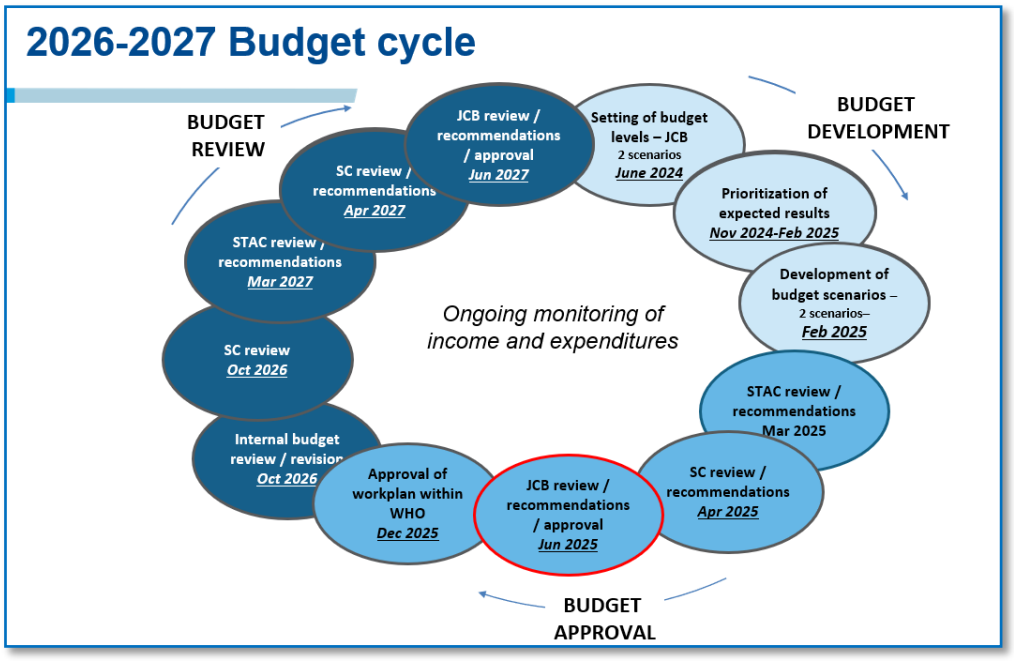
- Approved the Financial management report 2024 and outlook 2025–2027.
- Approved the certified financial statement for the year ended 31 December 2024.

Item 5. Programme budget and workplan 2026–2027

Dr Reeder presented the Programme Budget and Workplan 2026–2027 and talked about the workplan's development, its priorities and deliverables in the context of results-based management and full expected results costing.

Key messages

- The importance of transparent and responsible financial planning was underscored, with particular emphasis on the Director's role in operationalizing decisions. The budget cycle is subject to continuous monitoring, with any adjustments to spending or income forecasts reviewed by the STAC and approved by the Standing Committee. The proposed Programme Budget and Workplan, once approved by the Board, will be reviewed again in November by the Standing Committee to determine whether 2026 will commence under the US$ 40 million base scenario or the contingency plan that has been developed – based on updated income forecast at that time.



- The US$ 40 million scenario requires the mobilization of additional project-specific funds. TDR continues to prioritize operational funding, typically allocating over 80% of its budget to operations activities and staff – an approach regarded as highly efficient. Should additional funding be secured, expansion to the US$ 50 million budget would be readily achievable with no increase in staff and operations support cost.
- Funding allocation (undesignated and designated) within the Workplan is structured by expected results, each linked to specific deliverables that contribute to the six-year targets in the Performance Framework. Input from the Scientific Working Group and STAC informs this distribution, with progress reviewed biannually to assess the need for reprogramming.
- A projected US$ 6 million gap in undesignated funding income (new funds) for 2026–2027 is expected to be met through various sources including carry-over and re-programming of funds from the current biennium. It was noted, however, that these sources may not be available in future cycles, making identification of fundraising solutions necessary. Designated fund projections remain less predictable, though the remaining fundraising target was considered achievable based on the quality of concept notes developed. Strategic and targeted fundraising remains essential. A lower level of designated funding would put additional pressure on the undesignated funding levels.
- Confidence was expressed in the ability to begin 2026 with the US$ 40 million budget. A contingency plan has nonetheless been prepared, with budget lines carefully adjusted to a more conservative situation. Staff were commended for their commitment and flexibility throughout this process of proactive planning and prioritization.

JCB48

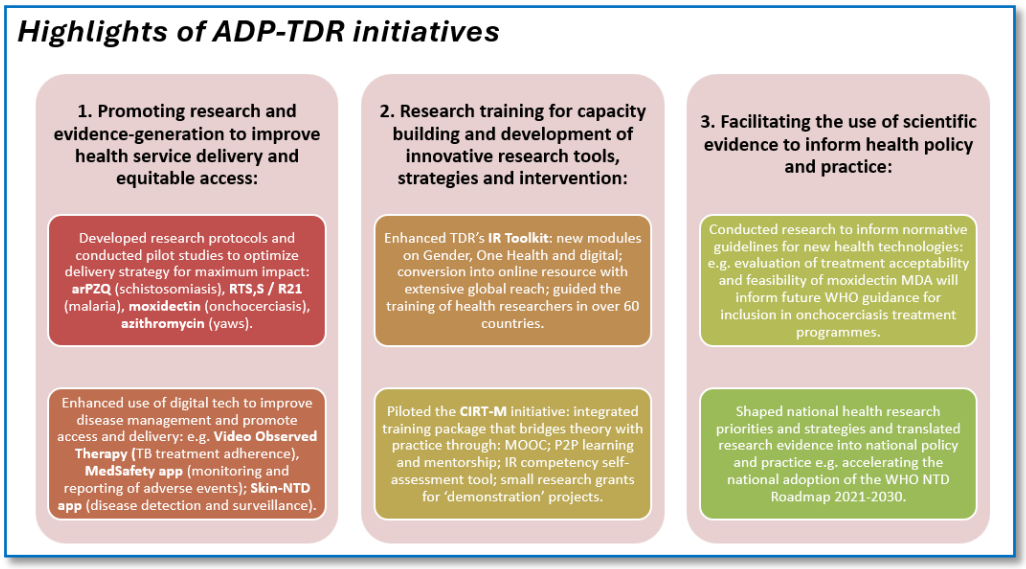
- Approved the TDR Programme budget and workplan for the 2026–2027 biennium.

Item 6. Update from TDR co-sponsors

Key messages

On behalf of UNDP, Dr Mandeep Dhaliwal, Director of the HIV, Health and Development Group, Bureau for Policy and Programme Support, gave an overview of UNDP's current work and joint collaborations, including:

- Reaffirmed the importance of UNDP's co-sponsorship of TDR amid converging global crises – climate change, conflict, pandemics and economic volatility – highlighting the growing health impact and the erosion of global cooperation and trust. The model of partnership offered by TDR was described as more relevant than ever.
- TDR's alignment with UNDP's health strategy was emphasized across four shared priorities: climate and health, pandemic preparedness, equitable access to technology and digital health. The Access and Delivery Partnership (ADP), funded by Japan and implemented with TDR, WHO and PATH, was highlighted for advancing implementation research and accelerating the deployment of new health technologies.



- Collaborative efforts have included support for delivery strategies of NTD medicines and malaria vaccines, digital innovation such as video-observed therapy, and expansion of the implementation research toolkit with modules on gender, One Health and digital health. Outputs have informed global health policy and WHO recommendations.
- Highlighted UNDP's Digital Health for Development Hub, which promotes ethical, inclusive adoption of digital tools and AI. Joint efforts have included vaccine logistics digitalization in India and Indonesia, and the Solar for Health initiative across 15 countries. In Ecuador, a cross-sector surveillance system exemplified joint climate and health adaptation.
- The UNDP-TDR partnership was described as timely and effective, combining TDR's research leadership with UNDP's operational presence to translate science into impact.

On behalf of UNICEF, Dr Karin Källander, Senior Adviser Health and Chief, Digital Health and Information Systems Unit, gave an overview of UNICEF's current work and joint collaborations, including:

- UNICEF is a co-sponsor and technical partner of TDR, rather than a financial contributor. UNICEF has its own IR team and activities which are part of the programme group for health. There is a very strong equity focus that is 100% aligned with our strategic plans.
- IR in UNICEF programmes focuses on addressing real-world barriers through locally tailored solutions. Since 2010, over 100 IR studies across Africa and Asia have influenced policies and improved areas such as immunization, digital tools, and supervision. Around two-thirds led to national policy or practice change.
- IR is embedded in health programmes and national cycles, engaging local governments and institutions to set priorities and conduct research. Funding is integrated into broader programme budgets, often from GAVI

and private donors. Capacity is built by involving stakeholders directly in the research process, with many teams continuing IR independently after project completion.

- Recent outputs include a joint UNICEF–TDR IR handbook for decision-makers and a centralized, open-access IR website. A new publication details UNICEF's embedded IR approach and guidance for integration into health policy cycles.
- Current projects focus on zero-dose immunization, NCD integration, digital health, and community health in emergency settings. The IR team supports countries through technical assistance and creates global resources. Success hinges on strong political commitment, local engagement, and sustained donor support.

On behalf of WHO, Dr Sylvie Briand, WHO Chief Scientist and TDR Special Programme Coordinator, mentioned items related to both the Organization and more specifically to the Science Division's role, including:

- Appreciated the remarks by UNDP and UNICEF highlighting TDR's uniqueness and the importance of alignment in a rapidly shifting landscape. WHO's ongoing structural reform, triggered by financial strain, was acknowledged, though confidence was expressed in its continued mission.
- Despite foreseeable challenges, including waning public trust in science, rising inequities and the dual-edged impact of rapid technological advances, it was affirmed that these could be addressed through stronger partnerships. TDR's role was emphasized as increasingly critical, especially in light of shrinking foreign aid and widening innovation gaps.
- Internal and external collaboration was identified as a key priority, with TDR serving as a model. Opportunities for synergy in training and policy support were noted among WHO partnerships and co-sponsors. Cross-departmental and multilevel coordination within WHO will be expanded, alongside tighter prioritization and quality assurance for normative work.
- Continued collaboration with TDR was seen as vital to addressing infectious diseases of poverty and global threats such as climate change, antimicrobial resistance and future pandemics. Concerns over TDR's future autonomy and leadership were acknowledged and scheduled for discussion with the Director-General.

On behalf of the World Bank, Dr Fatima Barry, Adviser, Global Coordination, Health, Nutrition and Population, gave an overview of the Bank's current work and joint collaborations, including:

- The item was delivered by Dr Aslanyan on behalf of Dr Barry, who conveyed her apologies for being unable to attend the JCB due to a scheduling conflict. Dr Barry, currently based in Togo, serves as the NTD Lead within the World Bank health team and remains an active member of the Standing Committee, serving as a key liaison to the World Bank.
- Although the World Bank is recognized as a co-sponsor, it was noted that, similarly to UNICEF, direct contributions to TDR are not being provided at present.
- A recent initiative had been undertaken by Dr Barry, involving the organization of a series of bilateral meetings with various teams at TDR. These meetings focused on thematic areas such as climate change, antimicrobial resistance, capacity strengthening and implementation research. The sessions proved to be highly beneficial for both TDR technical leads and the World Bank colleagues involved.
- Follow-up actions from these discussions have been anticipated. As previously emphasized, consideration is being given to mechanisms by which TDR's work in research and evidence generation may be effectively aligned with World Bank-funded projects at the country level. These explorations aim to ensure synergy and integration of efforts in support of global health priorities.

Discussion points

- The JCB thanked the presenters for the updates on their work and collaboration with TDR.

Item 7. Brainstorming on the future of global health and global health research and possible scenarios for TDR's role

Dr Dirk Mueller, JCB resource contributors group representative and **Dr Iris Cazali, JCB disease endemic countries group representative,** moderated this session.

Key messages

The role of TDR in supporting resilient health systems was discussed, with emphasis on preparedness for pandemics, climate impacts and disease elimination. Participants were invited to reflect and offer ideas for strengthening collaboration with TDR amid current global challenges.

Key barriers identified included poor communication of best practices and limited community ownership. TDR was encouraged to act as a hub for shared solutions and to involve behavioural scientists in implementation efforts.

The limitations of outdated country classifications were questioned. It was suggested that TDR serve as a connector of local innovations and promote a mindset centred on country ownership and sustainability.

TDR's ability to influence policy was recognized as a strategic advantage, especially due to its proximity to WHO. It was recommended that TDR expand its focus on research-to-policy translation and secure funding for targeted implementation work packages.

Emphasis was placed on lessons learned from the COVID-19 pandemic and the newly approved Pandemic Agreement. It was noted that renewed focus must be given to research into priority diseases and sustaining global safety mechanisms.

Communication gaps were acknowledged, with particular reference to the need for improved global dissemination of knowledge and more effective engagement with endemic-country research efforts. Support for local research was encouraged, and the strategic use of AI in strengthening TDR's mission was highlighted. Greater transparency in research activities across regions was also urged.

Three major challenges were reiterated: mistrust in science, rising inequities, and the digital revolution, including its opportunities and risks. Zoonotic spillover was underscored as a significant future threat.

TDR was called upon to act as a communication catalyst, facilitating contact between field experts and TDR structures. Questions were raised regarding accessibility – how countries can efficiently connect with TDR – and suggestions were made to improve visibility and responsiveness.

The potential of TDR Global was discussed, with recommendations to expand and reframe its function to build a broader, more active community. Collaboration with external platforms like the Global Health Network was considered an opportunity rather than competition.

Stronger inclusion of researchers from low- and middle-income countries in research agenda-setting was encouraged. Additionally, integrated approaches to comorbidities – rather than siloed disease focus – were proposed.

Questions regarding TDR's collaboration with global actors in pandemic preparedness, such as Gavi and the Pandemic Fund, were raised. A role for TDR in implementation science within these initiatives was envisioned.

The importance of North–South, South–South and intercontinental partnerships was reaffirmed, with success being achievable through strategic investment and international cooperation. Calls were made to raise awareness among younger researchers about TDR's work and opportunities for collaboration.

The strengthening of research and education capacities in developing countries was emphasized as critical for addressing global disparities, countering misinformation and enhancing pandemic preparedness. Environmental degradation – particularly in the Global South – was linked to increased future health threats, underscoring the need for proactive educational interventions.

TDR was encouraged to broaden its scope of implementation research to include engagement with the social sciences and humanities. The potential contributions of fields such as political science, gender studies and medical humanities were recognized as means to provide nuanced insights into health systems and community dynamics.

Enhanced integration of community networks in research and training was urged, particularly in rural and underserved areas. Bridging the gap between academic discovery and community understanding was identified as an achievable and necessary goal through targeted outreach, participatory research and localized training.

The need for a more inclusive, bottom-up research agenda was repeatedly highlighted, alongside calls for the dissemination of results to participating communities to foster trust and relevance. TDR's potential to strengthen the broader health research ecosystem – including regulatory, ethical and manufacturing capacities – was also discussed.

Opportunities to engage with private sector actors were identified, with suggestions to leverage their interest in expanding research markets in low- and middle-income countries to share responsibilities and costs.

Finally, the importance of bold ambition, enhanced accessibility of research outputs and improved visibility of TDR's networks and partnerships was underscored. Calls were made to improve user access – both to TDR itself and to the broader global health landscape – through more intuitive communication platforms and stronger collaboration with aligned initiatives.

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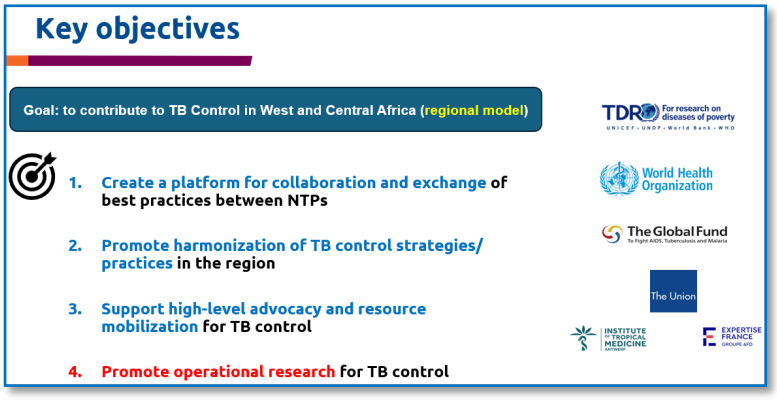
- Recommended better and novel communication about TDR's presence to ensure existing and potential partners are aware of TDR's work and can easily make contact. Requested exploration of how TDR Global and other existing research institutes and capacity strengthening networks could play a more active role in this process.

Item 8. Moderated technical session and Q&A

Dr Garry Aslanyan, TDR Partnerships and Governance Manager, moderated this session.

Professor Dissou Affolabi, Coordinator of the National Tuberculosis Programme, Cotonou, Benin, presented a regional approach to enhancing TB research, specifically the impact of the 10 years' experience of the WARN/CARN-TB.



Established in 2015 and expanded in 2018, the regional TB control network for West and Central Africa (WARN/CARN-TB) now includes 27 countries. The network aims to serve as a regional model by promoting collaboration, harmonizing control strategies, supporting advocacy and resource mobilization and advancing operational research in TB control.

Collaboration is facilitated through multilingual meetings and workshops, addressing region-specific challenges, including cross-border TB management and insecurity-related disruptions. Laboratory capacity

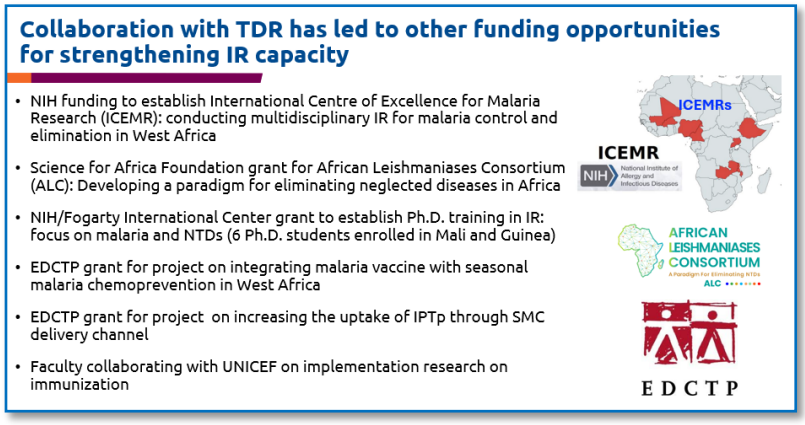
has been strengthened in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Research capacity was enhanced through modular training programmes for over 200 NTP staff. Since 2018, 78 operational research projects have been conducted, 75% of which contributed to national policy changes.

Discussion points

- In view of upcoming financial challenges, clarification was sought on how the network could support TB programmes in the region. In response, it was stated that national programmes were already experiencing financial constraints. A regional survey had been conducted to assess the impact, and countries were being supported in developing contingency plans. The platform was being used collectively to advocate with governments and donors to sustain TB control efforts.
- TDR's contribution was described as indispensable. From the outset, financial and technical support had been provided. TDR's collaboration with GTB was credited with supporting timely training and translation of WHO guidance, especially for francophone countries.
- Cross-border care remained a challenge, especially in areas where artificial borders divide communities. Patients often sought care across borders, creating administrative complexities. Bilateral coordination mechanisms had been established between national TB programmes to ensure continuity of care.

Professor Seydou Doumbia, Director of the University Clinical Research Center, University of Sciences, Techniques and Technology of Bamako, Mali, presented on the importance of disseminating research capacity within the francophone regions in Africa and enhancing subregional research capacity.



Implementation research was prioritized due to gaps between innovation and real-world adoption. Challenges in malaria control, such as poor adherence and access, limited the impact of available tools. Field experience revealed risks from misuse of medication and underscored the need for better implementation strategies.

Over 500 trainees were supported by TDR, with IR integrated into public health curricula. Nineteen graduates now serve in national institutions. Despite insecurity and resource constraints, students graduated successfully. Gratitude was expressed to TDR for its enduring support in training, advocacy and research advancement.

Discussion points

- The Board inquired about practical access to the master programme. It was clarified that TDR has partnered with several academic sites globally. Each partner institution offers a Master of Public Health focused on implementation research. In Mali, the programme began in 2023 with 19 students selected from 1200 applicants. Despite minimal promotional outreach, over 500 applications were received for the second intake of just nine positions. Course content is determined by each academic site in accordance with TDR's implementation research framework. Degrees are awarded by the hosting institutions themselves.
- Regarding post-training engagement, it was explained that TDR had established a global alumni network, connecting students even before graduation. Quarterly meetings are held with graduates to exchange experiences and explore opportunities. Advocacy has also been undertaken with ministries of health to strengthen institutional recognition of the MPH Implementation Research qualification, whose value is still under-recognized in some countries.

Presented by Dr Piyusha Majumdar, Associate Professor, Faculty, SD Gupta School of Public Health, Jaipur, India, presented on enhancing research capacity, particularly in diverse, multilingual, and populated areas. Success stories of students and personal experience as a (woman) research and educational leader.

India's IIHMR University has played a key role in strengthening global capacity in implementation research through a TDR-supported postgraduate programme, focusing on education for students from low- and middle-income countries. Since 2022, two cohorts have been trained in the Master of Public Health in Implementation Science programme. Student selection prioritized diversity, gender balance and commitment to public health.

The curriculum has combined public health management with focused modules in implementation research. Holistic learning has been emphasized, fostering creativity, critical thinking and leadership. Cross-country learning was encouraged through innovation-driven activities.

The first cohort completed country-level implementation research projects in collaboration with ministries of health and development partners, addressing various diseases. Graduates received degrees in October 2024 and assumed professional roles as programme officers, public health inspectors and implementation scientists. The acquired skills were reported to be actively applied within national health systems.

Discussion points

- The Board inquired about the relationship between SORT IT and the TDR-supported master programmes. It was clarified that while both address implementation research, they serve complementary purposes: SORT IT, coordinated by ICMR, targets frontline implementers, while the IIHMR programme offers a formal two-year degree to build broader research and leadership capacity. Participation across both tracks is encouraged.
- Clarification was also sought on the master programme's structure and funding. Students complete one year of coursework and a capstone at IIHMR, followed by a home-based supervised research project. A dual-supervisory model is used, and full programme support is provided by TDR.
- Both training models were acknowledged as complementary, with plans to strengthen linkages, enabling SORT IT alumni to pursue advanced academic training and reinforcing the implementation research continuum.

The Vice-Chair concluded with appreciation for the presentations, noting the value of hearing firsthand experiences and tangible examples of TDR's country-level engagement.

Item 9. TDR Governance

1. Selection of seven members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding

As outlined in the Note on the Membership of the Joint Coordinating Board (TDR/JCB48/25.10), as only five applications were received for the seven vacancies under paragraph 2.2.1, the resource contributors agreed to confirm the membership of the five applicants for four years beginning 1 January 2026 until 31 December 2029.

There was no objection from the resource contributors concerning the two vacant seats.

In addition, Switzerland requested an extension until 31 December 2025 to allow them to apply for renewal of their membership from 1 January 2026. The resource contributors agreed to Switzerland's request.

2. Designation of four members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding

As outlined in the Note on the Membership of the Joint Coordinating Board (TDR/JCB48/25.10), as only four applications were received for the four vacancies under paragraph 2.2.3, the JCB agreed to confirm the membership of the four applicants for four years beginning 1 January 2026 until 31 December 2029.

3. Updates from the informal meetings of the resource contributors and disease endemic country groups and confirmation of new representatives

Key messages

A summary of the **resource contributors' meeting** was provided by the outgoing representative. Appreciation was expressed for the opportunity to meet with other contributors and JCB members earlier in the day. Selection of members under paragraph 2.2.1 was discussed. It was agreed by acclamation to re-elect all applicants.

Informal feedback from country governments was exchanged. Overall funding prospects for the coming year appear stable, though uncertainties remain with some bilateral donors. Potential new contributors were discussed, including countries previously approached. In certain cases, outreach may be deferred until a new director is appointed. Outcomes remain uncertain, but innovative suggestions were made, including engaging the WHO Foundation.

It was agreed that the role of representative for the JCB resource contributors' group will be assumed by Mr Koen Van Acoleyen of Belgium, pending confirmation of Belgian Government funding to TDR.

The representative of the **disease-endemic countries group** also presented a summary of their meeting. Enhanced communication and collaboration among members was proposed. Suggestions included the development of regional platforms for information-sharing and joint initiatives.

The use of digital tools for data and idea exchange was emphasized, alongside renewed interest in TDR-supported platforms such as webinars and courses. The importance of moving from dialogue to implementation was underscored.

Dr Olusola Ayoola of Nigeria was appointed the new representative of the disease-endemic countries group.

4. Membership of the Scientific and Technical Advisory Committee

Dr Aslanyan presented the proposed STAC membership from 1 July 2025.

Terms of reference for STAC are available on the website through this link.

5. Election of the Chair and Vice-chair of the JCB

As reported by the Standing Committee, the retirement of Dr Sunil De Alwis from his position in Sri Lanka necessitated his stepping down as Chair of the Joint Coordinating Board. The Standing Committee proposed that Dr Dirk Mueller, representative of the United Kingdom, serve as Chair from the 2025 meeting until June 2028. Following consultations with Dr Sunil, the new Sri Lankan representative Mr W. Kumara Wickremasinghe, and the WHO Country Office, it was agreed that Dr Sunil would chair the meeting, with the incoming Chair assuming the role prior to its conclusion.

Due to the early departure of the current Vice-Chair, Dr Daniel Eibach of Germany – who will take up a new position in August – the Committee proposed that Dr Iris Cazali Leal of Guatemala assume the Vice-chair role from the current meeting until June 2027.

As no objections were raised, the appointments of both the Chair and Vice-chair were confirmed.

The incoming Chair expressed appreciation to both Dr Sunil and Dr Eibach for their valued service and contributions to the Board.

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- Resource contributors agreed to re-elect for membership by acclamation under paragraph 2.2.1 of the Memorandum of Understanding, for a 4-year term beginning 1 January 2026, the governments of:
  - (1) Mexico
  - (2) the United Kingdom of Great Britain and Northern Ireland
  - (3) Constituency of Germany and Luxembourg
  - (4) Constituency of India and Thailand
  - (5) Constituency of Panama and Spain
- The resource contributors agreed to two seats being left vacant.
- The resource contributors agreed to grant an extension to Switzerland, until 31 December 2025, to allow them to apply for renewal of their membership from 1 January 2026.
- Agreed to designate for membership by acclamation under paragraph 2.2.3 of the TDR Memorandum of Understanding, for a 4-year term beginning 1 January 2026, the following cooperating parties:
  - (1) Burkina Faso
  - (2) Zambia
  - (3) Drugs for Neglected Diseases initiative (DNDi)
  - (4) Fiocruz
- Accepted the nomination of Mr Koen Van Acoleyen of Belgium as the representative of the resource contributors' group for the next two years.
- Accepted the nomination of Dr Olusola Ayoola of Nigeria as the representative of the disease endemic countries group for the next two years.
- Endorsed the proposed membership of STAC from 1 July 2025.
- Appointed Dr Dirk Mueller (representative of the United Kingdom) as Chair for the next three years.
- Appointed Dr Iris Cazali (representative of Guatemala) as Vice-chair for the next two years.

Item 10. Date and place of JCB49 and JCB50

JCB48

- **Confirmed the dates of future JCB sessions as:**

  JCB49 will be held 17–18 June 2026, with a briefing session on 16 June 2026.

  JCB50 will be held 16–17 June 2027, with a briefing session on 15 June 2027.

  Both meetings will be held in Geneva.

Item 11. Summary of decisions and recommendations

The Rapporteur presented a summary of the decisions and recommendations of the meeting, which can be found in Section III.

Item 12. Closing session

Board Interventions

Malaysia At the conclusion of Malaysia's tenure on the JCB, appreciation was expressed for the long-standing partnership with TDR, which dates back to 1977. TDR has provided Malaysian researchers with training, fellowships, and research funding in areas such as malaria, filariasis, leprosy, and other neglected tropical diseases. It was emphasized that this withdrawal represents not an end, but a transition to continued engagement through partnership and knowledge exchange. Sincere gratitude was conveyed on behalf of the Government and people of Malaysia.

Burkina Faso Gratitude was conveyed from the Minister of Health, whose re-election had recently been confirmed, for continued support from TDR.

India The new Chair and Vice-chair were congratulated, with a commitment to ongoing collaboration expressed. Appreciation was extended to the outgoing Chair, Vice-chair and Director. India also acknowledged the re-election of the India–Thailand constituency and reaffirmed its valued association with TDR.

Sri Lanka Thanks were extended to the Chair, Director and TDR staff. Reflecting on 12 years of collaboration and two years as Chair of the JCB, Dr Sunil acknowledged the support of TDR leadership, particularly in fundraising and promoting the "One Health" agenda. Continued commitment to global health collaboration was affirmed. Support for the incoming Chair was expressed, and future engagement was offered.

Nigeria Congratulations were offered to both outgoing and incoming leadership. Nigeria reiterated its commitment to TDR's mission and noted efforts to strengthen domestic resource mobilization amid financial constraints. Appreciation was conveyed for TDR's support across disease research priorities and global health initiatives.

Concluding remarks

The meeting was considered successful in achieving its objectives, despite a challenging context. Several decisions and recommendations were adopted to guide the coming year. An upcoming meeting with Chair JCB, WHO Chief Scientist and the UNDP representative with the Director-General was announced to reinforce key priorities and convey recommendations of the JCB in light of this meeting, particularly the appointment of a new Director and the interim assignment of TDR's Partnerships and Global Engagement Manager, Dr Garry Aslanyan, as of 1 July 2025.

The outgoing Chair and Vice-chair were thanked for their dedication and leadership. Special appreciation was extended to the rapporteur, the Secretariat team – including Izabela, Garry, Elisabeth, Joe, Daniel, Maki – and to WHO staff and interpreters, for facilitating the meeting's success.

Gratitude was also expressed to the Director for his longstanding leadership of TDR and his instrumental role in advancing the Programme.

The meeting was formally declared closed.

III. Decisions and recommendations

Decisions

1. Appointed Dr Vivian Kourí Cardellá (representative of Cuba) as Rapporteur for JCB48.
2. Adopted the agenda of JCB48.
3. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
4. Approved the report of the Director.
5. Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB.
6. Welcomed the report presented by Chair STAC.
7. Approved the 2024 TDR Results Report.
8. Approved the TDR Risk Management Report, 2024.
9. Approved the Financial management report 2024 and outlook 2025–2027.
10. Approved the certified financial statement for the year ended 31 December 2024.
11. Approved the TDR Programme budget and workplan for the 2026–2027 biennium.
12. Resource contributors agreed to re-elect for membership by acclamation under paragraph 2.2.1 of the Memorandum of Understanding, for a 4-year term beginning 1 January 2026, the governments of:
    (1) Mexico
    (2) United Kingdom of Great Britain and Northern Ireland
    (3) Constituency of Germany and Luxembourg
    (3) Constituency of India and Thailand
    (4) Constituency of Panama and Spain

    The resource contributors agreed to two seats being left vacant.

    The resource contributors agreed to grant an extension to Switzerland, until 31 December 2025, to allow them to apply for renewal of their membership from 1 January 2026.
13. Agreed to designate for membership by acclamation under paragraph 2.2.3 of the TDR Memorandum of Understanding, for a 4-year term beginning 1 January 2026, the following cooperating parties:
    (1) Burkina Faso
    (2) Zambia
    (3) Drugs for Neglected Diseases *initiative* (DND*i*)
    (4) Fiocruz
14. Accepted the nomination of Mr Koen Van Acoleyen of Belgium as the representative of the resource contributors' group for the next two years.
15. Accepted the nomination of Dr Olusola Ayoola of Nigeria as the representative of the disease endemic countries group for the next two years.
16. Endorsed the proposed membership of STAC from 1 July 2025.
17. Appointed Dr Dirk Mueller (representative of the United Kingdom) as Chair for the next three years.
18. Appointed Dr Iris Cazali (representative of Guatemala) as Vice-chair for the next two years

19. Confirmed the dates of future JCB sessions as:

    JCB49 will be held 17–18 June 2026, with a briefing session on 16 June 2026.

    JCB50 will be held 16–17 June 2027, with a briefing session on 15 June 2027.

    Both meetings will be held in Geneva.

Recommendations

1. Welcomed the progress made in the implementation of the strategy and strong operational achievements.
2. Welcomed the fact that despite difficult a funding environment, the Programme is operating with the full US$40 million budget scenario in 2024–2025, as approved by JCB.
3. Expressed concern with visual representation of TDR in the new WHO organigram and requested the Chief Scientist/TDR Special Programme Coordinator (SPC) to clarify this representation with WHO.
4. Expressed concern that no appointment has yet been made for the new TDR Director based on the selection process approved by the WHO Director-General and done by the Special Selection Panel. Requested that Chair JCB, the UNDP representative and the Chief Scientist/SPC meet the Director-General to seek the appointment as soon as practicable of one of the three candidates selected during the process.
5. Reiterated JCB47's recommendation that the position of the TDR Director shall not be a dual appointment with any other WHO department.
6. Requested that the Chief Scientist/SPC seek approval to appoint TDR's Partnerships and Global Engagement Manager (Dr Garry Aslanyan) as interim Director as of 1 July 2025 until the new Director is in place.
7. Welcomed TDR's interaction with disease control and public health programmes in its implementation of research and capacity strengthening activities. Requested that this proactive engagement continue and that efforts be made to synergize activities with all global health entities.
8. Welcomed TDR's partnerships with public health institutions in countries and requested that new approaches to regional and sub-regional collaboration and networking be developed focused on research capacity strengthening, gender and other areas (e.g. in subregions of Africa and/or Latin America and the Caribbean).
9. Expressed concern with the current WHO environment and its impediment on implementation of TDR's workplan as approved by JCB. Requested the Chief Scientist/SPC to seek an exemption for, and independent operations of, TDR separate from WHO to avoid delays in implementation.
10. Welcomed the efforts made in fundraising for designated funds to broaden the base, requested that the plans be extended and new opportunities sought for fundraising for both designated and undesignated funding.
11. Reiterated TDR's unique position to play the role of bridging between research and policy at global, regional and country levels. Requested that these activities be expanded with intensified knowledge exchange, communication and use of AI as appropriate.
12. Recommended better and novel communication about TDR's presence to ensure existing and potential partners are aware of TDR's work and can easily make contact. Requested exploration of how TDR Global and other existing research institutes and capacity strengthening networks could play a more active role in this process.

IV. Annexes

Annex 1. Agenda

PRE-MEETING DAY, Tuesday, 17 June 2025	
Anytime	**BADGE COLLECTION – MAIN RECEPTION** (PARTICIPANTS MUST BE REGISTERED IN INDICO)
14:00	**REFRESHMENTS**
14:30–16:00	**Briefing session** Salle X, B building (via the main reception). Refreshments will be available from 14:00. *Introductory briefing for JCB participants, primarily new members, who wish to acquaint themselves with the Programme and the processes and functions of the Board. This is also an opportunity for disease endemic country and resource contributor group members to meet informally should they wish to do so. Interpretation will **not** be provided for this session.*

Wednesday, 18 June 2025			
Time	***Agenda item***	***Action / Information***	***Reference Documents***
07:30–08:45	**BADGE COLLECTION – MAIN RECEPTION** (PARTICIPANTS MUST BE REGISTERED IN INDICO)		
09:00–09:15	**1. Welcome and opening remarks** *Dr Sunil De Alwis, Chair of JCB* *Dr Sylvie Briand, WHO Chief Scientist and TDR Special Programme Coordinator*		
09:15–09:30	**2. Statutory business** 2.1 Appointment of the rapporteur 2.2 Adoption of the agenda 2.3 Declarations of interests	Appointment of the Rapporteur Adoption of the agenda	Draft Agenda TDR/JCB48/25.1 Draft Annotated Agenda TDR/JCB48/25.1a
09:30–10:30	**3. Progress since JCB47** 3.1 Director's report *Dr John Reeder, Director, TDR, will provide an overview on the follow-up action taken on decisions and recommendations of JCB47 and the Director's report.*	Approval	TDR 2024 Annual Report Report of JCB47, June 2024 TDR/JCB47/24.3 Follow-up to the JCB47 decisions and recommendations TDR/JCB48/25.4

10:30–11:00	**COFFEE BREAK**		
11:00–11:15	3.2 Report of the Standing Committee *Dr Mandeep Dhaliwal, UNDP, will report on the Standing Committee's activities since JCB47.*	Information	Standing Committee 116 and 117 recommendations TDR/SC116/24.3; TDR/SC117/25.3

Wednesday, 18 June 2025 (continued)

Time	*Agenda item*	*Action/Information*	*Reference Documents*
11:15–11:30	3.3 Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC) *Professor Margaret Gyapong, Chair of STAC, will present the STAC report (via ZOOM).*	Information	Report of STAC47 TDR/STAC47/25.3 STAC SharePoint (send a request for access when prompted)
11:30–12:00	3.4 Programme performance overview ▪ Key performance indicators 2024 ▪ Risk management *Dr Michael Mihut, Unit Head, Programme Innovation and Management, will present this item.*	Approval	2024 TDR Results Report TDR/JCB48/25.5 TDR Risk Management Report, 2024 TDR/JCB48/25.6
12:00–13:30	**LUNCH BREAK**		
13:30–14:15	**4. Financial management report 2024 and outlook 2025–2027** ▪ Financial report 2024 ▪ Outlook 2025–2027 *Dr Michael Mihut will present the financial report certified by the WHO Comptroller, the financial outlook 2025–2027 and the financial statement.*	Approval	TDR Financial Management Report 2024 and Outlook 2025–2027 TDR/JCB48/25.7 TDR Certified Financial Statement for the year ended 31 December 2024 TDR/JCB48/25.8 TDR investment case
14:15–14:45	**5. Programme budget and workplan 2026–2027** *Dr John Reeder will present this item.*	Approval	TDR Programme Budget and Workplan for the 2026–2027 biennium TDR/JCB48/25.9
14:45–15:15	**COFFEE BREAK**		
15:15–15:45	**6. Update from TDR co-sponsors** ▪ UNICEF – *Dr Karin Källander* ▪ UNDP – *Dr Mandeep Dhaliwal* ▪ World Bank – *Dr Fatima Barry* ▪ WHO - *Dr Sylvie Briand*	Information	
15:45–16.30	**7. Brainstorming on the future of global health and global health research and possible scenarios for TDR's role** *Dr Dirk Mueller, resource contributors' representative on the JCB, and Dr Iris Cazali, disease endemic countries' representative on the JCB, will moderate this session*	Information	

JCB RECEPTION

B building cafeteria from 16:45 – 18:45

Thursday, 19 June 2025			
Time	***Agenda item***	***Action / Information***	***Reference Documents***
09:00–09:45	**Informal meeting of TDR resource contributors (Salle W1)** Selection of five members according to paragraph 2.2.1 of the TDR Memorandum of Understanding Chaired by the RC representative on the JCB, Dr Dirk Mueller (United Kingdom)		
09:50–10:30	**Informal meeting of disease endemic country representatives (Auditorium Z1/2)** Chaired by the DEC representative on the JCB, Dr Iris Cazali Leal (Guatemala) *Simultaneous interpretation will be provided in English, French and Spanish.*		
10:30–11:00	**COFFEE BREAK (outside Auditorium Z1/2, B building)**		
11:00–12:30	**8. Moderated technical session and Q&A** *Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager, will moderate this session.* <u>Overview and background</u> A regional approach to enhancing tuberculosis research, specifically the impact of the 10 years' experience of the WARN/CARN-TB. *Presented by Professor Dissou Affolabi, Coordinator of the National Tuberculosis Programme, Cotonou, Benin.* The importance of disseminating research capacity within the francophone regions in Africa and enhancing subregional research capacity. *Presented by Professor Seydou Doumbia, Director of the University Clinical Research Center, University of Sciences, Techniques and Technology of Bamako, Mali* Enhancing research capacity, particularly in diverse, multilingual, and populated areas. Success stories of students and personal experience as a (woman) research and educational leader. *Presented by Dr Piyusha Majumdar, Associate Professor, Faculty, SD Gupta School of Public Health, Jaipur, India*	Information	
12:30–14:00	**LUNCH BREAK**		

Thursday, 19 June 2025 (continued)

Time	*Agenda item*	*Action / Information*	*Reference Documents*
14:00–15:15	**9. TDR Governance** 9.1 Selection of five members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding 9.2 Selection of four members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding *Dr Garry Aslanyan will present this item.*	Selection of JCB members	Note on the membership of the Joint Coordinating Board TDR/JCB48/25.10 **Documentation available on the website:** - List of JCB members - JCB membership wheel - History of membership on TDR's Joint Coordinating Board, 1978–2024 Memorandum of Understanding TDR/CP/78.5/Rev.2013/rev1
	9.3 Election of the Chair and Vice-chair of the JCB *In accordance with the TDR Memorandum of Understanding, the Chair of JCB will be elected for a 3-year term of office and the Vice-chair of JCB will be elected for a 2-year term of office.* *Dr Garry Aslanyan will present this item.*	Selection of JCB Chair and Vice-chair	
	9.4 Updates from the informal meetings of the resource contributors and disease endemic country groups and confirmation of new representatives	Information	
	9.5 Membership of the Scientific and Technical Advisory Committee (STAC) *Dr Garry Aslanyan will present this item.*	Endorsement	Proposed STAC membership from 1 July 2025 TDR/JCB48/25.10
15:15–15:20	**10. Date and place of JCB49 and JCB50** *As agreed at JCB47, JCB49 will be held from 17–18 June 2026 (16 June briefing session). It is proposed that JCB50 will be held from 16-17 June 2027 (15 June briefing session). Both meetings will be held in Geneva.*	Decision	
15:20–15:50	**COFFEE BREAK**		
15:50–16:30	**11. Summary of decisions and recommendations** *The Rapporteur, supported by Dr Garry Aslanyan, will present a summary of the decisions and recommendations of the meeting.*	Endorsement	
16:30–16:45	**12. Closing Session** Any other business Concluding remarks ▪ *Chair JCB* ▪ *Dr Sylvie Briand, WHO Chief Scientist and TDR Special Programme Coordinator*		

Annex 2. List of participants

Members

Bangladesh

Belgium

Professeur Tom Decroo
Unit Head, Unit HIV & TB, Institute of Tropical Medicine, Antwerp

Monsieur Koen Van Acoleyen
Ministre conseiller, Responsable du Développement, de l'Aide humanitaire et des Migrations, de la Santé et de l'Environnement, Mission permanente, Genève

Burkina Faso

Dre Estelle Edith Dabire Dembele
Conseiller Technique du Ministre de la Santé, Ministère de la Santé et de l'Hygiène publique, Ouagadougou

Madame Tey Gwladys Bonzi-Sanou
Médecin, Attaché, Mission permanente, Genève

China

Dr Shizhu Li*
Director, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention (China CDC), Shanghai

Dr Shan Lyu*
Chief, Global Health Center, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention (China CDC), Shanghai

Cuba

Dr Vivian Kourí Cardellá
Director, Instituto de Medicina Tropical "Pedro Kourí" (IPK), Havana

Ms Rebeca Hernández
Minister-Counsellor, Permanent Mission, Geneva,

Drugs for Neglected Diseases *initiative*

Ms Anna Crago
Head of External Relations, Drugs for Neglected Diseases *initiative*, Geneva

Mr Craig Tipple
Medical Director, Drugs for Neglected Diseases *initiative*, Geneva

Equatorial Guinea

Ms Josefa Natalia Sipi Saka
Public Health Research Project Coordinator, Department of Public Health, Ministerio de Sanidad y Bienestar Social, Malabo

Fiocruz (Fundaçâo Oswaldo Cruz)

Dr Samuel Goldenberg
Researcher, Fiocruz, Rio de Janeiro

Germany and Luxembourg Constituency

Dr Vic Arendt
Consultant, Ministère des Affaires étrangères et Européennes, Luxembourg

Ms Laura De La Cruz
Coordination "One Health and Pandemic Preparedness", One Health, BMZ, Federal Ministry for Economic Cooperation and Development, Berlin, Germany

Dr Daniel Eibach
Senior Policy Advisor, Division 101, Pandemic prevention and preparedness, One Health, BMZ, Federal Ministry for Economic Cooperation and Development, Berlin, Germany

* *Attended remotely*

Dr Birte Frerick*
Federal Ministry of Economic Cooperation and Development (BMZ), Berlin, Germany

Dr Beate Henrichfreise*
GIZ, Deutsche Gesellschaft für Internationale Zusammenarbeit, on behalf of Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Dr Isabella Napoli*
Senior Scientific Officer, DLR Project Management Agency, Federal Ministry of Education and Research (BMBF), Bonn, Germany

Dr Angela Schug*
GIZ, Deutsche Gesellschaft für Internationale Zusammenarbeit, on behalf of Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Guatemala

Dra. Iris Lorena Cazali Leal
Jefe de Unidad de Enfermedades Infecciosas y Nosocomiales, Hospital Roosevelt, Ciudad de Guatemala

India and Thailand Constituency

Dr Rajendra Joshi
Additional Director General of Health Services, Department of Health & Family Welfare, Ministry of Health and Family Welfare, India

Dr Auttakiat Karnjanapiboonwong*
Director, Division of Innovation and Research, Ministry of Public Health, Thailand

Japan

Kyrgyzstan

Dr Sagynbu Abduvalieva
Head, Department of Pathology Newborns and Premature Babies, National Center of Maternity and Childhood, Bishkek

Malaysia

Dr Ami Fazlin Syed Mohamed
Director, Institute for Medical Research, Selangor

Dr Nurulhusna Ab Hamid*
Research Officer, Medical Entomology Unit, Institute for Medical Research, Selangor

Mexico

Morocco

Dr Tarik El Madani
Assistant Medical Principal, Direction de l'Epidémiologie et de lutte contre les Maladies, Ministère de la Santé, Rabat

Nigeria

Dr Olusola Ayoola
Head, Health Systems Research, Federal Ministry of Health, Abuja

Professor John Oladapo Obafunwa
Director General, Nigerian Institute for Medical Research, Federal Ministry of Health and Social Welfare, Yaba - Lagos

Dr Kamil A. Shoretire
Director, Health Planning, Research and Statistics, Federal Ministry of Health and Social Welfare, Garki – Abuja

Panama and Spain Constituency

Sr. Juan Albert Castillero Correa
Embajador, Representante Permanente de Panamá, Ginebra

Sra. Carmen Ávila Ortega
Representante Permanente Alterna de Panamá, Ginebra

Dra. Raquel Gutierrez de Mock*
Coordinación de Enfermedades desatendidas, Ministerio de Salud, Panamá

Sra. Francisca Molina Agea*
Jefa de Servicio, Departamento de Cooperación Multilateral, Dirección de Cooperación Multilateral, Horizontal y Financiera, Agencia Española de Cooperación Internacional para el Desarrollo, España

Dr. Nicanor Obaldia
Director General, Instituto Conmemorativo Gorgas de Estudios de la Salud, Panamá

* *Attended remotely*

Sra. Alicia Cebada Romero
Profesora Titular de Derecho Internacional Público, Instituto de Salud Carlos III | National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid, España

Republic of Korea

Dr Hee-Chang Jang
Director-General, National Institute of Infectious Diseases, Cheongju-si, Chungcheongbuk-do

Sri Lanka

Dr Sunil De Alwis
Former Additional Secretary (Medical Services), Ministry of Health and Indigenous Medicine Services, Colombo

Mr W. Kumara Wickremasinghe
Additional Secretary (Medical Services), Ministry of Health and Indigenous Medicine Services, Colombo

Sweden

Mr Eren Zink
Senior Research Advisor, Research Cooperation Unit, Partnerships and Innovation Department, Swedish International Development Cooperation Agency (Sida), Stockholm

Switzerland

Dr Olivier Menzel
Senior Health Advisor, Thematic Cooperation Division Health Section, Swiss Agency for Development and Cooperation, Federal Department of Foreign Affairs, Bern

United Kingdom of Great Britain and Northern Ireland and United States of America Constituency

Dr Dirk Mueller
Senior Health Adviser, Health Research Team, Research and Evidence Division, Foreign, Commonwealth & Development Office, London

Zambia

Dr Gersham Chongwe
Director, Tropical Diseases Research Centre, Ndola

Ms Choolwe Mulenga Chikolwa
First Secretary, Political Affairs and Administration, Permanent Mission, Geneva

United Nations Children's Fund

Dr Karin Källander*
Senior Health Specialist, PHC-HSS / Implementation Research, MNCAH section, PG-Health, Nairobi

Mr Benjamin Schreiber
Associate Director Partnerships, Geneva

United Nations Development Programme

Dr Mandeep Dhaliwal
Director, HIV, Health & Development Group, Bureau for Policy & Programme Support, United Nations Development Programme, New York

World Bank

World Health Organization

Dr Pascale Allotey*
Director, Sexual and Reproductive Health and Research

Dr Sylvie Briand
WHO Chief Scientist and TDR Special Programme Coordinator

Dr Jeremy Farrar
Assistant Director-General, Health Promotion and Disease Prevention and Control

Ms Egle Granziera
Senior Legal Officer, Office of the Legal Counsel

Ms Catherine Yu
Finance Officer, Income, Awards and Donor Reporting

* *Attended remotely*

Special Programme Staff

Director's Office

Dr John Reeder, Director

Dr Garry Aslanyan, Manager, Partnerships and Global Engagement

Ms Maki Kitamura

Dr Mariam Otmani Del Barrio

Dr Robert Terry

Administrative support to the JCB

Ms Izabela Suder-Dayao

Ms Elisabetta Dessi

Mr Joseph Silvester

Programme Innovation and Management

Dr Mihai Mihut, Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Cathrine Thorstensen

Research for Implementation

Dr Christine Halleux, Unit Head

Dr Florence Fouque

Ms Ekua Johnson

Mr Abdul Masoudi

Dr Corinne Merle

Dr Emmanuelle Papot

Dr Vanessa Veronese

Ms Michelle Villasol-Salvador

Dr Gildas Yahouedo

Dr Rony Zachariah

Research Capacity Strengthening

Dr Anna Thorson, Unit Head

Dr Georges Danhoundo

Ms Tina Donagher

Mr Daniel Hollies

Dr Eddy Kamau

Dr Mahnaz Vahedi

Report writer

Ms Christine Coze

Other participants

Chair, TDR Scientific and Technical Advisory Committee (STAC)

Professor Margaret Gyapong
Director, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana

Presenters

Professor Dissou Affolabi
Coordinator of the National Tuberculosis Programme, Cotonou, Benin

Professor Seydou Doumbia
Director of the University Clinical Research Center, University of Sciences, Techniques and Technology of Bamako, Mali

Dr Piyusha Majumdar
Associate Professor, Faculty, SD Gupta School of Public Health, Jaipur, India

* *Attended remotely*

Observers

Australia

Dr Gary Lum*
Principal Medical Advisor, Interim Australian Centre for Disease Control, Adelaide

Colombia

Dr. Julian Trujillo*
Ministerio de Salud y Protección Social, Santa Fe de Bogotá

Dr. Mauricio Javier Vera Soto*
Ministerio de Salud y Protección Social, Santa Fe de Bogotá

Djibouti

Dr Garad Abdoulkader Mohamed*
Conseiller Technique du Ministre de la Santé, Ministère de la Santé, Djibouti

Egypt

Mr Khaled Atallah*
First Secretary, Permanent Mission of the Arab Republic of Egypt, Geneva

Ms Amany Elhabashy*
Undersecretary of Endemic Diseases Department, Ministry of Health and Population, Cairo

Mr Alaa Hegazy
Ambassador Permanent Representative, Geneva

Greece

Mr Dimitrios Kranias
Health Attaché, Permanent Mission, Geneva

Ms Danai Pervanidou*
Head, Vector-borne Diseases Department, Directorate for Epidemiological Surveillance and Intervention for Infectious Diseases, Hellenic National Public Health Organization, Athens

Iran (Islamic Republic of)

Professor Shahram Habibzadeh
National IHR Focal Point Ministry of Health & Medical Education, Tehran

Iraq

Dr Sinan Ghazi Mahdi*
Manager, CDC, Ministry of Health and Environment, Baghdad

Dr Tala Khudair Abbas*
Specialist Physician, CDC, Public Health Directorate, Ministry of Health, Baghdad

Norway

Ms Marianne Monclair
Senior Adviser, Norad, Olso

Philippines

Dr Ana Liza P. Hombrado-Duran
Officer in Charge-Director IV, Research Institute for Tropical Medicine, Department of Health, Manila

South Africa

Professor Glenda E. Gray
President and Chief Executive Officer, South African Medical Research Council, Cape Town

Fondation Mérieux

Ms Laurence Mazuranok
Partnerships and Fundraising Manager, Medical and Scientific Department, Fondation Mérieux, Lyon, France

Instituto de Higiene e Medicina Tropical (IHMT)

Dr Paulo Ferrinho*
Professor of Global Public Health, Global Health and Tropical Medicine, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisbon, Portugal

* *Attended remotely*

Medicines for Malaria Venture (MMV)

Ms Sandrine Hakiza
Advocacy intern, Medicines for Malaria Venture, Geneva

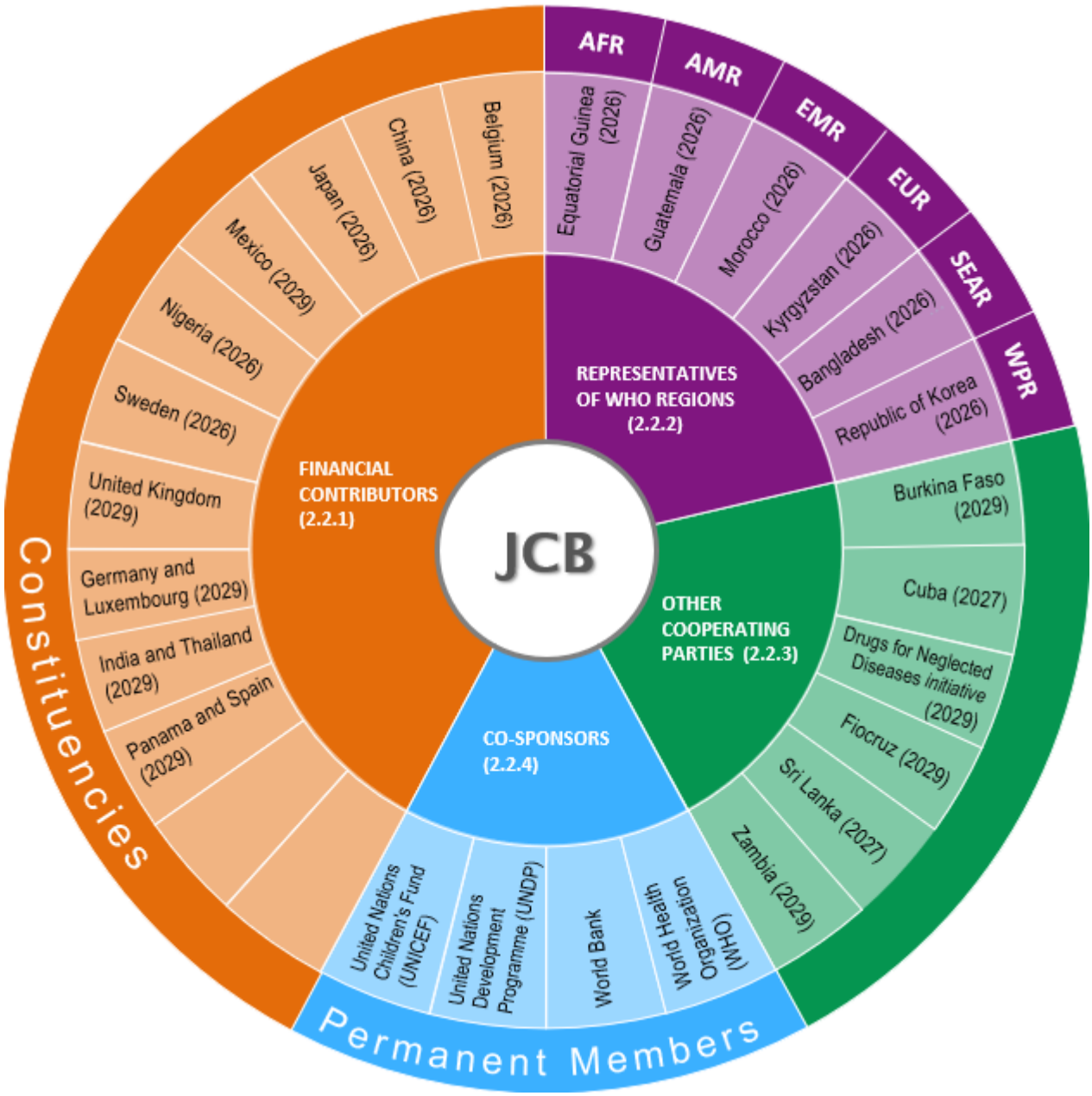
Palestine

Mr Ibrahim Khraishi
Ambassador, Permanent Observer, Geneva

Mr Ryad Awaja
Counsellor, Permanent Observer, Geneva

***** *Attended remotely*

Annex 3. JCB membership from 1 January 2026



Annex 4. STAC membership from 1 July 2025

	Term of office: until 30 June
(Chair) Professor Margaret Gyapong, Director, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana	**2022–2026**
Professor Karen Barnes, Professor, Division of Clinical Pharmacology, Department of Medicine, University of Cape Town, Cape Town, South Africa	**2022–2026**
Dr Bassirou Bonfoh, Senior researcher, Director Afrique One, Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS), Abidjan, Côte d'Ivoire	**2025–2027**
Dr Alex Eapen, Deputy Director, ICMR-National Institute of Malaria Research, Chennai, India	**2025–2027**
Dr Delfina Fernandes Hlashwayo, Faculty Member and Researcher, Department of Biological Sciences, Faculty of Sciences Eduardo Mondlane University, Maputo, Mozambique	**2025–2027**
Professor Debra Jackson, Takeda Chair in Global Child Health and Deputy Director of the MARCH Centre, London School of Hygiene & Tropical Medicine, London, United Kingdom	**2022–2026**
Professor Engelbert Bain Luchuo, Head of International Programs, African Population and Health Research Centre, APHRC, Nairobi, Kenya	**2025–2027**
Dr Thabi Maitin, Division Manager, Research Grants and Scholarship Funding, South African Medical Research Council, Tygerberg, South Africa	**2022–2026**
Dr Diogo Martins, Lead Adviser to the CEO Office, Wellcome Trust, London, United Kingdom	**2025–2027**
Dr Emelda Aluoch Okiro, Head, Population Health Unit, KEMRI/Wellcome Trust Collaborative Programme, Nairobi, Kenya	**2021–2026**
Professor Leanne Robinson, Program Director, Health Security, Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health, Burnet Institute, Melbourne, Australia	**2022–2026**
Dr Kathrin Schuldt, Head LabGroup Infectious Disease Surveillance and Control, Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany	**2025–2027**
Professor David Soeiro Barbosa, Adjunct Professor, Federal University of Minas Gerais, Institute of Biological Sciences, Belo Horizonte, Brazil	**2025–2027**
Dr Yadlapalli Sriparvathi Kusuma, Professor, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, India	**2025–2027**
Professor Andrea Winkler, Co (joint)-Director, Center for Global Health, School of Medicine, Technical University of Munich, Germany	**2022–2026**