TDR For research on diseases of poverty

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TDR/JCB49/26.3

REPORT OF THE FORTY-NINTH SESSION OF THE

JOINT COORDINATING BOARD

WHO headquarters
Geneva, Switzerland
17–18 June 2026

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Report of the forty-ninth session of the TDR Joint Coordinating Board, 17–18 June 2026

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Contents

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
PDP	product development partnership
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
WHO	World Health Organization

I. Introduction

The forty-ninth session of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) was held at the World Health Organization (WHO) headquarters in Geneva, Switzerland, on 17–18 June 2026. The session was chaired by Dr Dirk Mueller of the United Kingdom of Great Britain and Northern Ireland. Representatives of governments and partner organizations attended as observers, together with colleagues from WHO and TDR (see Annex 2).

A briefing session, open to all JCB members and observers, was held on the preceding day. Time was also allocated within the agenda to enable informal discussions among resource contributors and disease-endemic country groups on matters of relevance to their constituencies, with comments and suggestions subsequently shared in plenary.

The Board reviewed TDR's achievements since JCB48 and considered priorities and plans for 2026 and beyond. Key decisions included the approval of the 2025 Results report, the Risk management report and the Financial management report. All presentations from the session have been made available on the JCB web page. The Director reported on the work of overall TDR and its units, TDR programme manager presented the financial report, and Manager of Partnerships and Global Engagement organized the special session on the future of global health architecture and served as moderator for the presentation of TDR supported activities globally.

II. Summary of proceedings

Item 1. Welcome and opening remarks

Key messages

Participants were welcomed by the Chair, and active contributions from all members and observers were encouraged.

Remarks were delivered on behalf of the WHO Director-General by Dr Meg Doherty, and apologies were conveyed for the absence of both the Director-General and the Chief Scientist. Appreciation was expressed for the Board's leadership in keeping TDR's work aligned with country needs, and WHO's role as a founding co-sponsor was reaffirmed. TDR's contribution to advancing rigorous research on infectious diseases affecting vulnerable populations was highlighted.

The impact of TDR's investment in capacity strengthening was illustrated through the career of the Director-General, whose TDR-supported training enabled research in Ethiopia that demonstrated significantly higher malaria incidence near irrigation reservoirs. These findings informed national policies and contributed to improved health outcomes, exemplifying the lasting value of TDR support globally.

The current global health context was described as a critical moment, marked by increasing emphasis on national sovereignty, reduced duplication and greater system harmonization. Within this evolving architecture, TDR was identified as uniquely positioned to provide stability, transparency and sustained research leadership.

TDR's growing relevance in addressing health challenges was underscored, including its contribution to the Ebola response in the Democratic Republic of the Congo and its role in building research capacity for clinical trials under WHO's R&D Blueprint. Its contributions to disease elimination, including malaria reduction and progress on neglected tropical diseases, were also noted, alongside the certification of Suriname as malaria-free. Confidence was expressed in the leadership of the newly appointed Director, Dr Marcus Lacerda, to guide TDR through this period.

Three requests were conveyed to the Board: to continue championing TDR and implementation research; to sustain technical and financial support; and to define a clear and ambitious role for TDR within the evolving global health architecture. Appreciation was expressed for the Board's continued commitment to advancing WHO's vision of the highest attainable standard of health for all.

Dr Doherty also delivered remarks on behalf of the Chief Scientist, Dr Sylvie Briand, outlining recent restructuring within the Science Division. The Division was described as comprising TDR, a newly integrated department covering quality, norms and standards, publications and forward-looking research, and the Alliance for Health Policy and Systems Research, with continued collaboration with HRP.

It was noted that WHO's research functions have been consolidated to strengthen impact across the research continuum. Emphasis was placed on both anticipating future scientific and health security needs through foresight and improving the uptake of research outputs by countries. A clear focus was highlighted on ensuring that evidence, guidelines and policies are translated into practice, with priority given to outputs that enhance access and deliver tangible health improvements.

A new initiative to address misinformation and strengthen trust in science was also highlighted, reflecting growing global challenges affecting research and public health.

The Chair thanked Dr Doherty for the reflections on the role of the Office of the Chief Scientist and affirmed that the three requests conveyed on behalf of the Director-General would be addressed with due seriousness. It was noted that the Board's deliberations would include a particular focus on defining a clear and ambitious role for TDR within the evolving global health architecture.

The Chair expressed appreciation to Dr Doherty and conveyed the Board's thanks to the Director-General, the Chief Scientist and Dr Doherty for their leadership and continued support to TDR, particularly over the past year, in ensuring that the Programme has sustained delivery of its mission despite challenging global health conditions.

Item 2. Statutory business

1. Appointment of the Rapporteur

The Board was informed that Dr Samuel Goldenberg (Fiocruz) had kindly agreed to serve as Rapporteur of JCB49.

2. Adoption of the Agenda

The draft agenda was circulated to members and observers in February, with the annotated version made available on the JCB web page one month before the session; no comments were received.

3. Declarations of interests

The declaration of interests forms were accepted as submitted by all members.

JCB49

- Appointed Dr Samuel Goldenberg (representative of Fiocruz) as Rapporteur of JCB49.
- Adopted the agenda of JCB49.
- Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.

Item 3. Progress since JCB48

1. Director's report

Dr Marcus Lacerda, Director TDR, presented an overview of the Programme's achievements over the past year, along with future plans and specific updates. A document outlining decisions and recommendations from the previous Joint Coordinating Board meeting is available on the website. The presentation was preceded by a video on Ebola highlighting TDR's contributions over the past 52 years to the development of effective outbreak tools. The report featured a consolidated programme presentation by the Director, who integrated results on behalf of all strategic areas and units, whose names and area they are leading were presented as a TDR team.

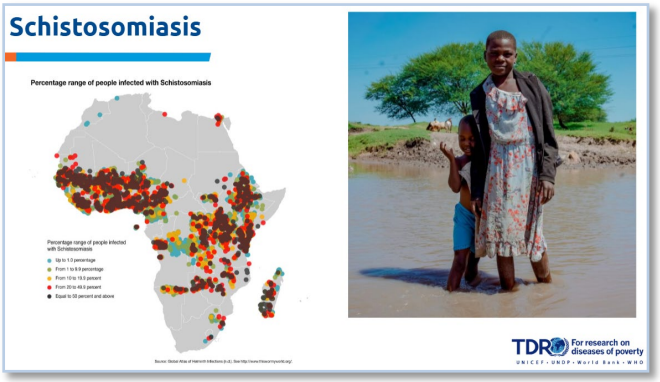
Key messages

It was emphasized that TDR's sustained investment over more than five decades has enabled countries to build and retain the expertise required to respond effectively to health emergencies, including Ebola, where capacity cannot be rapidly created. The importance of supporting skilled professionals in low- and middle-income countries was underscored, with TDR recognized for strengthening national research environments and promoting locally driven solutions.

The evolution of leadership was noted as reflecting continued adaptation to changing global health challenges while maintaining the Programme's core mission. TDR's longstanding role as a neutral platform for international scientific collaboration, including during periods of geopolitical tension, was highlighted as a defining and enduring strength.

Recognition was given to the contributions of staff and partners in sustaining programme impact. Continued support from donor countries was acknowledged as essential, particularly in a constrained funding environment, with emphasis placed on demonstrating value and maintaining strong engagement.

TDR's focus on implementation research was reaffirmed as central to bridging gaps between innovation and access. It was noted that the development of medicines, diagnostics and vaccines must be accompanied by effective delivery and uptake to achieve impact. Illustrative examples included the introduction of paediatric praziquantel for schistosomiasis, addressing a longstanding treatment gap and initiatives supporting malaria control among hard-to-reach populations through context-specific approaches.



Further contributions to strengthening practical solutions were highlighted, including support to malaria vaccine delivery adapted to local contexts. The added value of TDR's collaboration- and network-based approach, including through co-sponsors' stewardship, was emphasized, enabling efficient use of existing data and strengthening national capacity for analysis and decision-making. Contributions to tuberculosis control and antimicrobial resistance monitoring were cited as examples where locally generated evidence has informed policy and WHO guidance.

Efforts to promote research uptake, innovation and knowledge-sharing were acknowledged, including through global networks and initiatives engaging young people, as well as communication platforms

supporting dissemination and countering misinformation. The importance of strong scientific guidance was reaffirmed through advisory mechanisms that ensure relevance, quality and alignment with global priorities.

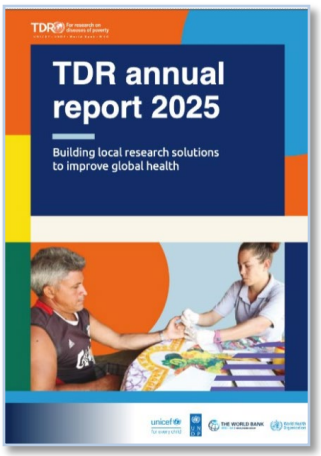
Although the *Global Health Matters* podcast was initially thought to have a limited audience, it has since gained notable recognition. Over the past five years, interviews have been conducted with global experts from many African countries, as well as from Geneva, Europe and South-East Asia. These contributions have supported efforts to counter misinformation by strengthening knowledge in global health. The podcast has been incorporated into at least five postgraduate programmes and is widely used in public health courses, where TDR-generated content continues to inform strategies.

In the context of the evolving global health architecture, it was observed that key principles, including country ownership, equitable partnerships, regional collaboration and efficient use of resources, are well established within TDR's approach. TDR was considered well positioned to contribute to ongoing reform processes, through collaboration with its co-sponsors and drawing on its experience and continued commitment to strengthening capacity and translating research into country-level impact.

Discussion

Appreciation was widely expressed for the Director's report, with recognition of TDR's strong focus on results, impact and effective use of partnerships, networks and innovation. Congratulations were conveyed on the Director's appointment, and gratitude was extended to WHO as Executing Agency, and the Director-General in particular, for its continued leadership in safeguarding TDR's role, governance and mandate. Strengthened communication and visibility, including during the Ebola outbreak, were positively acknowledged, alongside increased financial contributions from some countries and calls for broader donor support to sustain and expand impact.

TDR's contributions to strengthening national research capacity, informing public health policy and supporting responses to infectious disease outbreaks were highlighted. Its role in generating global public goods through sustained investment in research systems was underlined, together with the importance of implementation research in linking innovation to access and aligning research with field-level needs.



Further priorities were identified, including enhanced collaboration with global health actors such as Gavi, the Global Fund, product development partnerships (PDPs) and regional institutions; strengthened approaches to sustainable financing, including co-financing and resource mobilization in implementing countries; and expanded capacity strengthening, particularly for early-career researchers and regional training hubs. Reinforced south–south collaboration and support to emerging research institutions and networks were also encouraged.

The importance of evidence generation and trust in science was emphasized, with TDR's role in producing data-driven, policy-relevant solutions considered increasingly critical. Its model, grounded in country ownership, partnerships and cost-effective use of existing data, was viewed as highly relevant to the evolving global health architecture, while funding constraints and potential bottlenecks were noted.

In response, the current period of change was framed as an opportunity to strengthen partnerships and align strategies. Ongoing collaboration with major global health actors, including on malaria vaccine delivery, was confirmed, alongside efforts to better measure and demonstrate impact. Increased emphasis was placed on enabling institutions in low- and middle-income countries to access funding directly, including through proposal development support and small grants.

Expansion of regional training centres was identified as a priority to enhance capacity strengthening and south–south collaboration. Continued engagement with research institutions, especially in low- and middle-income countries, and emerging initiatives was noted, together with the importance of sustained and flexible core funding to support innovation. Capacity strengthening remained central, supported by partnerships across

regions and disease areas, and by leveraging existing expertise.

TDR's impact derives from a lean Geneva-based secretariat that works primarily through southern research hubs, regional networks and partner institutions, promoting local ownership and capacity strengthening while maintaining minimal central oversight and low administrative costs.

Overall, TDR was recognized as a unique and resilient programme, well aligned with evolving global health priorities and positioned to strengthen capacity, convene partners and translate research into country-level impact.

JCB49

- Welcomed the report of the Director and the 2025 annual report's achievements.

2. Report of the Standing Committee

On behalf of the Chair of the Standing Committee, **Dr Iris Cazali** summarized the decisions and recommendations as presented in the minutes of the two meetings having taken place since JCB49.

Discussion

The Chair underscored the importance of recent governance decisions, noting that the past year had demonstrated the strength and resilience of TDR's governance model in maintaining effective functioning under challenging circumstances. It was proposed that lessons be drawn from this experience, including the establishment of a more formal and permanent deputizing function within the Secretariat being given to an existing team member to ensure continuity in the absence of the Director. The importance of preserving TDR's autonomy within its existing structure was also emphasized. The Board was invited to endorse these recommendations and to request that the Secretariat and the Executing Agency take them forward in the coming year.

Strong support was expressed by members for the prioritization of TDR's autonomy and resilience, with recognition that this reflects a shared commitment to its value as a co-sponsored programme with independent governance and financing. The effectiveness of the interim leadership arrangements, with responsibility assigned to Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager, and Dr Michael Mihut, TDR Programme Manager, was acknowledged, and the need for a structured deputizing mechanism was reiterated. The importance of resource mobilization was also highlighted as a key component of the Director's role and of the partnerships and global engagement function.

With no further comments raised, the recommendations were adopted by the Board.

JCB49

- Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB and thanked the Standing Committee for the work done in the past year, particularly at the time of the transition.

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

Professor Margaret Gyapong presented an overview of the work undertaken by STAC over the past year.

Key messages

STAC was reported to have undergone a period of transition, with membership changes noted positively and continuity in leadership ensured through the support of co-sponsors, the Joint Coordinating Board, and interim arrangements. Progress in reviewing strategic and technical documents was acknowledged, alongside continued Secretariat follow-up on recommendations and updates on the Scientific Working Group.

The reports presented were endorsed, with TDR commended for sustained quality performance in a challenging environment. The need to strengthen communication of research outputs, enhance implementation research leadership and address geographic and inclusion gaps was emphasized. Early engagement with product development partnerships, stronger links between research and programme delivery and greater support for researchers in low- and middle-income countries were highlighted.

The importance of innovation, capacity building and TDR's catalytic role was reaffirmed, with recommendations to expand training, digital engagement and multilingual dissemination, and to better leverage alumni networks and partnerships. Overall, TDR was considered well positioned to respond to evolving global health priorities, with a focus on strengthening reach, inclusivity and impact.

Discussion points

Appreciation was expressed to Chair STAC and STAC members for their continued advice and support. Clarification was sought regarding concerns related to geographic coverage and the renewed emphasis on PhD-level training, noting its previous role within TDR. In response, it was noted that geographic mapping of TDR activities had revealed uneven coverage, with certain regions receiving limited support. The Secretariat was therefore tasked with addressing these imbalances and ensuring more equitable distribution of activities. On capacity strengthening, it was acknowledged that PhD-level training had declined; however, its importance in fostering leadership in implementation research was reaffirmed, and its reinstatement is under consideration.

Strong interest was expressed in strengthening collaboration between TDR and PDPs, particularly through earlier integration of implementation research within product development processes. This was recognized as a key area of complementarity, with TDR's role in bridging development and real-world application highlighted as increasingly relevant within the evolving global health architecture.

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

JCB49

- 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 2025, the second year of the Strategy, with an outlook for the coming biennium.

Key messages

A high-level overview of TDR's performance in 2025 was presented, focusing on key results, contributions to impact, application of core values and main risks and lessons learned within the accountability and continuous learning framework. The TDR Performance Framework 2024–2029 was described as fully aligned with the Strategy and guiding planning, monitoring and reporting, with emphasis placed on linking outputs to outcomes and impact.

Performance was assessed against 26 key indicators covering technical deliverables, core values and managerial performance, as detailed in the 2025 Results Report and the Risk Management Report 2025. A new section on impact cases was introduced, highlighting long-term contributions to country-level achievements, including disease elimination milestones, delivered through partnerships and leveraged investments.

Progress at outcome level was reported across several strategic areas, including increased country uptake of TDR-supported tools. Strong performance was noted against utilization targets, prompting consideration of whether future targets should be revised to maintain ambition. Qualitative results further demonstrated TDR's focus on equity, with examples illustrating improved access and service delivery for marginalized populations.

Application of core values was reported as broadly on track, with most indicators within or approaching target ranges. High levels of resource allocation to disease-endemic countries were maintained, alongside sustained progress in gender equity, including equal distribution of funding and attainment of gender parity among first authors in supported publications. A decline in first authorship from researchers in low- and middle-income countries was identified as an area of concern and is under review.

Risk management processes indicated improvements in key areas, although risks remain related to portfolio alignment, income, communication of value, institutional constraints and workforce continuity. These are being actively monitored and managed. Lessons learned from the reporting period were highlighted as an integral component of strengthening programme resilience.

Looking ahead, continued implementation of the current strategy was confirmed, alongside a focus on managing change, addressing risks proactively, enhancing resource mobilization and maintaining prudent financial planning aligned with available funding.

Discussion points

Strong appreciation was expressed for TDR's continued emphasis on country ownership, with a high proportion of funding directed to low- and middle-income countries, and for sustained progress toward gender balance in research outputs. These achievements were highlighted as closely aligned with donor priorities.

Questions were raised regarding the growing challenge of misinformation, including the potential impact of AI-driven disinformation on trust in science and the uptake of evidence in endemic countries. In response, it was noted that misinformation is already affecting programme implementation, including in malaria vaccine deployment, and is being addressed at project level through rapid stakeholder engagement. TDR's participation in broader WHO initiatives to strengthen trust in science was confirmed, alongside plans to further engage its global network of trainees and partners, although a more structured approach remains under development.

Discussion on risk management focused on the impact of WHO cost-containment measures and their implications for programme implementation and autonomy. It was clarified that, during 2025, these measures significantly slowed activities, including consultancies, travel and project initiation, despite available funding. While some exemptions were secured, most delays were outside TDR's control and contributed to carryover into 2026. It was further reported that, since early 2026, decision-making authority has been restored, enabling implementation to resume, although delays cannot be fully recovered.

Concerns were raised regarding the balance between designated and undesignated (flexible) funding, particularly the risk that increased reliance on earmarked funding could limit the strategic use of core resources. In response, it was emphasized that TDR applies a full cost-recovery policy for designated funding to avoid cross-subsidization and maintains careful oversight to preserve the strategic value of flexible funding.

The role of co-sponsors in resource mobilization was discussed, with recognition that, while direct financial contributions are limited, co-sponsors support TDR through advocacy, partner identification and alignment of activities at country level. Continued collaboration with co-sponsors and exploration of joint fundraising opportunities were highlighted as priorities in a highly competitive funding environment.

The Board noted that the active engagement and ownership of TDR by its co-sponsors is critical to raising the Programme's profile, reinforcing its strategic relevance and facilitating the translation and uptake of TDR-generated evidence through the co-sponsors' respective mandates, networks and programmes.

Further commendation was expressed for TDR's overall performance, including contributions to disease elimination, research uptake into national policies, and strengthened research capacity and networks. Questions were raised on collaboration in areas such as online training and One Health, and interest was expressed in enhanced coordination with global platforms.

In response, it was reiterated that partnerships remain central to TDR's model, including collaboration with co-sponsors, global initiatives and country-level actors. The importance of sustaining investment, strengthening coordination and maintaining a focus on translating research into impact was emphasized. Overall, TDR's progress was recognized as the result of sustained, long-term effort, with continued support and strategic adaptation considered essential to future success.

JCB49

- Approved the 2025 TDR Results Report.
- Approved the TDR Risk Management Report, 2025 and outlook 2026.

Item 4. Financial management report 2024–2025 and outlook 2026–2029

Dr Mihut presented the Financial Management Report for 2024–2025 and the outlook for 2026–2029, including the WHO TDR Certified Financial Report for 2025, with financial performance reviewed in the context of WHO's 2024–2025 biennial cycle.

Key messages

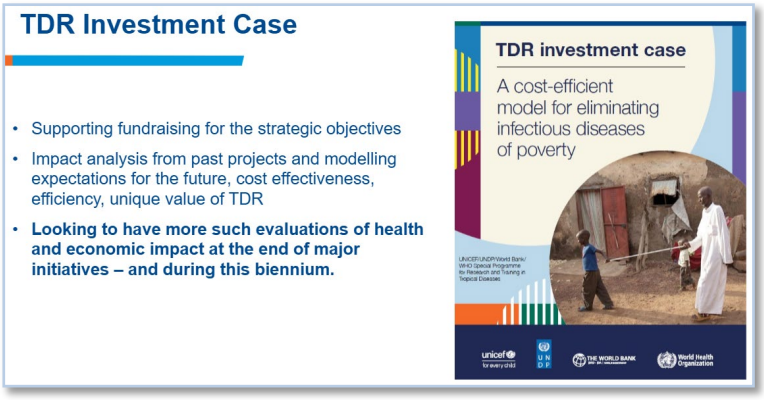
The financial session was introduced with the participation of a representative from WHO's Comptroller's Office, available to address questions on the certified financial statement. An overview of financial performance in 2024–2025 and projections for 2026–2029 was presented, with detailed information provided in the Financial Management Report and the WHO Certified Financial Statement.

Financial implementation in 2024–2025 was reported to be strong overall, despite operational constraints. Savings in staff costs were achieved due to unfilled positions, while implementation of activities funded through undesignated (core) resources remained robust. Some delays and slight reductions in operational expenditures were noted, largely linked to WHO cost-containment measures. Performance of designated funding was below target, reflecting lower-than-expected fundraising rather than implementation issues. Operational support costs were also reported below planned levels.

Undesignated funding reached US$ 24.7 million, slightly below target but, due to prior carryover, without resulting in a deficit . Continued reliance on a limited donor base was noted as a risk. Support from WHO as a co-sponsor was acknowledged, alongside TDR's financial contributions to WHO, resulting in a net institutional benefit for WHO.

Fundraising for designated funding was reported to have fallen short amid increased competition for limited global resources and evolving funding patterns favouring direct country allocations. Efforts to strengthen engagement with country institutions and position TDR as a collaborative partner in accessing such funding were highlighted.

For 2026–2027, financial planning was described as cautious but stable, with a contingency framework introduced to reflect reduced initial availability of designated funding. Measures include prioritization of essential activities and temporary suspension of non-critical recruitment. This approach was noted to align expenditures with confirmed income while maintaining operational continuity. Carryover funds are expected to support near-term implementation (stable cashflow), although a fundraising gap remains, which is normal at this stage in the biennium.



Emerging risks, including foreign exchange volatility affecting staffing costs, were identified. Opportunities to enhance country-level engagement through increased use of locally based expertise were noted. Implementation at the start of the current biennium was reported to be below a linear trajectory, consistent with normal start-up cycles.

The importance of strengthening TDR's Investment Case was emphasized, including the use of further case studies demonstrating long-term impact and cost-effectiveness. Preparations for the 2028–2029 programme budget are under way, with three funding scenarios presented for consideration: a baseline scenario of US$ 40 million, comprising an estimated US$ 23 million in undesignated revenue and US$ 17 million in designated funds; a target scenario of US$ 50 million (US$ 28 million in undesignated revenue and US$ 22 million in designated funds); and a contingency scenario of US$ 32 million (US$20 in undesignated revenue and US$ 12 million in designated funds). Feedback from the Board was invited to inform the development of a realistic and strategically aligned budget proposal.

Discussion points

Questions were raised on measures to strengthen resource mobilization, the likelihood of closing the funding gap and the risks associated with increased reliance on designated funding.

In response, it was noted that fundraising capacity is being reinforced through improved proposal development, expanded partnerships and targeted donor engagement. Programme priorities continue to be defined through governance processes, with funding sought against strategic objectives to preserve autonomy. Funding offers are selectively accepted to ensure alignment with TDR's mandate.

It was emphasized that safeguards, including full cost-recovery policies, are in place to prevent cross-subsidization and protect the strategic use of flexible funds. Designated funding remains concentrated in areas such as capacity strengthening and selected implementation research.

Operational measures include controlled personnel costs, increased use of consultants—particularly from low- and middle-income countries—and enhanced collaboration with partners to support joint fundraising and reduce resource burdens.

Members highlighted the importance of maintaining TDR's core focus on implementation research and capacity strengthening, while preserving flexibility through undesignated funding. The need to strengthen institutional capacity, diversify funding sources and sustain strategic positioning was reiterated.

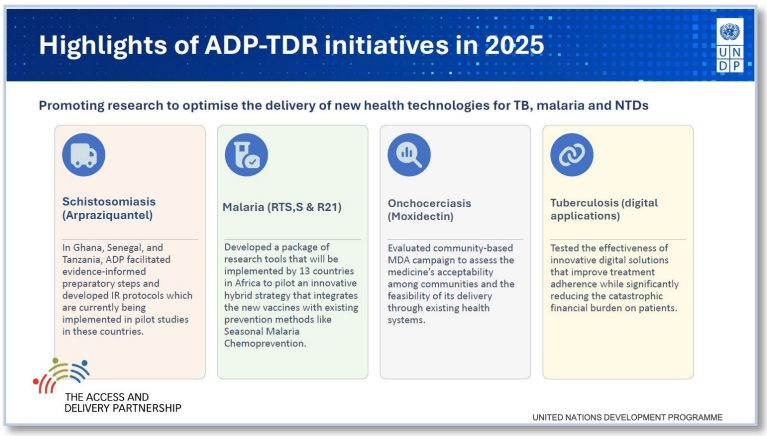
JCB49

- Approved the Financial management report 2024–2025 and outlook 2026–2029.
- Approved the certified financial statement for the year ended 31 December 2025.
- Approved the proposed three budget scenario levels for the 2028–2029 biennium.

Item 5. Update from TDR co-sponsors

Key messages

On behalf of UNDP, Ms Luciana Mermet, Manager of the Global Fund Partnership and Health Systems Team, Prosperity and Well-being Hub, gave an overview of UNDP's current work and joint collaborations.



Solidarity was expressed with concerns regarding the increasing reliance on designated funding, noting that this reflects broader trends across the UN system. Continued UNDP support was affirmed to help expand TDR's resource base, alongside strengthened collaboration, including within future health systems work.

Evolving global trends were highlighted, including the impacts of climate change, environmental degradation and geopolitical pressures, which are increasing health risks and exacerbating inequalities. At the same time, advances in science, digital technology and artificial intelligence were recognized as creating significant opportunities to improve prevention, diagnosis and service delivery. Ensuring that these innovations reach the most vulnerable populations was identified as a shared priority.

UNDP's strategic approach was presented as centred on integrated development, with a strong emphasis on health system resilience, inclusive governance and multisectoral action. As a co-sponsor, UNDP was noted to contribute to strengthening research-informed health systems through areas such as equitable access to technologies, pandemic preparedness, climate and health, and digital health.

Collaboration through joint initiatives, including the Access and Delivery Partnership, was highlighted as delivering practical results. Examples included implementation research on schistosomiasis, malaria vaccines, onchocerciasis and tuberculosis, demonstrating how innovation and evidence generation support improved health outcomes and delivery efficiency.

Further contributions were noted in digital transformation, climate-resilient health systems and innovative financing, with activities supporting countries to scale integrated solutions across sectors. The importance of partnerships in translating research into practical, scalable solutions was emphasized, particularly in a resource-constrained environment.

It was concluded that continued collaboration between TDR and UNDP will be essential to ensure that scientific advances are effectively translated into equitable health outcomes and strengthened systems.

On behalf of UNICEF, Mr Benjamin Schreiber, Senior Advisor, Health Strategy and Management, gave an overview of UNICEF's current work and joint collaborations.

UNICEF provided an update on recent organizational reforms and its approach to embedded implementation research. A new strategic plan was highlighted, centred on child health, survival and well-being across the life course. Significant restructuring was reported, including consolidation of regional offices, relocation of technical capacity to regional centres of excellence and a reduction in staffing. Implementation research was retained as a strategic priority, with a focused team supporting country engagement.

The approach to implementation research was described as fully embedded in programmes, with priorities defined at country level and aligned with national decision-makers. Capacity-building activities are conducted through in-country workshops, supporting policy uptake and strengthening local research skills. Evidence from recent assessments indicated strong contributions to policy change and transferable capacity strengthening.

Ongoing activities were reported across multiple areas, including immunization, noncommunicable diseases, community health and service delivery. Expansion of work, particularly in noncommunicable diseases, was noted in response to increasing demand. Collaboration with TDR was highlighted, including joint development of guidance materials, knowledge platforms and global dissemination outputs.

UNICEF's internal service model enables country offices to access technical support for implementation research design, quality assurance and analysis. Engagement with partners, including TDR and other global actors, was emphasized as central to delivery.

Priority areas for future work include digital health, primary health care, equity, climate resilience and health systems strengthening. Continued commitment was expressed to institutionalizing implementation research and to strengthening capacity and evidence use at country level, in alignment with TDR's strategic objectives.

On behalf of WHO, Mr Gerardo Zamora Monge, representing the Chief Scientist, mentioned items related to both the Organization and more specifically to the Science Division's role, including:

Updates were provided on key WHO developments relevant to TDR. It was reported that WHO has undertaken an organization-wide reprioritization and sustainability exercise in response to a challenging financial landscape. The 2026–2027 budget was reduced by 20%, with staffing and structures aligned accordingly while safeguarding core functions, including normative work and country presence. A further increase in assessed contributions was approved by Member States, and workforce adjustments were implemented through a structured and transparent process, with support provided to affected staff.

An update was also given on the evolving global health architecture, with Member States having launched an inclusive, time-bound process to develop recommendations aimed at improving coherence, equity and country leadership. An interim report is expected within the year, with final recommendations to be presented to the next World Health Assembly.

Progress under the Intergovernmental Working Group on pathogen access and benefit-sharing was noted, with continued negotiations mandated to finalize the proposed framework.

WHO's response to the ongoing Ebola outbreak was outlined, based on a joint WHO–Africa CDC plan under country leadership. Operational scale-up is under way, though gaps remain in areas such as surveillance and laboratory capacity. The Science Division, including TDR expertise, is actively contributing.

A new initiative, Together in Science and Health, was introduced to address misinformation and reinforce trust in science, with partners invited to engage.

Discussion points

It was noted that the World Bank was not represented, and appreciation was expressed to the co-sponsors for their updates and collaboration with TDR.

Item 6. Panel discussion: The evolving global health architecture and TDR's role in the future global health ecosystem

An overview of the evolving global health landscape was provided by Dr Aslanyan. It was observed that the intense scrutiny facing global health in 2025 reflected long-standing structural weaknesses rather than a sudden crisis. Persistent dependence on development assistance, reduced national health investment, limited country ownership, insufficient research capacity and geopolitical tensions were identified as underlying challenges. Widespread institutional reviews, funding reductions and reform initiatives, including the Lusaka Agenda and Accra Reset, were noted as responses to these pressures. It was emphasized that research, evidence generation, innovation and capacity strengthening had often been undervalued despite their importance. WHO's reform process was presented as an effort to align global health architecture with evolving sovereignty, scientific advances, health priorities and financial realities.

Dr Jeremy Farrar – Shifts in global health architecture and implications for TDR

Question: What are the most consequential shifts in the global health architecture, and how should research-driven entities like TDR respond?

A period of profound disruption in global health and international affairs was described as a defining moment requiring active leadership rather than passive adaptation. It was argued that institutions should undertake reform before it is imposed upon them. TDR was portrayed as being well positioned to shape its future through proactive change, collaboration and strategic foresight. Risks arising from scientific advances, digital technologies and demographic shifts were highlighted, particularly the potential expansion of inequities if innovation is not matched by access. A central role for TDR was envisioned in linking science, research, innovation, evidence and equitable access within an evolving global health architecture.

Dr Catherine Kyobutungi – Role of African research institutions in reform processes

Question: How is the evolving global health architecture reshaping the role of African research institutions, and how can TDR better support them?

The Accra Reset was presented as a response to structural rather than incremental challenges in global development. Sovereignty was identified as a foundational principle, with strong knowledge systems considered essential for its realization. Greater emphasis was placed on African-led agenda setting, equitable funding models, institutional strengthening and meaningful partnerships among researchers, policymakers, communities and civil society. Research translation was described as needing integration throughout the research process rather than being treated as an add-on. Accountability was proposed to extend beyond outcomes to include adherence to principles such as sovereignty and subsidiarity. Strong alignment was observed between the objectives of the Accra Reset and WHO reform efforts.

Dr Anders Nordström – Geopolitics and the role of research partnerships

Question: What geopolitical dynamics are influencing global health reform and how should TDR respond?

Current reforms were characterized as an opportunity for renewal rather than a threat. It was observed that geopolitical influence is increasingly distributed across low- and middle-income countries, civil society, academia and the private sector, diminishing the dominance of traditional actors. Reform was argued to be most effective when purpose and functions are established before organizational structures are redesigned. The growing importance of knowledge, evidence, norms and global public goods was emphasized as traditional development assistance declines. TDR was encouraged to position itself as a provider of global public goods supported by emerging financing models. Greater attention was also recommended for implementation research, health systems analysis and political determinants of policy change.

Dr Bernard Pécoul – Lessons from PDPs and implementation research

Question: What lessons from PDPs are relevant, and how can TDR support operational research needs in the evolving architecture?

TDR's historical role in establishing major product development partnerships was highlighted as a significant contribution to global health innovation. Greater collaboration and consolidation across organizations were advocated, with the creation of new institutions viewed as increasingly unnecessary. The value of implementation and operational research was emphasized in translating innovations into policy and practice. Examples from sleeping sickness, neglected tropical diseases and antimicrobial resistance illustrated how new tools could support integrated service delivery and reduce dependence on vertical programmes. A future global health ecosystem centred on integration, shared networks and coordinated action was endorsed, with TDR positioned as a key catalyst for policy adoption and systems transformation.

Dr Magda Robalo – Country perspectives and expectations

Question: How are countries experiencing reform, and how can TDR best support them?

Countries were described not as recipients of reform but as its principal architects, shaping a new global health order through sovereignty-driven approaches. The emergence of a broader geopolitical and financial realignment, particularly across low- and middle-income countries, was identified as a major force behind current reforms. Partnerships rooted in mutual respect, national ownership and local leadership were presented as essential. Earlier models characterized by externally imposed priorities were viewed as outdated. TDR was encouraged to undertake its own strategic renewal to remain relevant in a changing environment. Active participation by research institutions in reform processes was deemed necessary to ensure that science, innovation and research remain central to future global health governance.

Discussion points

A substantive discussion examined the future of the global health architecture, highlighting the need for new approaches to collaboration and governance in response to declining resources, shifting geopolitical dynamics and growing demands for country ownership. Participants stressed the importance of using limited resources more efficiently and called for greater attention to One Health, climate-related health threats and diseases of poverty. Health investment was viewed as fundamental to broader social and economic development, while the interconnected nature of global health was emphasized, with health insecurity in one setting ultimately affecting all countries.

Panellists described the current period as one of significant transition but also opportunity. Reform was portrayed not as a threat but as a chance to create a more equitable, effective and country-driven global health system. Stronger national ownership, leadership and accountability were repeatedly identified as essential principles. Countries were encouraged to move beyond participation and take a leading role in shaping future priorities and governance arrangements.

The diversity of regional contexts was repeatedly underscored. Participants noted that global health challenges differ across regions and cannot be addressed through uniform solutions. Greater dialogue, mutual learning and exchange of experiences were encouraged, with examples from Africa, Latin America and other regions highlighted as valuable sources of innovation and practical lessons. Reforms were viewed as more likely to succeed if grounded in local realities and informed by regional priorities.

Questions were raised about fragmentation within the global health system and the role of TDR's co-sponsorship model. Some participants sought clarification on whether multiple co-sponsors represent a strength that fosters coordination or an additional layer of complexity. In response, co-financing and joint sponsorship were presented as mechanisms that can help reduce fragmentation by aligning institutions and resources around common priorities rather than creating parallel initiatives.

The discussion highlighted the importance of greater solidarity and partnership among governments, international organizations, research institutions and other stakeholders. Existing relationships with

organizations such as Gavi, the Global Fund and product development partnerships were viewed as valuable assets. Participants also emphasized the need to make better use of national research centres, centres of excellence and other established scientific capacities, while building on previous investments in workforce development and institutional strengthening.

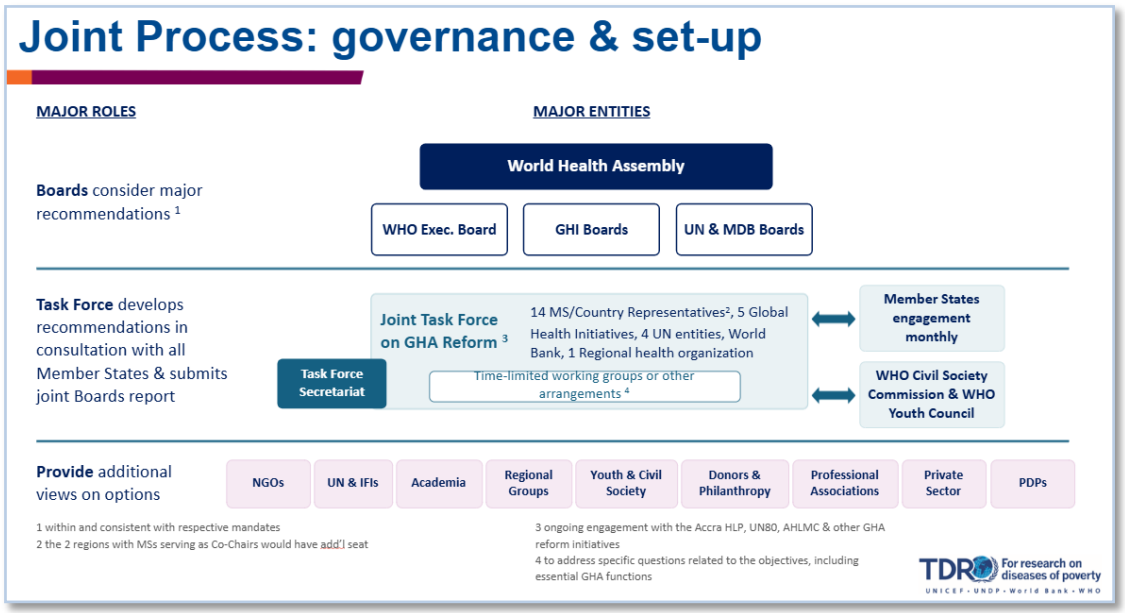
Concerns were expressed about the design of current reform processes. While broad support for reform was evident, questions were raised about the balance between discussions on structures and procedures and the need for greater clarity on substantive priorities, expected outcomes and participation mechanisms. Some participants sought reassurance that countries, regional actors and institutions such as TDR would have meaningful opportunities to influence emerging frameworks rather than simply respond to predetermined agendas.

Country perspectives highlighted both significant progress and continuing challenges. Examples were shared of political commitment to disease control, stronger laboratory infrastructure and growing national capabilities. However, gaps remain in research capacity, proposal development and access to funding opportunities. Participants therefore emphasized the importance of continued capacity strengthening to support greater national ownership and reduce long-term dependence on external expertise.

Particular attention was given to the role of low- and middle-income countries in shaping reforms. Strong support was voiced for genuine participation in agenda-setting, greater country leadership and stronger South-South collaboration. Collaboration among countries was viewed as a powerful mechanism for advancing research, innovation and access, with contributions extending beyond financial resources to include training, technical expertise and knowledge exchange.

Panellists emphasized that significant expertise, leadership and resources already exist within low- and middle-income countries and should be better utilized. The reform process was described as an effort to establish shared principles before detailed implementation arrangements are developed. Country ownership, national leadership, priority setting and accountability were identified as foundational themes that should guide future action.

The discussion concluded with broad agreement that the evolving global health architecture presents an opportunity to strengthen country leadership, improve resource utilization, deepen collaboration and better leverage existing capacities. Participants viewed the session as the beginning of an ongoing dialogue on how TDR can remain relevant and effective within a rapidly changing global health landscape.



Item 7. Moderated technical session and Q&A

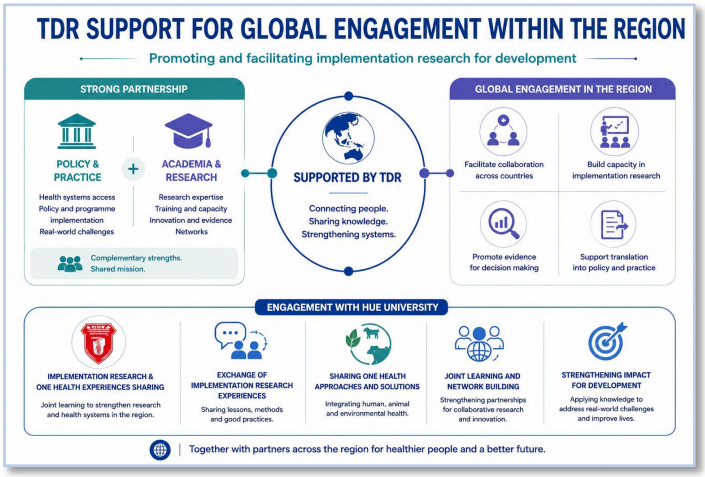
Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager, moderated the session.

The session was introduced as providing an opportunity to illustrate the contexts in which TDR's work is implemented, with the aim of offering a clearer understanding of how programmes and projects contribute to tangible impact at country level.

A video on misinformation and disinformation was presented, highlighting the relevance of these challenges to TDR's work. It was noted that several individuals featured in the video, as well as members of the project team, were present at the meeting and available to address questions and provide further insights during the subsequent discussion.

Building regional research excellence through partnerships

Presented by Dr Zalilah binti Abdullah from the Institute for Health Systems Research, National Institutes of Health, Ministry of Health of Malaysia.



Participants were invited to reflect on how TDR's work contributes to health system strengthening and evidence generation within national strategies, including through regional training centres that foster collaboration and networking across countries in the Western Pacific Region.

The presentation outlined the growing importance of implementation research in addressing complex health system challenges, emphasizing its role in bridging the gap between evidence and practice. Through a partnership between policy, practice and academia, a regional platform has been established to support capacity strengthening, knowledge exchange and evidence-informed decision-making. With TDR support, implementation research capacity has been strengthened and translated into action through projects such as digital health solutions in prison healthcare and One Health initiatives, alongside expanded regional engagement through collaboration with partners in Viet Nam.

It was highlighted that implementation research enables the translation of existing evidence into practice, adaptation to local contexts, strengthening of health systems and informed policy decision-making. The regional training centre model was described as a key mechanism for advancing these objectives, combining national and academic strengths to support applied research and policy impact.

TDR's contribution was noted to extend beyond technical support, encompassing training, mentorship and regional collaboration. Future priorities include the establishment of a national implementation research knowledge hub and expansion of regional partnerships to further strengthen capacity, generate actionable evidence and improve health outcomes across the region.

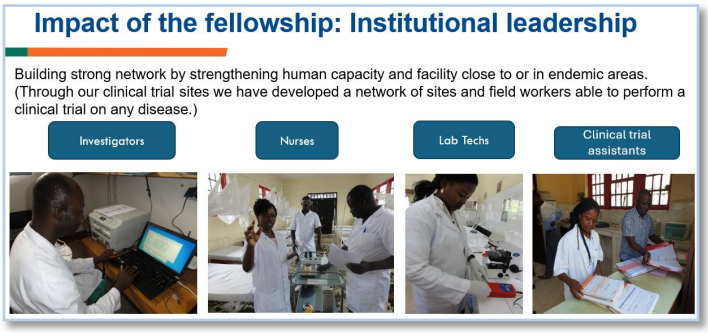
Discussion points

A question was raised on how TDR's role should evolve in a changing global health context. In response, it was emphasized that TDR's role should be strengthened, particularly in providing global expertise and facilitating benchmarking across countries and regions. This support was considered essential to help institutions progress beyond national experience and advance towards stronger regional and global engagement.

TDR's contribution to the development of a research career in human African trypanosomiasis in Africa

Presented by Dr Wilfried Mutombo Kalonji, Regional Head of Clinical Operations at the Drugs for Neglected Diseases Initiative in the Democratic Republic of the Congo.

Experience was shared of early clinical work in a rural setting with high prevalence of human African trypanosomiasis, where limited and toxic treatment options resulted in significant patient mortality. The burden of the disease in the country, particularly among vulnerable populations, was highlighted.



Subsequent involvement in clinical research, including participation in a major treatment trial, marked a turning point, demonstrating the potential of research to improve outcomes. Through the TDR Clinical Research and Development Fellowship, advanced training was undertaken across academic, industry and field settings, strengthening expertise in clinical trial design and implementation.

Following completion of the fellowship, leadership was assumed in national clinical research activities, contributing to the development and evaluation of innovative treatments, including effective oral therapies and single-dose regimens. These advances were later approved for use and have significantly improved patient care and contributed to disease control efforts.

Capacity has since been expanded through the establishment and coordination of multidisciplinary research teams and national networks capable of conducting clinical trials. Ongoing work includes research on other priority diseases and contributions to outbreak response efforts. The fellowship was recognized as instrumental in enabling career development, strengthening local expertise and supporting sustainable research capacity.

Discussion points

A question was raised regarding whether the fellowship was designed to lead directly to leadership roles in clinical research, and how outcomes might have differed in its absence. In response, it was indicated that involvement in the programme had been aligned with national priorities from the outset, with strong support from the national control programme and expectations of future leadership in clinical trials. The fellowship was undertaken to address a critical skills gap in this field and to support the introduction of new treatments. It was emphasized that the training provided essential competencies in trial design, coordination and implementation, which were not widely available in the national context.

It was noted that the fellowship significantly enabled subsequent leadership responsibilities, including the management of multi-site trials and coordination of complex projects. It was further indicated that such responsibilities would have been difficult to assume without the skills acquired through the programme.

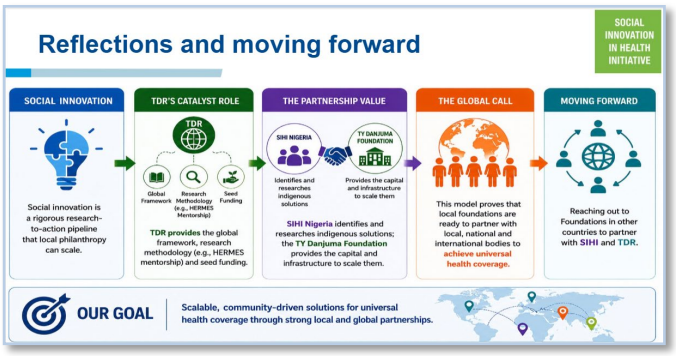
Additional clarification was provided on government involvement, which included endorsement of participation, reintegration into national programmes and support for project leadership. Continued collaboration and partnerships across countries and institutions were also highlighted as key outcomes.

Advancing universal health coverage through social innovation in health in Nigeria

Presented by Dr Ogechukwu Aribodor, Associate Professor at the Nnamdi Azikiwe University and Ms Eucheria Unimnake, Health Projects Manager at the TY Danjuma Foundation in Nigeria.

It was emphasized that communities are a key source of innovation in addressing health challenges, yet many locally developed solutions remain under-recognized and underutilized. Through the Social Innovation in Health Initiative (SIHI), TDR has established a global platform to identify, study and strengthen community-driven innovations, with a focus on translating local solutions into health system impact.

Experience from Nigeria illustrated how this approach supports universal health coverage by placing communities at the centre of solution development and fostering collaboration among researchers, policy-makers and service providers. Through structured calls and targeted support, promising innovations were identified, strengthened and brought to the attention of decision-makers and partners.



Investment in people was highlighted as a critical component, with fellowships and mentorship programmes contributing to capacity strengthening and institutional change. Practical examples demonstrated how locally identified barriers can be addressed through context-specific interventions, leading to sustainable improvements.

A case study of a community-led medical centre showed how partnerships with philanthropic organizations enabled the translation of evidence into accessible health services for underserved populations.

Overall, it was underscored that TDR's role in enabling community-driven innovation, supported by partnerships and evidence generation, provides a scalable pathway to strengthen equity and advance universal health coverage.

Discussion points

A question was raised on the type of methodological support provided by TDR and how this enabled implementation research and community engagement. In response, it was highlighted that TDR support encompassed funding, training and mentorship within the SIHI network, fostering both technical skills and peer learning for research and innovation. Capacity strengthening was delivered through fellowships, structured learning requirements and practical tools such as online courses and implementation research guides.

It was noted that seed funding enabled locally driven research and context-specific adaptation of methodologies, supporting stakeholder engagement and problem identification. This facilitated the development of tailored solutions aligned with community needs.

Beyond technical training, investment in mentorship and communities of practice was emphasized as critical to sustaining impact. Practical applications demonstrated how these approaches contribute to institutional change, including improved research participation through context-sensitive interventions.

It was further observed that cross-country collaboration and knowledge exchange are expanding, supported by accessible tools and peer networks, with continued challenges related to capacity and resource constraints.

Overall, TDR's methodological support was described as enabling context-responsive research, strengthening local capacity and promoting sustainable, community-driven health solutions.

Item 8. TDR Governance

1. Selection of five 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/JCB49/25.9), as only five applications were received for the five vacancies under paragraph 2.2.1, the resource contributors agreed to confirm the membership of the five applicants for four years beginning 1 January 2027 until 31 December 2030.

One current member requested an extension of the deadline, which was exceptionally granted by the Standing Committee. No objection was raised by the Joint Coordinating Board regarding the vacant seat.

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

A summary of the **resource contributors' meeting** was provided by Mr Koen Van Acoleyen, noting that most contributors foresee continuity in their support, although some allocations remain pending. A shared view was expressed on the need to strengthen resource mobilization efforts.

It was emphasized that engagement with potential contributors should be supported by clear demonstration of TDR's results and impact, including economic returns building on the investment cases, potentially through joint missions involving contributing countries. The importance of combining coordinated resource mobilization with co-sponsors, including WHO as the Executing Agency, and maintaining TDR's autonomy in pursuing funding was highlighted.

Proposals for a strengthened resource mobilization strategy included targeting specific regions or language groups, leveraging undesignated funds to attract designated funding, promoting co-financing mechanisms—including with endemic countries and global health partners—and exploring private sector engagement. Contributing countries indicated willingness to support outreach efforts and raise TDR's profile in international forums.

The need for practical tools, such as various documents to support fundraising, was identified, alongside recognition of non-financial contributions through partnerships, including co-sponsors, and technical collaboration.

On governance, recommendations included exploring formal deputizing arrangements within the TDR Secretariat, strengthening gender balance, enhancing engagement with co-sponsors and providing more detailed reporting to the Joint Coordinating Board on programme results and the financial report. The importance of reflecting both gender and geographical diversity, particularly from endemic countries, was also underscored.

A summary of the **disease-endemic countries'** group discussion was provided by Dr Olusola Ayoola, highlighting the importance of continued collaboration among affected countries. Regional cooperation was identified as a practical entry point, with encouragement for countries within regions to strengthen coordination and share experiences. Regular webinars were proposed to facilitate ongoing exchange of lessons learned and to inform Joint Coordinating Board discussions.

The need for sustained capacity strengthening was emphasized, alongside support for programmes disrupted by recent funding constraints. Implementation research was reaffirmed as a key instrument for reinforcing advocacy efforts with both governments and donors to revive essential activities.

It was noted that regional centres of excellence could provide satellite support to countries with limited capacity, with offers of technical assistance from several countries. Greater engagement with nongovernmental organizations was encouraged to promote TDR's work and expand its reach.

Overall, it was agreed that endemic countries should take an active role in advancing TDR's agenda, leveraging partnerships, strengthening capacity and promoting coordinated action to address shared health priorities.

3. Membership of the Scientific and Technical Advisory Committee

Dr Aslanyan presented the proposed STAC membership from 1 July 2026.

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

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 2027, the governments of:

  (1) Belgium (2) China (3) Japan (4) Nigeria (5) Sweden

- The Joint Coordinating Board agreed to one seat being left vacant.

JCB49

- Endorsed the proposed membership of STAC from 1 July 2026.

Item 10. Date and place of JCB50 and JCB51

It was noted that future meeting dates are scheduled based on room availability and efforts to avoid overlap with major events. In the present year, some conflicting global events had not been identified in advance.

Participants were encouraged to inform the Secretariat of any significant upcoming events to allow timely consideration of rescheduling. It was clarified that, although invitations are issued in January, dates may be adjusted until the end of December, in consultation with the Standing Committee.

JCB49

- **Confirmed the dates for JCB50.** 16–17 June 2027, with a briefing session on 15 June 2027.
- **Set provisional dates for JCB51.** 21–22 June 2028, with a briefing session on 20 June 2028.

  Both meetings are expected to 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

Closing remarks were delivered by the Chief Scientist and TDR Special Programme Coordinator on behalf of WHO, with congratulations extended to the Chair and Vice-Chair and appreciation expressed for the productive deliberations and decisions taken during the session. Strong support for the TDR Director and positive recognition of the Programme's achievements were noted. TDR was reaffirmed as a unique partnership grounded in collaboration, multidisciplinarity and a strong connection between global expertise and country needs.

It was emphasized that the rapidly evolving global health context—marked by scientific advances, financial constraints, geopolitical instability and growing inequalities—requires adaptation and proactive engagement. WHO's ongoing reflections on its role and the broader global health architecture were highlighted, with TDR positioned as an integral part of these discussions. Continued engagement from the Joint Coordinating Board and co-sponsors was described as essential to shaping future priorities and ensuring sustained relevance and impact.

In closing, appreciation was expressed by the Chair for the contributions of all participants and the achievements of TDR despite a challenging year. The importance of continued dialogue, strengthened collaboration and clear strategic direction was underscored. The meeting was considered to have achieved its objectives and was formally closed with thanks extended to all contributors and organizers.

III. Decisions and recommendations

Decisions

1. Appointed Dr Samuel Goldenberg (representative of Fiocruz) as Rapporteur of JCB49.
2. Adopted the agenda of JCB49.
3. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
4. Welcomed the report of the Director and the 2025 annual report's achievements.
5. Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB and thanked the Standing Committee for the work done in the past year, particularly at the time of the transition
6. Welcomed the report presented by Chair STAC.
7. Approved the 2025 TDR Results Report.
8. Approved the TDR Risk Management Report, 2025 and outlook 2026.
9. Approved the Financial management report 2024–2025 and outlook 2026–2029.
10. Approved the proposed three budget scenario levels for the 2028–2029 biennium.
11. Approved the certified financial statement for the year ended 31 December 2025.
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 2027, the governments of:

    (1) Belgium (2) China (3) Japan (4) Nigeria (5) Sweden

    The Joint Coordinating Board agreed to one seat being left vacant.
13. Endorsed the proposed membership of STAC from 1 July 2026.
14. Concerning the dates of future JCB meetings:

    Confirmed the dates for JCB50. 16–17 June 2027, with a briefing session on 15 June 2027.

    Set provisional dates for JCB51. 21–22 June 2028, with a briefing session on 20 June 2028.

    Both meetings are expected to be held in Geneva.

Recommendations

1. Welcomed the appointment of the new Director and expressed full support in his vision to ensure TDR continues to be a key supporter of the efforts of countries in this important time for global health.

2. Encouraged all countries to support TDR by providing funding and increasing the visibility of its work to help ensure the Programme's continuity.

3. Welcomed the work of the Standing Committee during the transition period and recommended that lessons learned be documented to help guide the TDR Secretariat, its governance bodies (JCB, the Standing Committee and STAC) and the co-sponsors in their future deliberations.

4. Welcomed recommendations from the Standing Committee and requested that all action points be followed up in 2026.

5. Recommended that TDR work more in partnership, prioritizing collaborative funding with co-sponsors, countries and PDPs.

6. Welcomed the discussion on the future role of TDR in the global health architecture and requested that the TDR Secretariat discuss with the Standing Committee a process that will allow further consultation, reflections and discussions on how TDR needs to adapt to the future, including actively engaging with the current consultations and deliberations being coordinated for the World Health Assembly.

7. Explore options for Director TDR to assign a deputizing function to an existing team member to present to the Standing Committee

8. Emphasized that gender equality and geographic diversity be considered in managing and presenting the Programme.

9. Recommended that meetings of the Joint Coordinating Board provide more time for the TDR co-sponsors to present and discuss their collaboration with TDR in more detail.

10. Requested that presentation to the Board of TDR results achieved include updates from unit heads.

11. Requested that TDR have autonomy for its resource mobilization strategy and ability to implement it.

IV. Annexes

Annex 1. Agenda

PRE-MEETING DAY, Tuesday, 16 June 2026

Any time	**BADGE COLLECTION – MAIN BLDG RECEPTIO**N (PARTICIPANTS MUST BE REGISTERED IN CVENT Please consider arriving early to avoid the queues.
14:00	**REFRESHMENTS**
14:30–16:00	**Briefing session** Salle T, Building B (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, 17 June 2026

Time	*Agenda item*	*Action / Information*	*Reference Documents*
07:30–08:45	**BADGE COLLECTION – MAIN RECEPTION** (PARTICIPANTS MUST BE REGISTERED IN CVENT)		
09:00–09:30	**1. Welcome and opening remarks** *Dr Tedros Adhanom Ghebreyesus, WHO Director-General* *Dr Dirk Mueller, Chair of JCB* *WHO Chief Scientist and TDR Special Programme Coordinator represented by Dr Meg Doherty*		
09:30–09:40	**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/JCB49/26.1 Draft Annotated Agenda TDR/JCB49/26.1a
09:40–10:40	**3. Progress since JCB48** 3.1 Director's report *Dr Marcus Lacerda, Director, TDR, will present the report, followed by Q&A.*	Information	TDR 2025 Annual Report Report of JCB48, 2025 TDR/JCB48/25.3 Follow-up to the JCB48 decisions and recommendations TDR/JCB49/26.4

10:40–11:10	**COFFEE BREAK**		
11:10–11:25	3.2 Report of the Standing Committee *Dr Iris Cazali, JCB Vice-Chair, will report on the Standing Committee's activities since JCB48.*	Information	Standing Committee 118 and 119 recommendations TDR/SC118/25.3; TDR/SC119/26.3

Wednesday, 17 June 2026 (continued)			
Time	***Agenda item***	***Action / Information***	***Reference Documents***
11:25–11:40	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.*	Information	Report of STAC48 TDR/STAC48/26.3
11:40–12:00	3.4 Programme performance overview ▪ Key performance indicators 2025 ▪ Risk management *Dr Michael Mihut, Unit Head, Programme Innovation and Management, will present this item.*	Approval	2025 TDR Results Report TDR/JCB49/26.5 TDR Risk Management Report, 2025 TDR/JCB49/26.6
12:00–13:30	**LUNCH BREAK**		
13:30–14:15	4. **Financial management report 2024–2025 and outlook 2026–2029** ▪ Financial report 2025 ▪ Outlook 2026–2029 *Dr Michael Mihut will present the financial report certified by the WHO Comptroller, the financial outlook 2026–2029 and the financial statement.*	Approval	TDR Financial Management Report 2024–2025 and Outlook 2026–2029 TDR/JCB49/26.7 TDR Certified Financial Statement for the year ended 31 December 2025 TDR/JCB49/26.8 TDR investment case
14:15–14:45	5. **Update from TDR co-sponsors** ▪ UNICEF – Mr Benjamin Schreiber ▪ UNDP – Mrs Luciana Mermet ▪ World Bank – TBC ▪ WHO – Gerardo Zamora Monge	Information	
14:45–15:15	**COFFEE BREAK**		
15:15–16:30	**6. Panel discussion: The evolving global health architecture and TDR's role in the future global health ecosystem** *This panel discussion will bring together global health leaders to reflect on how the evolving global health architecture is reshaping priorities, partnerships and governance, and to consider how TDR can continue to contribute as a trusted, transparent and research-driven actor within the future global health ecosystem.* ***Dr Garry Aslanyan** will open the session with a brief overview of the current processes reviewing the global health architecture.* ***Dr Marcus Lacerda** will provide concluding comments and reflections.*	Information	

Wednesday, 17 June 2026 (continued)

Time	*Agenda item*	*Action / Information*	*Reference Documents*
15:15–16:30	**6. Panel discussion continued** *The discussion will feature the following panellists:* *Dr Jeremy Farrar, Assistant Director-General, Health Promotion, Disease Prevention and Care, WHO* *Dr Catherine Kyobutungi, Executive Director, African Population and Health Research Center* *Dr Anders Nordström, Senior Advisor, International Politics and Diplomacy for Health, Karolinska Institutet* *Dr Bernard Pécoul, Vice-Chair of the Board, Global Antibiotic Research & Development Partnership; Founder and former Executive Director of the Drugs for Neglected Diseases initiative* *Dr Magda Robalo, President and Co-Founder, The Institute for Global Health and Development*	Information	

JCB RECEPTION from 16:45 – 18:45

Thursday, 18 June 2026

Time	*Agenda item*	*Action / Information*	*Reference Documents*
09:00–09:45	**Informal meeting of TDR resource contributors (Indian room, next to EB room)** Chaired by the RC representative on the JCB, Mr Koen Van Acoleyen (Belgium)		
09:50–10:30	**Informal meeting of disease endemic country representatives (EB room)** Chaired by the DEC representative on the JCB, Dr Olusola Ayoola (Nigeria) *Simultaneous interpretation will be provided in English, French and Spanish.*		
10:30–11:00	**COFFEE BREAK (outside EB room, A building)**		
11:00–12:30	**7. Moderated technical session and Q&A** *Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager, will moderate this session.* Overview and background **Strengthening research excellence through partnership** *Presented by Dr Zalilah binti Abdullah, Institute for Health Systems Research, National Institutes of Health, Ministry of Health Malaysia* **TDR's contribution to a career on research on human African trypanosomiasis in Africa** *Presented by Dr Wilfried Mutombo Kalonji, Regional Head Of Clinical Operations, Drugs for Neglected diseases Initiative, Democratic Republic of Congo* **Advancing universal health coverage in Nigeria through social innovation** *Presented by Dr Ogechukwu Aribodor, Associate Professor, Nnamdi Azikiwe University, Nigeria* *Presented by Gima Humphrey Forje, Chief Executive Officer, TY Danjuma Foundation, and Ms Eucheria Unimnake, Health Projects Manager, TY Danjuma Foundation, Nigeria*	Information	

Thursday, 18 June 2026 (continued)			
Time	***Agenda item***	***Action / Information***	***Reference Documents***
12:30–14:00	**LUNCH BREAK**		
14:00–14:30	**8. TDR Governance** 8.1 Selection of five members of the JCB according to Paragraph 2.2.1 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/JCB49/26.9 **Documentation available on the website:** - List of JCB members - JCB membership wheel - History of membership on TDR's Joint Coordinating Board, 1978–2026 - Memorandum of Understanding
	8.2 Updates from the informal meetings of the resource contributors and disease endemic country groups	Information	
	8.3 Membership of the Scientific and Technical Advisory Committee (STAC) *Dr Garry Aslanyan will present this item.*	Endorsement	Proposed STAC membership from 1 July 2026 TDR/JCB49/26.10
14:30–14:35	**9. Date and place of JCB50 and JCB51** *As agreed at JCB48, JCB50 will be held from 16–17 June 2027 (15 June briefing session) and JCB51 will be held from 21–22 June 2028 (20 June briefing session). Both meetings will be held in Geneva.*	Decision	
14:35–15:15	**10. Summary of decisions and recommendations** *The Rapporteur, supported by the Secretariat, will present a summary of the meeting's decisions and recommendations.*	Decision	
15:15–15:20	**11. Closing session** Any other business Concluding remarks *Chair of the Board*		
15:20	**END-OF-SESSION REFRESHMENTS**		

Annex 2. List of participants

Members

Bangladesh

Mr Md. Sarwar Salam
Private Secretary to the Honourable State Minister, Health Services Division, Ministry of Health and Family Welfare

Belgium

Monsieur Koen Van Acoleyen
Représentant permanent adjoint, Genève

Dr Tom Decroo
Unit Head, Institute of Tropical Medicine, Antwerp

Burkina Faso

Dr Estelle-Edith Dabire Dembele
Conseiller technique du Ministre, Ministère de la santé

China

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 Yamile Hernández Toledano
Deputy Permanent Representative, Geneva

Drugs for Neglected Diseases *initiative*

Ms Anna Crago
Associate Director, Private Sector Engagement & Strategic Partnerships, Drugs for Neglected Diseases *initiative*, Geneva

Dr 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 (Fundação Oswaldo Cruz)

Dr Samuel Goldenberg
Emeritus researcher
Fiocruz, Rio de Janeiro, Brazil

Germany and Luxembourg Constituency

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

Ms Ute Eilenberger *
Senior One Health Advisor, GIZ, Bonn, Germany

Ms Lea Knopf *
Advisor One Health, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Ms Theresa Köbe *
Scientific Officer, DLR Project Management Agency, Berlin, Germany

Ms Birgit Strube
Counsellor, Permanent Mission, Geneva

Guatemala

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

Ms Sofia Rodas Mazariegos
Tercer Secretario, Misión Permanente, Ginebra

* attended remotely

India and Thailand Constituency

Dr Rajendra Panduranga Joshi *
Technical Advisor, Directorate General of Health Services, New Delhi, India

Dr Tanu Jain *
Director, National Center for Vector Borne Diseases Control, New Delhi, India

Japan

Ms Kaori Dezaki
Second Secretary, Permanent Mission, Geneva

Mr Hiroshi Matsumura *
First Secretary, Permanent Mission, Geneva

Dr Akane Natsuki *
Deputy Director, Ministry of Health, Labour and Welfare, Tokyo

Dr Motoyuki Tsuboi *
Deputy Director for Global Health, Ministry of Health, Labour and Welfare, Tokyo

Mr Tomoyuki Watanabe *
First Secretary, Permanent Mission, Geneva

Kyrgyzstan

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

Mexico

Unable to attend

Morocco

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

Nigeria

Mr Anthony Adoghe
Head, Monitoring and Evaluation, Federal Ministry of Health and Social Welfare

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

Panama and Spain Constituency

Ms Alicia Cebada Romero
Health Attaché, Permanent Mission, Geneva

Dr Nicanor Obaldía III.
Director General, Investigador en Salud Senior, Instituto Conmemorativo Gorgas de Estudios de la Salud, Edificio de Investigación, Republica de Panama

Mr Jose Antonio Sierra Sanchez *
Attaché, Permanent Mission, Geneva

Republic of Korea

Dr Joo-Yeon Lee
Director of Center, Korea National Institute of Health, Korea Diseases Control & Prevention Agency

Dr Hee-Young Lim
Senior Staff Scientist, Korea National Institute of Health, Korea Diseases Control & Prevention Agency

Sri Lanka

Dr Kumara Wickremasinghe
Additional Secretary, Medical Services, Ministry of Health

Sweden

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

Switzerland

Ms Enrichetta Placella
Head of the Health and Food Section, Swiss Agency for Development and Cooperation, Bern

Ms Charline Pasche
Chargée de programme, Swiss Agency for Development and Cooperation, Berne

* attended remotely

United Kingdom of Great Britain and Northern Ireland

Dr Shirley Addies
Research Manager, Research and Evidence Directorate, Foreign, Commonwealth & Development Office, Glasgow

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

Zambia

Dr Gershom Chongwe
Director General, National Health Research & Training Institute

United Nations Children's Fund

Mr Benjamin Schreiber
Senior Advisor, Health Strategy and Management, Geneva

United Nations Development Programme

Ms Luciana Mermet *
Manager, Global Fund Partnership and Health Systems Team, Prosperity & Well-being Hub

World Bank

Unable to attend

World Health Organization

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Dr Sylvie Briand
WHO Chief Scientist / TDR Special Programme Coordinator

Dr Meg Doherty
Director, Department of Science for Health

Dr Dennis Falzon
Team Lead, TB Prevention and Treatment, Department of HIV, Tuberculosis, Hepatitis and Sexually Transmitted Infections

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

Ms Alanna J. Galati
Scientist (SRHR Policy), Department of Sexual, Reproductive, Maternal, Child and Adolescent Health and Ageing, HRP

Ms Charlotte Hogg
Head, Awards, Revenue and Donor Reporting

Dr Daniel Ngamije Madandi
Director, Malaria and Neglected Tropical Diseases Department

Dr Rogério Paulo Pinto de Sá Gaspar
Director, Department of Prequalification and Regulation of Medicines and Health Products

Dr Kumanan Rasanathan
Executive Director, Alliance for Health Policy and System Research

Ms Carola Saletta

Office of the Legal Counsel

Mr Gerardo Zamora Monge
Executive Officer, Office of the Chief Scientist

* attended remotely

Special Programme Staff

Office of the Director

Dr Marcus Lacerda
Director, TDR

Dr Garry Aslanyan
Manager, Partnerships and Global Engagement

Ms Elisabetta Dessi
Assistant To Team

Ms Makiko Kitamura
Communications Officer

Ms Mariam Otmani Del Barrio
Scientist

Ms Izabela Suder-Dayao
Technical Assistant

Mr Robert Terry
Scientist (Knowledge Management)

Programme Innovation and Management

Dr Mihai Mihut
Unit Head

Ms Caroline Easter
Programme and Finance Officer

Ms Annabel Francois
Programme Assistant

Ms Mary Jeanne Maier
Administrative & Finance Officer

Dr Cathrine Thorstensen
Programme, Monitoring & Evaluation Officer

Research for Implementation

Dr Christine Halleux
Unit Head

Ms Ekua Johnson
Assistant To Team

Mr Ghafar Abdul Masoudi
Assistant (Project Management)

Dr Corinne Merle
Scientist

Ms Michelle Villasol-Salvador
Assistant To Team

Dr Vanessa Veronese
Scientist

Dr Rony Zachariah
Scientist (Implementation Research)

Research Capacity Strengthening

Dr Anna Thorson
Unit Head

Ms Tina Donagher
Assistant To Team

Mr Daniel Hollies
Assistant To Team

Dr Edward Mberu Kamau
Technical Officer (Research Cap

Dr Mahnaz Vahedi
Scientist

Consultants

Ms Nolwenn Conan

Dr Elham Jaberi

Dr Pascal Launois

Dr Emmanuelle Papot

Dr Anankpo Gildas Yahouedo

Report writer

Ms Christine Coze

* attended remotely

Other participants

Chair, TDR Scientific and Technical Advisory Committee (STAC)

Professor Margaret Gyapong
Medical Anthropologist, Centre for Health Policy and Implementation Research, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana

Presenters

Dr Zalilah binti Abdullah
Institute for Health Systems Research (IHSR), National Institutes of Health (NIH), Ministry of Health Malaysia

Dr Ogechukwu Aribodor
Associate Professor, Nnamdi Azikiwe University, Awka, Nigeria

Mr Gima Forje *
Chief Executive Officer, TY Danjuma Foundation, Nigeria

Dr Wilfried Mutombo Kalonji *
Regional Head of Clinical Operations
Drugs for Neglected Diseases initiative
Kinshasa, Democratic Republic of the Congo

Ms Eucheria Unimnake
Health Projects Manager, TY Danjuma Foundation, Nigeria

Observers

Colombia

Ms Laura Liliana Orjuela Vargas
Counsellor, Permanent Mission, Geneva

Mr Nicolás Montoya León
Permanent Mission, Geneva

Mr Mauricio Javier Vera Soto *
Coordinador endemo epidémicas, Ministerio de Salud y Protección Social, Bogotá

Egypt

Ms Amany Elhabashy *
Head of Central Tropical Diseases and Vector Control Department, Ministry of Health and Population, Tanta

Greece

Dr Danai Pervanidou *
Head of Vector-borne Department, National Public Health Organization, Athens

Instituto de Higiene e Medicina Tropical (IHMT)

Professor Henrique Silveira
Professor, NOVA University Lisbon, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal

Libya

Ms Seham Elmekashber
Minister, Permanent Mission, Geneva

Norway

Ms Marianne Monclair
Senior Adviser, NORAD

Oman

Mr Abdullah Al Manji *
Head of Vector Surveillance Section, Epidemiologist, Ministry of Health, Muscat

* attended remotely

Philippines

Dr Ana Liza Duran
Director, Research Institute for Tropical Medicine

Pasteur Network

Dr Kathleen Victoir
Scientific Officer, Pasteur Network, Paris, France

Sightsavers

Dr Richard Selby
Head of Portfolio - NTD Research
Sightsavers, Haywards Heath, United Kingdom

Syrian Arab Republic

Dr Salma Almidani *
Head of Health Security Department, Syrian Arab Republic Ministry of Health

Ms Reen Jabr
Minister-Counsellor, Permanent Mission, Geneva

Wellcome Trust

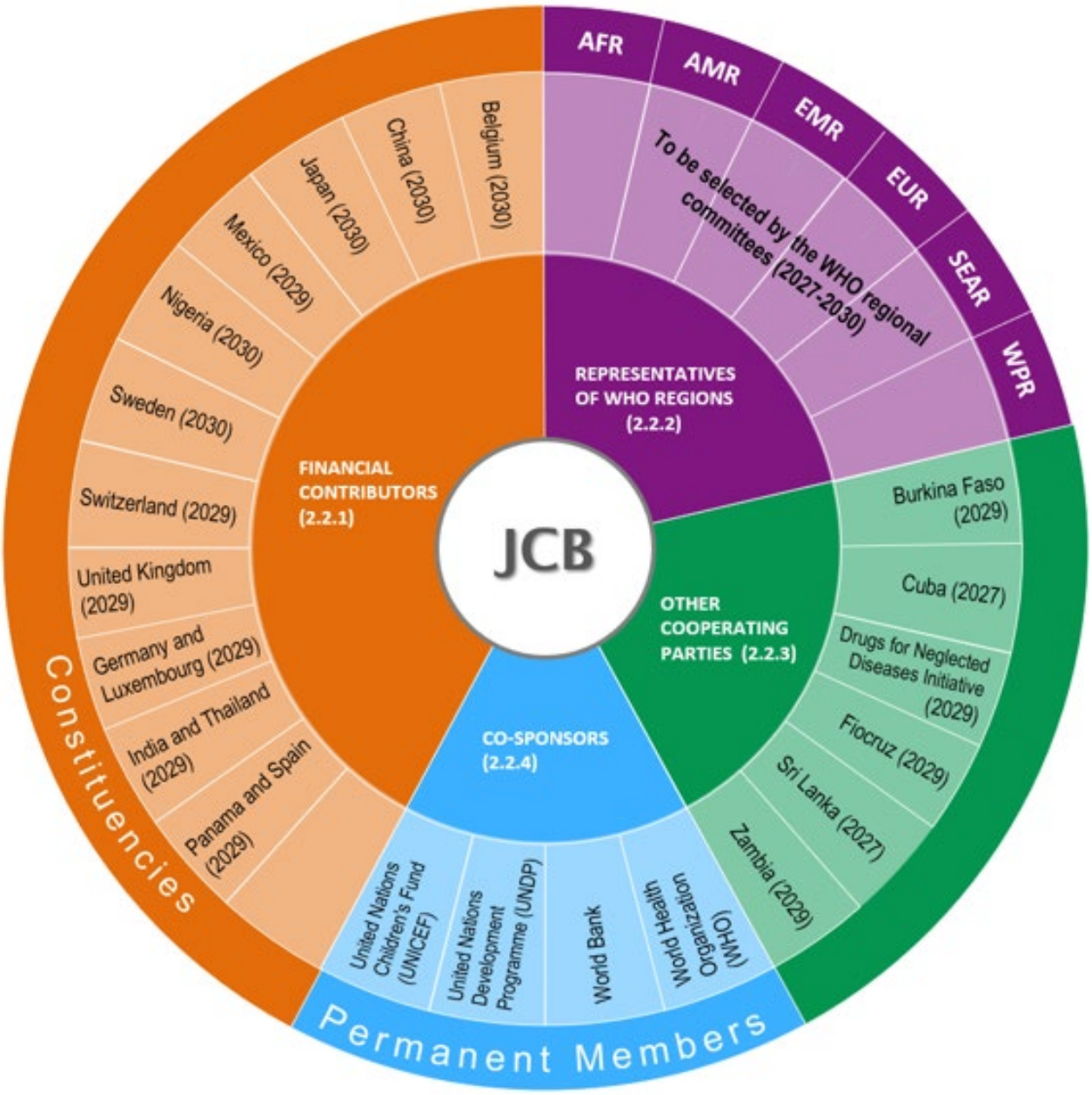
Mr Jonathan Underwood
Ecosystems Lead (International), Wellcome Trust, London, United Kingdom

Yemen

Dr Abdulla Salem Bin-Ghouth *
Executive Director, Yemen National Public Health Institute (Y-NPHI), Aden

***** *Attended remotely*

Annex 3. JCB membership from 1 January 2027



Annex 4. STAC membership from 1 July 2026

	Term of office: until 30 June
(Chair) Professor Margaret Gyapong, Medical Anthropologist, Centre for Health Policy and Implementation Research, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana	**2022–2027**
Dr Luchuo Engelbert Bain, Head of International Programs, African Population and Health Research Centre, APHRC, Nairobi, Kenya	**2025–2027**
Dr David Soeiro Barbosa, Faculty Member and Researcher, Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, Brazil	**2025–2027**
Mr Wouter Mark S. Boesman, Head of the International Cooperation Office, Institute of Tropical Medicine, Antwerp, Belgium	**2026–2028**
Professor Bassirou Bonfoh, Senior Researcher, Director Afrique One, Centre Suisse de Recherches Scientifiques en Côte d'Ivoire, Abidjan, Côte d'Ivoire	**2025–2027**
Dr Alex Eapen, Scientist F (Senior Grade 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 Yadlapalli Sriparvathi Kusuma, Professor, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, India	**2025–2027**
Dr Diogo Martins, Lead Adviser to the CEO Office, Wellcome Trust, London, United Kingdom	**2025–2027**
Professor Aylene Emilia Moraes Bousquat, Coordinator for the Collective Health Area, Coordination for the Improvement of Higher Education Personnel (CAPES), Brasília, Brazil	**2026–2028**
Ms Kathrin Schuldt, Head LabGroup Infectious Disease Surveillance and Control, Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany	**2025–2027**
Dr Abdhalah Kasiira Ziraba, Chief of Staff and Research Scientist, African Population and Health Research Centre, Nairobi, Kenya	**2026–2028**