DISTRIBUTION: RESTRICTED
TDR/JCB37/14.3/Rev1
ORIGINAL: ENGLISH

REPORT OF THE THIRTY-SEVENTH SESSION OF THE JOINT COORDINATING BOARD (JCB)

WHO Headquarters, Geneva, Switzerland
24-25 June 2014

TABLE OF CONTENTS

I Introduction

The Thirty-seventh 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 WHO headquarters in Geneva on 24 and 25 June 2014. The session was chaired by the outgoing Chair, Dr Sue Kinn of the United Kingdom, and by the new Chair, Professor Hannah Akuffo of Sweden, and was attended by all JCB members except Djibouti who sent their apologies. Representatives of several governments and organizations also attended the session as observers (see Annex 2).

II Summary of proceedings

Opening session

Key messages

- In her opening remarks, **Dr Sue Kinn**, the outgoing Chair of the Board, welcomed JCB members and observers. Dr Kinn mentioned TDR's 40 years milestone since the World Health Assembly (WHA) resolution that called for the establishment of a research programme.
- **Dr Hiroki Nakatani**, WHO Assistant Director-General for HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM) and TDR's Special Programme Coordinator, welcomed the delegates on behalf of WHO and conveyed special greetings from Dr Margaret Chan, Director-General of WHO. Dr Nakatani spoke about the need for interventions to rely on research evidence, and highlighted the role of TDR in providing such evidence during its 40 years of existence.
- **Dr John Reeder**, Director of the Special Programme, mentioned the TDR anniversary events that took place at the WHA earlier this year. Speakers at the event highlighted TDR's engagement with countries and communities and the way this has impacted the lives of peoples in the developing world. Dr Reeder introduced two former Directors of the Programme, Dr Adetokunbo O. Lucas and Dr Tore Godal.
- **Dr Adetokunbo Lucas,** Director of TDR between 1976 and 1986, presented events that took place around the establishment of TDR. Dr Lucas highlighted the importance of the commitment of TDR's co-sponsors and contributors, as well as the staff, to the success of the Programme. He mentioned as one of the pillars of success the collaboration between TDR and country research networks, existing or newly created, as well as leveraging support from the pharmaceutical industry. Dr Lucas emphasized the role of science and ethics as contributors to TDR's strategic development.
- **Dr Tore Godal,** Director of TDR between 1986 and 1998, recalled the establishment of TDR as a global programme of research and capacity building based on networks of scientists and engagement with countries. He mentioned TDR's flagship role in making free treatment available against onchocerciasis to hundreds of millions of people in Africa, as well as pioneering policies of community directed interventions, which are now applied in a diversity of settings. Other examples of impact were given, such as providing evidence on the impact of using insecticide-treated bednets against malaria and other diseases.
- **Dr Modest Mulenga,** representative of Zambia, expressed his country's gratitude for the support TDR provided to the establishment of the first health research centre in Zambia and for the work that has been conducted there.
- **Dr Rolf Korte,** representative of the constituency of Luxembourg and Germany and former Chair JCB, mentioned the "TDR miracle" which is reflected in the continuity of donor support as evidence of a highly productive programme. He recalled the way developing countries have used TDR as an important tool to build capacity in research. Dr Korte provided examples of TDR's contributions to global health and highlighted the need for the Programme to continue to provide leadership in global health priorities.

Item 1. Statutory business

1.1 Election of the Chair and the Rapporteur

The outgoing Chair explained the process of electing the new Chair JCB.

The constituency of Switzerland and Norway nominated Professor Hannah Akuffo as Chair JCB. Professor Akuffo represents the constituency of Sweden and the Netherlands on the JCB. The representative of Burkina Faso seconded the nomination of Professor Akuffo as Chair JCB.

The representative of Luxembourg and Germany nominated Dr Bernard Pécoul from DNDi as Rapporteur. The nomination was seconded by Egypt, Algeria and the constituency of the UK and USA.

No other nominations were received.

Decisions

- **Professor Hannah Akuffo of Sweden (representative of the constituency of Sweden and the Netherlands) was elected as Chair of the JCB for a term of three years.**
- **Bernard Pécoul (representative of DNDi) was elected as Rapporteur for JCB37.**

1.2 Adoption of the Agenda

The Draft Agenda of JCB37 was circulated to JCB members and observers in February and the Draft Annotated Agenda was made available on the JCB SharePoint site.

Decision

- **The Agenda of JCB37 was adopted.**

Item 2. Report by the outgoing Chair of the Joint Coordinating Board

Key messages

- Dr Sue Kinn recalled some major events that took place since taking the helm of the JCB in 2011. She mentioned the huge progress made by TDR during the three years from the perspective of strategy, structure and culture. Dr Kinn highlighted the commitment of the staff, the TDR supporters (including Assistant Directors-General of WHO) and the leadership of the JCB members in turning the tide and positioning the "new TDR" as a leader in health research globally (please see Annex 5 – Message from the past Chair JCB).

Item 3. Decisions between sessions of the JCB

Dr Kinn presented the three decisions made by the JCB since JCB36:

- approval of the Terms of Reference for JCB members
- approval of the standard operating procedures for the Standing Committee
- approval of the proposal submitted by the sub-group of JCB that worked to pull together TDR's position on the CEWG[1] follow-up

[1] Consultative Expert Working Group on Research and Development: Financing and Coordination

Item 4. Report of the Standing committee

Key messages

- Dr Nakatani, in his capacity as the current Chair of the Standing Committee, summarised the decisions and recommendations as presented in Standing Committee documents
- Dr Nakatani, on behalf of WHO, mentioned the context of WHO planning to review the level of contribution perceived as PSC (programme support costs) for all voluntary contributions, including for the special programmes hosted by WHO, as from 2016. It was inferred that if there were to be an increase, it is not expected to be "skyrocketing".
- JCB welcomed the report of the Standing Committee and the summary and recommendations documents of the two meetings that have taken place since JCB36 and thanked the Standing Committee for its work between JCB meetings.

Item 5. Report by the Chair, TDR Scientific and Technical Advisory Committee (STAC)

The Chair of STAC, Professor Mario Henry Rodriguez-Lopez, presented an overview of the work done by STAC during the past year.

Key messages

- Dr Rodriguez-Lopez mentioned STAC's endorsement of the preliminary financial report 2012-2013, the 2013 Results Report and the TDR Risk Management Report, 2013. STAC also endorsed the 2013 TDR Research Report and the Research Capacity Strengthening and Knowledge Management Report.
- STAC noted the impressive progress made in the areas of research and capacity building.
- STAC recommended that TDR continue to increase its focus on: developing south-south training programmes, engaging with non-Anglophone countries and facilitating the engagement of women researchers.
- STAC recommended exploring options for better sharing of knowledge through web-based platforms.

Discussion points

- Research conducted in countries should continue to bring together researchers and health professionals from disease control programmes as this collaboration is considered important.
- TDR is strengthening relations with organizations such as DNDi which are developing new treatments. TDR will also be part of the new research and development (R&D) platform and global research observatory – both of which cover drug development. TDR is complementing this work by considering how best to deploy and use these new drugs to address needs in the field.
- New initiatives on promoting young women scientists and on building a network of TDR alumni are ongoing and will be reported to the next STAC.
- Historically TDR was advised to lower the ratio of DF to UD funds[2], so that the projects are driven by the strategic directions set by TDR's governing bodies. As per TDR policy on designated funds, DF projects fully cover their own costs (including administration and personnel).
- TDR should explore partnering with EDCTP and the research ethics department in WHO to leverage resources in building ethics review committees and capacity for oversight in developing countries.

[2] DF – designated funding UD – undesignated funding

- The outgoing Chair STAC[3] was thanked for his contribution as a member and Chair of STAC since 2009.

Note: A comprehensive STAC report was made available to the JCB.

Decision

- **The report by the Chair STAC was endorsed. JCB thanked the STAC for its work in the past year and reiterated the need to focus on capacity building towards research ethics and implementation research.**

Item 6. TDR progress since JCB36

Key messages

- TDR Director, Dr Reeder, mentioned the importance of committed contributors, TDR staff and partnerships to take the Programme forward and to make it competitive.
- Among other achievements, Dr Reeder mentioned the transfer of the "artesunate suppositories" project for prequalification and registration to the Medicines for Malaria Venture (MMV), as well as expanding the SORT IT programme for research capacity embedded in country programmes.
- Part of TDR's portfolio of projects was completed, while other innovative projects were launched, both in research and in capacity strengthening. The high level of interest in countries is reflected in the number of grant applications received during 2013 and the current year.
- Innovative approaches such as scaling up community-based research in dengue or utilizing social entrepreneurship to sustainably deliver health interventions have been included in TDR's portfolio.
- South-south networking and knowledge transfer has been strengthened with support from the Regional Training Centres that are building curricula and training both trainers and trainees to disseminate new knowledge.
- The transition of all R&D projects has been successfully completed.
- In the current biennium, over 80% of TDR funds have been allocated to operations (activities/personnel).
- In 2013 there was improvement in TDR's partnerships and collaboration with WHO headquarters disease control programmes and a clear link was made with the innovative financing for R&D follow-up discussions from the CEWG.
- The relationship with WHO regional offices (ROs) and Regional Training Centres (RTCs) further improved in 2013 through small grants programmes, regular consultations and discussions on workplans.
- New talent is coming into TDR to lead the areas of Vectors, environment and society (VES) and Research capacity strengthening & knowledge management (RCS/KM).

[3] Term ends 31 December 2014

Discussion points

- JCB commended Director TDR for the quality of his report.
- JCB acknowledged the progress made by TDR in human resources management and the way that recruitment and staff development are being handled.
- TDR should continue to mainstream gender equity as applied to the entire portfolio of projects by measuring how each project contributes to gender equity issues.
- TDR is working with WHO regional offices and Regional Training Centres to identify opportunities and schemes that make the best use of TDR funds. Dialogue has significantly improved over the past year.
- TDR is planning to support the expansion of the SORT IT model to countries through a "franchising" model that would ensure that the quality of the training and research is maintained. ROs and RTCs will play a role in this expansion.
- TDR created terms of reference for the participation of ROs in TDR consultations, to make their participation more substantial and meaningful while ensuring constancy in attendance.
- One of the central points of the innovative R&D funding will be the de-linkage of access and IP. TDR will be paying attention to that area, since this is linked to country policies, and will partner with other organizations that are working in similar fields.
- TDR does not currently have the capacity to enter in the field of traditional medicine. This area of work is handled by the WHO Department of Service Delivery and Safety in the HIS Cluster.

Decision

- **TDR's 2013 Annual Report was enthusiastically endorsed. JCB thanked the Director and TDR staff for their hard work and dedication to the objectives of the Programme.**

Recommendation

- **JCB requested TDR to explore ways to mainstream gender equity as applied to the entire portfolio of projects and start mapping the contribution of projects to gender equity issues.**

Item 7. Update from TDR co-sponsors

Key messages

- On behalf of WHO, Dr Nakatani briefly presented a document concerning the strengthening of the co-sponsorship of TDR.
- Dr Nakatani also presented an update on WHO's achievements over the past year:
    - Guinea worm disease is close to eradication, with only a few cases still registered as of April 2014.
    - The new TB strategy projects to reduce the incidence of the disease through development of vaccines, prophylaxis and optimization of the current tools, as well as universal health coverage.
    - Hepatitis was added to the spectrum of programmes in the HTM Cluster. The Global Hepatitis Programme is located in the HIV Department.
    - Engagement with non-state actors and the mapping of these collaborations and partnerships are a new area of focus for WHO.

  - WHA passed a resolution on the CEWG mentioning TDR's role in the innovative funding mechanism.
  - Item 3 of the first draft of the Sustainable Development Goals 2016-2030 is to "attain healthy life for all at all ages".
- Dr Kumanan Rasanathan, representative of UNICEF, presented updates from his organization regarding its strategy and projects:
  - UNICEF places emphasis on facilitating the delivery of interventions close to where people live. This is a potential point of convergence with TDR implementation research, generating evidence on ways to reach people in need and scaling up innovations to reach the people targeted by these interventions.
  - SORT IT is potentially an area of collaboration in awarding training grants for building sustainable capacity in control programmes in countries.
  - UNICEF and TDR produced significant results in the field of integrated community case management, with evidence that is now informing policies and practice in countries.
- Dr Tenu Avafia, representative of UNDP, presented the role of UNDP's collaboration with TDR within the broader context of UNDP's relation with WHO.
  - UNDP is partnering with TDR and PATH to increase country capacity across the value chain of access and delivery of new technologies.
- Dr Kent Ranson, representative of the World Bank, mentioned that his organization has a continued and strong interest in partnering with TDR.
  - The recently adopted strategy aims to bring to an end extreme poverty and to promote shared prosperity in every society.
  - Health, Nutrition and Population (HNP) will be one of the 14 global practices from 1 July, headed by Dr Tim Evans, former WHO staff member. Partnerships will be managed through four business lines as part of the HNP global practice.
  - A final allocation to TDR of US$ 1.25 million will be made to TDR in 2015. Future potential areas of collaboration may be identified, or opportunities of funding specific projects that TDR will be developing and the World Bank may be interested in supporting.

Discussion points

- Using the opportunity to revise the co-sponsorship arrangements could be the right time to see how any joint workplans may be developed and monitored.
- JCB asked the co-sponsors to contribute financially to TDR and provide a view on how TDR can draw on the co-sponsors' resources and not vice-versa.
- It was proposed that for JCB38 there will be a proposal from co-sponsors on a revised co-sponsorship arrangement to take this forward (not any more to be championed by the secretariat).
- JCB requested clarity from the co-sponsors on what they envision the touching points between TDR and the co-sponsors will be. Past experience shows that it is not realistic to obtain funding for collaborative research activities directly from countries that are supported from such global health initiatives as the Global Fund to Fight HIV, TB and Malaria. A plan developed by the co-sponsors should clearly indicate their areas of collaboration with TDR.
- JCB requested more information on the development of the 2016-2017 Programme budget and the level of involvement of co-sponsors, WHO regional and country offices in the development of the budget in a bottom-up manner. It was proposed that the TDR Results Report should highlight the way each co-sponsor has contributed to the achievement of each of the results.

- It was proposed that co-sponsors could synergize their contributions using as a base TDR's workplan for 2016-2017, so that they can identify areas of interest where they would like to contribute. Co-sponsors are involved in the consultations leading to the strategic portfolio of projects as part of the prioritization mechanism, in the same way that the JCB, STAC, WHO control departments and others are involved. TDR's research and training projects are managed centrally and therefore planning could include input from co-sponsors.
- Other forms of contribution from co-sponsors may be envisaged. There is a possibility that co-sponsors work together with TDR but not passing funds through TDR (leverage). The other possibility is that co-sponsors sub-contract TDR to conduct part of its operations.

Decision

- **JCB welcomed the document on approach to TDR co-sponsorship and requested a concrete plan to be developed and presented to JCB38. JCB requested co-sponsors to take a direct lead and responsibility for developing and implementing the new approach. JCB requested that the Standing Committee facilitate the process of developing joint workplans of TDR with those of co-sponsors.**

Item 8. TDR Programme performance overview

Key messages

- Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the progress made in 2013 in three areas of performance: technical achievements, core values application and managerial effectiveness.
- A series of new indicators were measured in 2013 in areas such as equity and partnerships. Among the new indicators are: open-access publications, leveraged resources and women first authors of TDR-supported publications.
- As shown by the indicators, performance in some areas improved in 2013. The percentage of publications with first authors from DECs (increased), the percentage of funds awarded to DECs (increased), and the percentage of budget covered by available funds which increased markedly in 2012-2013 compared to 2010-2011.
- The percentage of open-access publications decreased in 2013. It is expected that the new WHO policy on open access will facilitate TDR's efforts to encourage publishing of research results in open access.
- Four significant TDR risks have been closed as they had been fully addressed and are no longer an issue. Three significant risks are also near closure.

Decisions

- **JCB endorsed the 2013 TDR Results Report.**
- **JCB endorsed the Risk Management Report 2013.**

Item 9. Communications and advocacy

Key messages

- Highlights of the communication and advocacy activities from the past year were presented, including activities related to the 40th anniversary of TDR.
- TDR has created a LinkedIn page where stakeholders are invited to contribute.

Discussion points

- TDR co-sponsors should promote TDR in their discussions with governments of donor and beneficiary countries, so as to increase TDR's visibility.

Recommendation

- **JCB requested members and observers of JCB and co-sponsors to utilize their channels of communication with and in countries to advocate for TDR and its research results and capacity building activities.**

Item 10. Summary of decisions and recommendations

Key messages

- The Rapporteur presented the decisions and key recommendations of the first day.

Item 11. Financial report 2012-2013 and outlook 2014-2017

Key messages

- Dr Halpaap presented the financial implementation figures for the biennium 2012-2013 as compared to the approved budget and the approved planned costs.
- TDR completed the implementation of the transition plan, successfully achieved financial recovery and implemented new systems and controls that improve the management of the Programme.
- In 2012-2013, TDR implemented US$ 44.6 million in activities, operations support and personnel. The planned costs for the biennium were US$ 53.4 million. The difference comes from three sources: savings made on reorganization of the Programme and improving process efficiencies, projects that have been stopped or transitioned out to partners and some delays in implementing designated funded projects.
- For the biennium 2014-2015, the income forecast shows US$ 57.3 million in income, which is between the two budget levels approved by JCB (US$ 50 million and US$ 60 million). TDR initiated the implementation of the US$ 50 million scenario in January 2014 and will conduct a budget revision exercise in September. If funding allows, TDR will be able to start implementing its budget at the level of US$ 60 million.
- Dr Halpaap presented the plan for TDR's project site financial audit, as requested by JCB36. The approach utilizes external financial auditors who will report to TDR. A summary of the auditors' findings will be presented to TDR governing bodies on a regular basis. The approach will be piloted in 2014-2015.

- TDR is taking preparatory steps for planning the Programme Budget for 2016-2017. Dr Halpaap presented the plan and the sequence of actions required to implement the budget on time. Following the Standing Committee's recommendation that TDR plan for a two level budget to be implemented in a stepwise way as funding becomes available (US$ 45 million and US$ 55 million), the JCB was asked to approve the scenario with the two levels for the 2016-2017 biennium.
- Dr Garry Aslanyan, TDR Partnerships and Governance Manager, presented TDR's current resource mobilization efforts. The current forecast for 2014-2015 is within the expected range. The forecast for 2016-2017 takes into consideration the fact that some contributors will increase their contribution level, others will decrease and others may completely stop contributing. These assumptions are taken into consideration when projecting the income forecast for 2016-2017. Efforts are under way to re-engage new contributors and increase the level of undesignated funding.

Discussion points

- The proposed budget scenarios for 2016-2017 will allow implementation of the approved budget in an incremental way as funding becomes available. Fixed costs have been calculated as for 2014-2015 and following the new TDR structure.
- The portfolio prioritization process of identifying projects and budget items to be funded has been described in a later session; there will be broad consultation with stakeholders and review and approval by the STAC and TDR's governing bodies.
- The financial audit of project sites will focus on the implementation of grant funds awarded by TDR to an institution. It will not involve a full financial audit of the institution.
- The budget ceiling for TDR in the WHO Programme Budget 2016-2017 will be slightly lower than US$ 50 million. It is anticipated that when funds are raised and expenditures implemented TDR will be in a position to request an increase of the budget ceiling, as per discussions with the Assistant Director-General of HTM, Dr Nakatani, and the Planning, Resource Coordination and Performance Monitoring Department (PRP).
- When splitting technical personnel under their respective operations areas, the operations support costs (including personnel of operations support and WHO administrative costs) are about 13%.
- Financial audits of project sites will be complementary to technical site visits and evaluations.
- Lower financial implementation of operations is mainly due to delays in ethics committees to review proposals, technical issues in countries and administrative issues to process payments for a project.
- For every allocation of undesignated funds to portfolio activities, TDR expects managers to raise additional designated funds. This ensures that all designated funding grants are within the approved TDR workplans and that undesignated funds do not subsidise designated funds, instead the contrary.
- The exchange rate represented by a strong Swiss franc compared to other currencies is not expected to change much. However it does remain a risk to the personnel costs in 2016-2017.

Decision

- **JCB accepted the 2012-2013 financial report as presented.**
- **JCB endorsed the proposed pilot plan for project site financial audits.**
- **JCB approved the proposed scenario for the 2016-2017 budget, with initial implementation at a budget level of US$ 45 million, moving towards a level of US$ 55 million as funds become available.**

Recommendation

- **JCB requested the Secretariat to clarify with the ADG/HTM the issue of a ceiling for TDR in the 2016-2017 budget.**

Item 12. Technical presentation

Dr Juliana Quintero Espinosa, Head of the Epidemiology and Public Health Department of Centro de Investigacion en Salud de la Fondacion Santa Fe de Bogota, Colombia, presented the impact of innovative approach research projects on the community involved in dengue vector control.

Key message

- A short movie was screened.
- Dr Quintero Espinosa allegorically represented the support that TDR offers to researchers comparing it to a healthy tree. The roots are the processes of training, education and communicating values. The stem is made of projects funded by TDR in developing countries either through small grants or centrally-managed projects. The fruit is the new knowledge leading to improved effectiveness of interventions, new tools and applications, the transformation of communities as a result of their involvement in the projects, and the science networks created.

Item 13. TDR governance

Key messages

- Dr Aslanyan presented several documents for JCB approval. These included:
    - Conflict of interest principles for members of TDR's JCB,
    - Proposed terms of reference for TDR's STAC and SWG
    - TDR's Portfolio Prioritization Model, and
    - A proposal on reducing the workload
- The JCB resource contributors group nominated Dr Sue Kinn (United Kingdom) as their representative on the Standing Committee for a period of 2 years.
- The JCB disease endemic countries group nominated Dr Modest Mulenga (Zambia) as their representative on the Standing Committee for a period of 2 years.

Discussion points

- In the Terms of Reference for TDR's STAC and SWG, reference to the Executing Agency should be replaced by the TDR Secretariat throughout the document.

Decisions

- **JCB approved the Conflict of Interest document.**
- **JCB approved the Terms of Reference for STAC and Scientific Working Groups and requested replacing the term "Executing Agency" with "TDR Secretariat" throughout the document.**
- **JCB approved the TDR Portfolio Prioritization Model as presented.**
- **JCB approved the proposal to continue reducing the paperwork related to governance meetings by making information available through a dedicated SharePoint site and emailing whenever possible information related to sessions of the JCB, including the invitation letters.**
- **JCB approved the selection of the United Kingdom as the representative of the resource contributors group and Zambia as the representative of the DECs group on the TDR Standing Committee for a period of 2 years.**

Item 14. Selection of JCB members from 1 January 2015 to 31 December 2018

14.1 Results of the election of four members under paragraph 2.2.1 of the TDR Memorandum of Understanding

Elections

- **JCB re-elected for membership under paragraph 2.2.1 of the MOU, for a four-year term beginning 1 January 2015, the Governments of:**

  (1) Belgium

  (2) China

  (3) Japan

  (4) Sweden*

* the Government of Sweden was formerly a member of a Constituency with the Government of the Netherlands (2009-2014)

14.2 Selection of two members of the JCB according to paragraph 2.2.3 of the TDR Memorandum of Understanding

Elections

- **JCB re-elected for membership under paragraph 2.2.3 of the MOU, for a four-year term beginning 1 January 2015, the Governments of:**

  (1) Cuba

  (2) Peru*

* the Government of Peru was a member under paragraph 2.2.2 (2011-2014)

Item 15. Follow-up on the decision at WHA67 in May 2014 on the CEWG[1]

Key messages

- TDR Director, Dr Reeder, presented some aspects of the 2014 WHA decision[4] and the developments that followed.
- Through a sub-committee, the JCB was directly involved in developing a TDR position paper on the CEWG that was approved by the JCB in December 2013.
- The JCB recommended that TDR maintain its focus on infectious diseases of poverty but possibly expand its scope to other diseases of poverty.
- Dr Marie-Paule Kieny, Assistant Director-General of the Health Systems and Innovation Cluster, presented elements of the strategic workplan that was adopted by WHA66 (WHA66.22), regarding the establishment of a health R&D observatory, the evaluation of existing mechanisms for financial contributions to health R&D, the exploration of possible coordination mechanisms and the identification and implementation of health R&D demonstration projects.
- WHO will continue discussing this option with TDR, bearing in mind that the scope of the diseases should not be limited to type III[5] and that a funding mechanism should be separate from that of TDR.
- These funds will not count against TDR's budget ceiling and TDR will not be requested to fundraise for this purpose.
- More work needs to be done to clarify the links between the global observatory and the coordination mechanism. This will likely take place by November 2014.
- TDR may be requested to open a budget line where donors would be able to provide resources for the demonstration projects and for the global health R&D observatory.
- TDR may be considered for a more operational role.
- Four projects were selected for demonstration. Regular discussions with the proponents need to take place to assess whether they encounter bottlenecks. Indicators need to be set to measure success. The evaluation framework proposed is on the process and more qualitative aspects need to be measured (the success in terms of innovation, etc.).

Discussion points

- The current need is to discuss the governance mechanism, which needs to be approved by the governance of both TDR and WHO. A TDR budget line will be opened for the demonstration projects. It is yet to be seen how easy it is to fundraise for this budget line (TDR will not be required to do this, although it is hosting the budget line).
- The budget line will be open for no more than four years with a maximum amount of US$ 50 million (for the four demonstration projects and for the observatory).
- JCB requested a calendar of decisions to be taken by WHO and TDR governing bodies, to ensure that these are coordinated.
- There should be an assessment of the impact on TDR's governance (frequency of meetings, terms of reference of members, etc.) as well as on TDR's budget ceiling.

---

4 WHA67(15) – click here to access

5 Type I diseases are incident in both rich and poor countries, with large numbers of vulnerable populations in each. Type II diseases are incident in both rich and poor countries, but with a substantial proportion of the cases in poor countries. Type III diseases are those that are overwhelmingly or exclusively incident in developing countries (WHO Non-official document providing background information on a proposed definition of disease Types I, II and III using DALYs and World Bank Income groups)

- The amounts that will come to TDR for its operational role should be taken into consideration when planning the 2016-2017 workplan and budget.
- A maximum US$ 5 million per year will be required for TDR to fulfil its operational role.
- Public pledges have been received for this fund from: Brazil, France, Kenya, South-Africa and Switzerland. Collecting funds will likely begin in one year from now. In the meantime, the observatory will collect information on funding streams, pipelines and gaps.
- Data will be considered by a coordinating mechanism through a two-pronged approach: revitalize the advisory committee on health research of WHO and organize gatherings of scientists around the world resulting in analysis and reports on the gaps and priorities for research and development. The number of projects to be funded will depend on the funds available.
- TDR would establish a second Scientific and Technical Advisory Committee in parallel with TDR's existing STAC. The new STAC will also report to JCB, which would require an extension of the JCB's scope of work and timeline (perhaps extending the meetings to three days).
- The funds coming in to the dedicated budget line should have as few strings attached as possible, otherwise prioritization will not be very meaningful and management of a mix of UD and DF funds will be complicated.
- The impact on TDR's financial management workload, the process of releasing funds and the governance by JCB need to be described in more detail based on the principles presented. This should be assessed by the JCB prior to a detailed proposal being presented to WHO's Executive Board in January 2015.
- Switzerland has pledged Sw.fr. 2 million to TDR to play an operational role in the global health R&D.
- The role of TDR's co-sponsors in this global health R&D funding should be assessed as they may have the capacity to support this mechanism.
- The global R&D observatory will be responsible for gathering the data. This data will be used by the coordination mechanism (which will rely on Member States) to establish priorities. The funding mechanism is the third component, which will require governance by TDR and some degree of operational involvement.

Decisions

- **JCB recommended moving forward with discussions with WHO on the possibility of TDR hosting the funding mechanism for R&D as per the WHA 67 decision.**
- **JCB recommended continuing to rely on the sub-committee established by JCB36 and to open it up to other members who would like to participate.**
- **JCB recommended that the sub-committee discuss the proposed framework with WHO in detail and report to the next Standing Committee meeting.**

Item 16. Summary of decisions and recommendations

Key messages

- The Rapporteur presented the decisions and key recommendations of the second day.

Item 17. Closing session

Concluding remarks

The Chair concluded that the meeting achieved its objectives and will guide the work of TDR in the next 12 months.

The Chair thanked the Secretariat, the interpreters and the delegates for a productive meeting.

Decisions

- **JCB38 will take place in Geneva from 22-24 June 2015.**
- **JCB39 will take place in Geneva from 20-22 June 2016.**

III Full list of decisions and recommendations

Decisions

1. Professor Hannah Akuffo of Sweden (representative of the constituency of Sweden and the Netherlands) was elected as Chair of the JCB for a term of three years.
2. Bernard Pécoul (representative of DNDi) was elected as Rapporteur for JCB37.
3. The Agenda of JCB37 was adopted.
4. The report by the Chair STAC was endorsed. JCB thanked the STAC for its work in the past year and reiterated the need to focus on capacity building towards research ethics and implementation research.
5. TDR's 2013 Annual Report was enthusiastically endorsed. JCB thanked the Director and TDR staff for their hard work and dedication to the objectives of the Programme.
6. JCB welcomed the document on approach to TDR co-sponsorship and requested a concrete plan to be developed and presented to JCB38. JCB requested co-sponsors to take a direct lead and responsibility for developing and implementing the new approach. JCB requested that the Standing Committee facilitate the process of developing joint workplans of TDR with those of co-sponsors.
7. JCB endorsed the 2013 TDR Results Report.
8. JCB endorsed the Risk Management Report 2013.
9. JCB accepted the 2012-2013 financial report as presented.
10. JCB endorsed the proposed pilot plan for project site financial audits.
11. JCB approved the proposed scenario for the 2016-2017 budget, with initial implementation at a budget level of US$ 45 million, moving towards a level of US$ 55 million as funds become available.
12. JCB recommended moving forward with discussions with WHO on the possibility of TDR hosting the funding mechanism for R&D as per the WHA 67 decision.
13. JCB recommended continuing to rely on the sub-committee established by JCB36 and to open it up to other members who would like to participate.

14. JCB recommended that the sub-committee discuss the proposed framework with WHO in detail and report to the next Standing Committee meeting.
15. JCB38 will take place in Geneva from 22-24 June 2015.
16. JCB39 will take place in Geneva from 20-22 June 2016.

Recommendations

1. JCB requested TDR to explore ways to mainstream gender equity as applied to the entire portfolio of projects and start mapping the contribution of projects to gender equity issues.
2. JCB requested members and observers of JCB and co-sponsors to utilize their channels of communication with and in countries to advocate for TDR and its research results and capacity building activities.
3. JCB requested the Secretariat to clarify with the ADG/HTM the issue of a ceiling for TDR in the 2016-2017 budget.
4. JCB approved the Conflict of Interest document.
5. JCB approved the Terms of Reference for STAC and Scientific Working Groups and requested replacing the term “Executing Agency” with “TDR Secretariat” throughout the document.
6. JCB approved the TDR Portfolio Prioritization Model as presented.
7. JCB approved the proposal to continue reducing the paperwork related to governance meetings by making information available through a dedicated SharePoint site and emailing whenever possible information related to sessions of the JCB, including the invitation letters.
8. JCB approved the selection of the United Kingdom as the representative of the resource contributors group and Zambia as the representative of the DECs group on the TDR Standing Committee for a period of 2 years.

Elections

- JCB re-elected for membership under paragraph 2.2.1 of the MOU, for a four-year term beginning 1 January 2015, the Governments of:

  (1) Belgium

  (2) China

  (3) Japan

  (4) Sweden*

  * *the Government of Sweden was formerly a member of a Constituency with the Government of the Netherlands (2009-2014)*

- JCB re-elected for membership under paragraph 2.2.3 of the MOU, for a four-year term beginning 1 January 2015, the Governments of:

  (1) Cuba

  (2) Peru*

  * *the Government of Peru was a member under paragraph 2.2.2 (2011-2014)*

IV Annexes

Annex 1 – Agenda

	Reference documents
Monday, 23 June 2014 (13:30-15:30)	
❖ Briefing session	
Tuesday, 24 June 2014 (from 09:00)	
Opening Session ❖ Celebrating TDR's 40th anniversary	
1. Statutory business 1.1 Election of the Chair and Rapporteur 1.2 Adoption of the Agenda	Draft Agenda TDR/JCB37/14.1 Draft Annotated Agenda TDR/JCB37/14.1a
2. Report by the outgoing Chair of the Joint Coordinating Board	Report of JCB36, June 2013 TDR/JCB36/13.3
3. Decisions between sessions of the JCB	
3.1 Approval by the JCB of the Terms of Reference for JCB members	Terms of Reference for JCB members Approved by JCB36
3.2 Approved Standard Operating Procedures for the Standing Committee	Standing Committee Operating Procedures Approved by JCB36
3.3 Follow-up on the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	Summary of TDR's position
4. Report of the Standing Committee	Standing Committee 94 decisions and recommendations TDR/SC-94/13.3 Standing Committee 95 decisions and recommendations TDR/SC-95/14.3
5. Report by the Chair, TDR Scientific and Technical Advisory Committee (STAC)	Report by Chair STAC TDR/STAC36/14.3
6. TDR progress since JCB36	TDR 2013 Annual Report Follow-up to the JCB36 decisions and recommendations TDR/JCB37/14.4
7. Update from TDR co-sponsors 7.1 WHO 7.2 UNICEF 7.3 UNDP 7.4 World Bank	A proposed approach to strengthening co-sponsorship of TDR TDR/JCB37/14.5

	Reference documents
Tuesday, 24 June 2014 (continued)	
8. TDR programme performance overview 8.1 Key performance indicators 2013 8.2 Risk management	2013 TDR Results Report TDR/STRA/14.1 TDR Risk Management Report, 2013 TDR/JCB37/14.7
9. Communications and advocacy ▪ Update on advocacy and 40th anniversary events	40th anniversary events plan TDR/WHO Stakeholder Survey Results 2013, A report of the survey results
10. Summary of decisions and recommendations of Day 1	

Wednesday, 25 June 2014	
Meeting of disease endemic country representatives (Salle C, 5th floor of the main building)	
Meeting of TDR resource contributors (Indian Room – next to the Executive Board Room)	
11. Financial report 2012-2013 and outlook 2014-2017 11.1 Financial report 2012-2013 11.2 Project site financial audit 11.3 Outlook 2014-2017 and Programme budget scenario levels for 2016-2017 11.4 Update on resource mobilization	2012-2013 Financial report and outlook 2014-2017 and TDR Certified Financial Statement for the year ended 31 December 2013 TDR/JCB37/14.8 TDR's pilot plan for project site financial audits at grantee institutions TDR/JCB37/14.9
12. Technical presentation	
13. TDR governance 13.1 Proposed conflict of interest principles for the TDR Joint Coordinating Board 13.2 Proposed terms of reference for TDR's Scientific and Technical Advisory Committee and scientific working groups 13.3 Portfolio prioritization processes 13.4 Proposal on how to reduce the workload of organizing JCB meetings and communicating with JCB members and observers between meetings 13.5 Selection of one representative from the resource contributors group and a disease endemic country to serve as members of the Standing Committee for a period of two years.	Proposed conflict of interest principles for members of TDR's Joint Coordinating Board TDR/JCB37/14.10 Proposed terms of reference for TDR's Scientific and Technical Advisory Committee and scientific working groups TDR/JCB37/14.11 TDR's Portfolio Prioritization Model TDR/JCB37/14.12 Reducing the workload TDR/JCB37/14.13
14. Selection of JCB members 14.1 Selection of four members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding 14.2 Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding	Note on the membership of the JCB TDR/JCB37/14.14 JCB membership wheel TDR/JCB37/14.15 History of Membership on TDR's Joint Coordinating Board, 1978-2014 TDR/JCB37/14.16 TDR Memorandum of Understanding TDR/CP/78.5/Rev.2013/rev1

	Reference documents
Wednesday, 25 June 2014 (continued)	
15. Follow-up on the decision at WHA67, May 2014, on progress of the Consultative Expert Working Group on Research and Development: Financing and Coordination	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination - Draft decision proposed by the delegation of France A67/B/CONF./2 Rev.1 CEWG concept note TDR/SC-94/13.6/rev1 Summary of TDR's position
16. Summary of decisions and recommendations of Day 2	
17. Closing Session ▪ Date and place of JCB38 and JCB39 ▪ Any other business ▪ Concluding remarks	

Annex 2 – List of participants

MEMBERS

ARMENIA

Dr Nune BAKUNTS, Deputy Director, National Center of Disease Control and Prevention, Yerevan, Armenia

BELGIUM

Dr Paul CARTIER, Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

BURKINA FASO

Dr Bocar KOUYATE, Conseiller technique de Monsieur le Ministre de la Santé, Ouagadougou, Burkina Faso

CHINA

Professor Ning XIAO, Deputy Director, National Institute of Parasitic Diseases (IPD), Shanghai, People's Republic of China

CÔTE D'IVOIRE

Dr Mamadou KONÉ, Directeur de cabinet adjoint, Ministère de la Santé et de la Lutte contre le Sida, Abidjan, Côte d'Ivoire

CUBA

Dr Lorenzo Jorge PÉREZ AVILA, Director General, Institute of Tropical Medicine "Pedro Kourí" (IPK), La Habana, Cuba

DJIBOUTI

Not able to attend.

DRUGS FOR NEGLECTED DISEASES INITIATIVE

Dr Bernard PÉCOUL, Executive Director, Drugs for Neglected Diseases initiative (DNDi), Genève, Switzerland

EGYPT

Dr Ayat Atef Mohamed HAGGAG, Undersecretary for Endemic Diseases, Ministry of Health and Population, Cairo, Egypt

INDIA AND THAILAND CONSTITUENCY

Dr K.K. SINGH, Scientist G, Ministry of Health & Family Welfare, New Delhi, India

JAPAN

Dr Yosuke TAKASAKI, Deputy Director, International Affairs Division, Tokyo, Japan

LAO PDR

Dr Kongsap AKKHAVONG, Acting Director, National Institute of Public Health, Ministry of Health, Vientiane Capital, Lao People's Democratic Republic

LUXEMBOURG AND GERMANY CONSTITUENCY

Dr Vic ARENDT, Consultant Physician, Service National des Maladies Infectieuses, Luxembourg

Dr Detlef BÖCKING, Scientific Officer, Project Management Agency, PT-DLR Health Research, Bonn, Germany

Professor Rolf KORTE, Senior Health Policy Advisor, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

MALAYSIA

Dr Shahnaz MURAD, Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Putrajaya, Malaysia

NEPAL

Dr Babu Ram MARASINI, Director, Epidemiology and Disease Control Division, Ministry of Health and Population, Kathmandu, Nepal

NIGERIA AND GHANA CONSTITUENCY

Professor Karniyus Shingu GAMANIEL, Director General/CEO, National Institute for Pharmaceutical Research and Development (NIPRD), Federal Ministry of Health, Garki - Abuja, Nigeria

Professor Innocent UJAH, Director General/CEO, Nigerian Institute for Medical Research (NIMR), Federal Ministry of Health, Yaba - Lagos, Nigeria

Dr Iyabode Olukemi SOWUNMI, Deputy Director (Research & Knowledge Management), Department of Health Planning, Research & Statistics, Federal Ministry of Health, Nigeria, Garki - Abuja, Nigeria

Mr Ahmed Gubio ALI, Principal Health Research Officer, Department of Health Planning, Research & Statistics, Federal Ministry of Health, Garki - Abuja, Nigeria

PERU

Dr Sergio RECUENCO CABRERA, Director General, Instituto Nacional de Salud del Perú, Lima, Peru

PORTUGAL

Professor Paulo FERRINHO, Director, Instituto de Higiene e Medicina Tropical, Lisbon, Portugal

SPAIN AND PANAMA CONSTITUENCY

Dr Tomás LÓPEZ-PEÑA ORDOÑEZ, Jefe de Área de la Subdirección General de Programas Internacionales de Investigación y Relaciones Institucionales, Instituto de Salud Carlos III, Madrid, Spain

Dr Aurelio NÚÑEZ, Jefe del Programe Nacional de ITS/VIH/SIDA y Representante del Ministerio de Salud ante el mecanismo Coordinador Regional de Malaria, Tuberculosis y VIH/SIDA, Ciudad de Panamá

Dr Nestor SOSA, Director General, Instituto Conmemorativo Gorgas de Estudios de la Salud, Panamá

Mr Don Gonzalo VEGA MOLINA, Consejero, Mission permanente de l'Espagne auprès de l'Office des Nations Unies à Genève et d'autres Organisations internationales en Suisse, Genève, Switzerland

SWEDEN AND NETHERLANDS CONSTITUENCY

Professor Hannah AKUFFO, Lead Specialist, Research, Swedish International Development Cooperation Agency – Sida, Stockholm, Sweden

Professor Ros-Mari BÅLÖW, Senior Research Advisor, FORSK - Research Cooperation Unit, Department for Global Cooperation, Stockholm, Sweden

SWITZERLAND AND NORWAY CONSTITUENCY

Dr Marianne MONCLAIR, Senior Adviser, Department for Global Health, Education and Research, Oslo, Norway

Dr Susanna HAUSMANN MUELA, Senior Health Advisor, Federal Department of Foreign Affairs (FDFA), Berne, Switzerland

Mrs Nadia ISLER, Conseiller (Développement), Mission permanente de la Suisse auprès de l'Office des Nations Unies et des autres Organisations internationales à Genève, Switzerland

TURKEY

Dr Ebru AYDIN, Head of Department, Turkish Public Health Institute, Sihhiye Ankara, Turkey

Professor Arzu YETKIN, Adviser, Numune Research and Training Hospital, Ankara, Turkey

UK AND USA CONSTITUENCY

Dr Sue KINN, Team Leader Human Development, Research and Evidence Division, Glasgow, United Kingdom

Dr Amy BLOOM, Senior Technical Advisor, Office of Health and Nutrition (HIDN), Bureau for Global Health, Washington, DC, USA

Mr Malcolm MCNEIL, Senior Health Adviser, Human Development Team, Research and Evidence Division, Glasgow, United Kingdom

ZAMBIA

Dr Modest MULENGA, Director, Tropical Diseases Research Centre, Ndola, Zambia

UNITED NATIONS CHILDREN'S FUND

Dr Kumanan RASANATHAN, Health Specialist, Health Section, New York, NY, USA

UNITED NATIONS DEVELOPMENT PROGRAMME

Dr Tenu AVAFIA, Policy Advisor, HIV, Health & Development Practice, New York, NY, USA

WORLD BANK

Dr Michael Kent RANSON, Senior Economist (Health), Health, Nutrition and Population, Geneva, Switzerland

WORLD HEALTH ORGANIZATION

Headquarters, Geneva, Switzerland

Dr Dirk ENGELS, Director, Control of Neglected Tropical Diseases (HTM/NTD)

Mr Nicholas JEFFREYS, Comptroller and Director FNM

Dr Marie-Paule KIENY, Assistant Director-General, Health Systems and Innovation (HIS)

Mr Issa MATTA, Senior Legal Officer

Ms Anne MAZUR, Principal Legal Officer

Dr Zafar MIRZA, Coordinator, Public Health, Innovation & Intellectual Property, Essential Medicines & Health Products Department, Health Systems & Innovation Cluster (HIS/EMP/PHI)

Dr Hiroki NAKATANI, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM)

Dr Ulysses PANISSET, Coordinator, Research and Knowledge Translation (HIS/KER/RKT), Representing the Director, Knowledge, Ethics and Research Department

Dr Elil RENGANATHAN, Director, Planning Resource Coordination and Perf Monitoring (PRP)

Dr Marlene TEMMERMAN, Director, Reproductive Health and Research (RHR)

Dr Thomas TEUSCHER, Acting Executive Director, Roll Back Malaria Partnership Secretariat (RBM)

Dr Maureen AYERS LOOBY, Volunteer, Alliance HPSR

Special Programme staff

Director's Office

Dr John REEDER, Director

Dr Garry ASLANYAN, Manager, Partnerships and Governance

Ms Jamie GUTH, Communications Manager

Administrative Support to the JCB

Ms Chris COZE

Ms Flora RUTAHAKANA

Ms Izabela SUDER-DAYAO

Programme, Planning and Management

Dr Beatrice HALPAAP, Portfolio and Programme Manager

Ms Caroline EASTER

Ms Annabel FRANCOIS

Dr Mihai MIHUT

Research Capacity Strengthening and Knowledge Management

Dr Dermot MAHER

(Incoming RCS/KM Coordinator beginning 1 July 2014)

Ms Elisabetta DESSI

Ms Najoua KACHOURI ABOUDI

Dr Edward KAMAU

Dr Pascal LAUNOIS

Dr Olumide OGUNDAHUNSI

Dr Rob TERRY

Dr Mahnaz VAHEDI

Intervention Research

Dr Piero OLLIARO, Unit Leader

Dr Christine HALLEUX

Ms Ekua JOHNSON

Dr Annette KUESEL

Mr Abdul MASOUDI

Dr Solomon NWAKA

Dr Andrew RAMSAY

Ms Michelle VILLASOL

Vectors, Environment and Society

Dr Yeya TOURE, Unit Leader

Dr Florence FOUQUE

(Incoming VES Unit Leader following Dr Touré's retirement)

Ms Flor CABANEL

Ms Madhavi JACCARD-SAHGAL

Dr Bernadette RAMIREZ

Dr Johannes SOMMERFELD

SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (STAC)

Professor Mario-Henry RODRIGUEZ-LOPEZ, Researcher at the Center for Research for Infectious Diseases, National Institute of Public Health, Cuernavaca, Morelos, Mexico

FORMER DIRECTORS OF TDR

Dr Tore GODAL, Special Adviser, Office of the Prime Minister, Oslo, Norway

Dr Adetokunbo O. LUCAS, Kongi - Ibadan, Nigeria

TECHNICAL PRESENTER

Dr Juliana QUINTERO ESPINOSA, MD MSc Epidemiology,Research Assistance, Centro de Estudios e Investigación en Salud, Bogotá, Colombia

OBSERVERS

COLOMBIA

Ms Heidi BOTERO-HERNANDEZ, First Secretary, Permanent Mission of Colombia to the United Nations Office and Specialized Institutions at Geneva, Switzerland

COSTA RICA

Sr. Christian GUILLERMET, Encargado de Negocios a.i., Permanent Mission of the Republic of Costa Rica to the United Nations ffice and other International Organizations at Geneva, Switzerland

Sra. Roxana TINOCO, Consejera, Permanent Mission of the Republic of Costa Rica to the United Nations Office and other International Organizations at Geneva, Switzerland

ECUADOR

Dr Mónica MARTÍNEZ, Ministra, Misión Permanente del Ecuador ante Naciones Unidas-Ginebra, Genève, Switzerland

FONDATION MÉRIEUX

Dr Christophe LONGUET, Medical Director, Fondation Mérieux, Lyon, France

FRANCE

Mrs Margot NAULEAU, Attachée Santé, Mission permanente de la France auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées ayant leur siège en Suisse, Chambésy, Switzerland

Mr Marc BOISNEL, Conseiller Santé, Mission permanente de la France auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées ayant leur siège en Suisse, Chambésy, Switzerland

Mr Vincent SCIAMA, Conseiller Santé, Mission permanente de la France auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées ayant leur siège en Suisse, Chambésy, Switzerland

GREECE

Mrs Sofia KEKEMPANOU, Expert on Health Affairs, Mission permanente de la Grèce auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées en Suisse, Genève, Switzerland

Mrs Efthimia KARAVA, Expert (Health), Mission permanente de la Grèce auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées en Suisse, Genève, Switzerland

Mr Dimitrios KRANIAS, Health Attaché, Mission permanente de la Grèce auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées en Suisse, Genève, Switzerland

HARVARD SCHOOL OF PUBLIC HEALTH

Dr Marcia C. CASTRO, Associate Professor of Demography, Department of Global Health and Population, Boston, MA, USA

INDONESIA

Professor Tjandra Yoga ADITAMA, Director General, National Institute of Health Research and Development, Jakarta, Indonesia

IRAN, ISLAMIC REPUBLIC OF

Dr Mohammad Mehdi GOUYA, Director General, Center for Communicable Disease Control, Ministry of Health and Medical Education, Tehran, Islamic Republic of Iran

LIBYA

Dr Reida ELOAKLEY, Medical Counsellor, Libya's Representative to WHO, Permanent Mission of Libya to the United Nations Office at Geneva and International Organizations in Switzerland, Genève, Switzerland

MEXICO

Embajador Raúl HEREDIA ACOSTA, Representante Permanente Alterno de México ante la Oficina de las naciones Unidas y otros Organismos Internacionales con sede en Ginebra, Geneva

Professor Mario-Henry RODRIGUEZ-LOPEZ, Investigador del Centro de Investigaciones sobre Enfermedades Infecciosas, Instituto Nacional de Salud Pública

Sra. Liliana PADILLA RODRÍGUEZ, Segunda Secretaria, Encargada del área de Salud

Sra. Vanessa CONSTANTINO, Área de Salud, Misión Permanente de Mexico ante la Oficina de las Naciones Unidas y otros Organismos Internacionales con sede en Ginebra

MYANMAR

Dr Htun Naing OO, Director General, Department of Traditional Medicine, Ministry of Health, Nay Pyi Taw, Myanmar

Dr Yi Yi MYINT, Director General, Department of Medical Research (Upper Myanmar), Ministry of Health, Pyin Oo Lwin, Myanmar

OSWALDO CRUZ FOUNDATION (FIOCRUZ)

Dr Mitermayer GALVÃO DOS REIS, Senior Researcher, Centro de Pesquisas Gonçalo Moniz (Fiocruz Bahia), Candeal – Salvador, Brazil

SIGHTSAVERS

Dr Elizabeth ELHASSAN, Technical Director, Neglected Tropical Diseases, Accra, Ghana

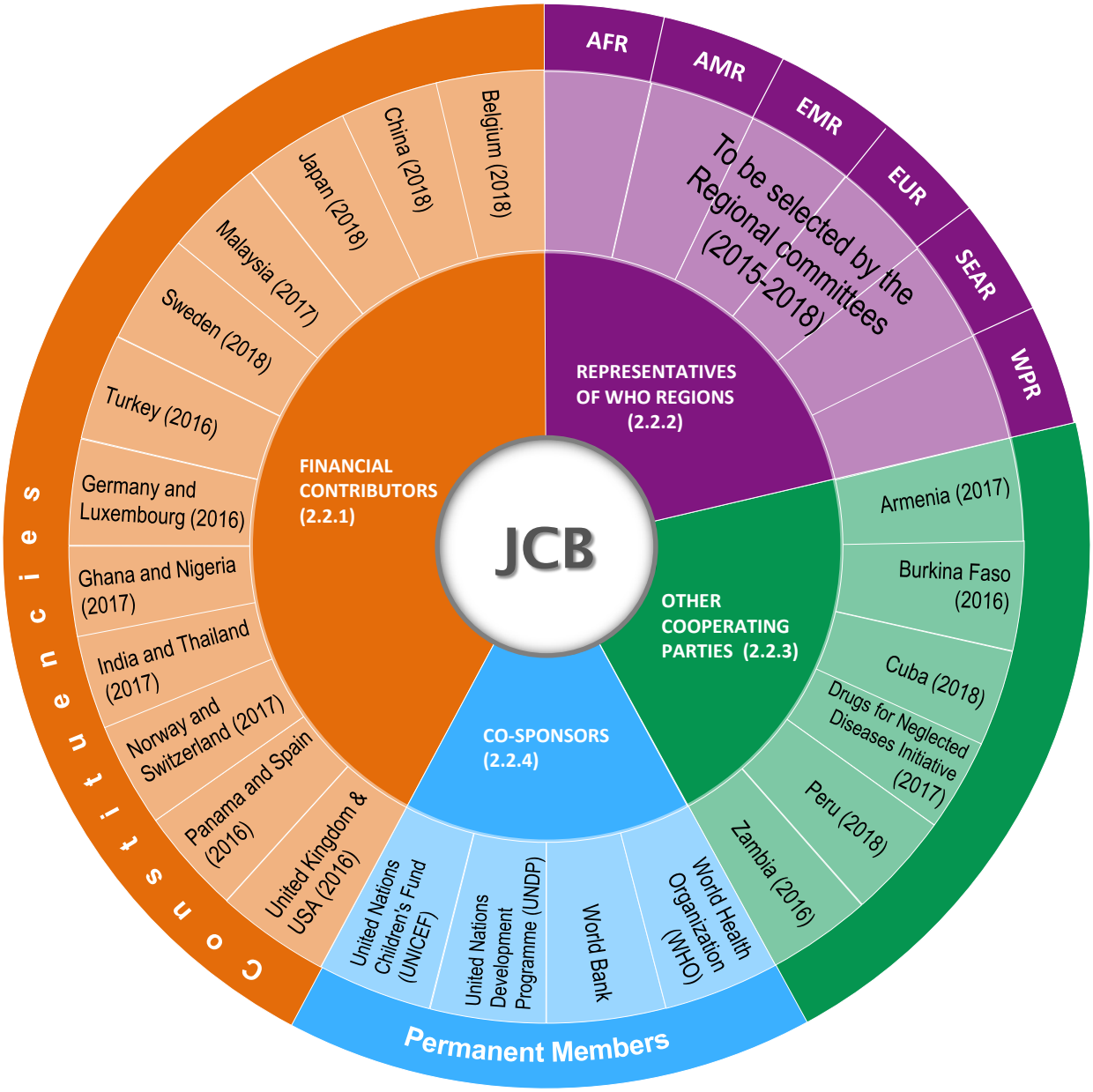
SUDAN

Permanent Mission of the Republic of the Sudan to the United Nations Office at Geneva and the Specialized Institutions in Switzerland, Genève, Switzerland

WELLCOME TRUST

Dr Dermot MAHER, International Portfolio Manager, Wellcome Trust, London, United Kingdom

Annex 3 – JCB members from 1 January 2015



Annex 4 – STAC members from 1 January 2015

	Term of Office *(until 31 December)*
Graeme BILBE, Research and Development Director, Drugs for Neglected Diseases *initiative* (DND*i*), Geneva, Switzerland	2014-2015
Moses BOCKARIE, Director, Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine, United Kingdom	2014-2015
Ikram GUIZANI, Head of Laboratory, Institut Pasteur de Tunis, Ministère de la Santé Publique, Tunis-Belvedere, Tunisia	2012-2015
John GYAPONG, Pro-Vice Chancellor for Research Innovation and Development at University of Ghana Legon, Ghana	2014-2015
Poloko KEBAABETSWE, Director, Health Systems Research Unit, BoMEPI - Botswana Medical Education Partnership Initiative, University of Botswana School of Medicine, Gaborone, Botswana	2012-2015
Florencia LUNA, Director, Bioethics Program of FLACSO, Latin American University of Social Sciences, Buenos Aires, Argentina	2012-2015
Lenore MANDERSON, Professor at the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa	2012-2015
Charles MGONE, Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), Netherlands	2014-2015
Frank NYONATOR, Dean of the School of Public Health, University of Health and Allied Sciences (UHAS), Accra, Ghana	2014-2015
Rosanna PEELING, Chair of Diagnostics Research, Department of Clinical Research, London School of Hygiene & Tropical Medicine, United Kingdom	2014-2015
Ana RABELLO, Senior Researcher, Centro de Pesquisas René Rachou, Fundaçâo Oswaldo Cruz – FIOCRUZ, Belo Horizonte, Brazil	2014-2015
Anand WICKREMASINGHE, Dean of the Faculty of Medicine & Professor of Public Health, University of Kelaniya, Ragama, Sri Lanka	2012-2015
ZHOU Xiao-Nong, Director, National Institute of Parasitic Diseases (IPD), China CDC, Shanghai, China	2014-2015

Annex 5 – Message from the past chair of JCB, Sue Kinn

Dear colleagues,

I am pleased to write you this short note as my term as Chair of the TDR Joint Coordinating Board comes to an end at its 37th session. Having Chaired the Board for three years, in my opinion this last meeting was a milestone since it is clear that:

- The organisation has completely transformed
- The Director is well established
- There is a smaller, very highly motivated staff
- The budget is on track
- There is a strong research strategy
- There is a great deal of optimism about TDR and the future

While I was Chair of the JCB, there were a number of ups and downs during the last three years, but throughout this time the staff commitment has been incredible, and we had unbelievable support from the WHO ADGs – Marie-Paule Kieny and Hiroki Nakatani.

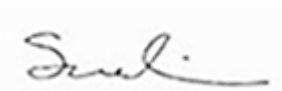
It has been great working with John Reeder. He is willing to listen to all perspectives, works effectively and develops workable and inspired solutions, and most importantly is willing to take difficult decisions.

It has been a real privilege to work with all of the staff. They have inspired me with their dedication and support, and they have made sure that TDR has survived and thrived.

Finally, I would like to thank everyone on the JCB. As well as changes to the secretariat we have also made changes to the Board. We have found new ways of working to facilitate decision-making between meetings, and many people have given time between meetings to contribute to the working groups which have operated for short periods of time. I would like to thank Modest (*Mulenga*) and Bocar (*Kouyate*) who, as vice-chairs, have provided great support.

So here we are, TDR – fabulous at 40, and our mid-life crisis behind us now. I wish all the best to the incoming chair, Hannah Akuffo, and I'm looking forward to a very successful future for TDR.

With very best wishes,



Sue Kinn, Chair, JCB (34-36)