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

WHO Headquarters, Geneva, Switzerland
23-24 June 2015

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I. Introduction

The Thirty-eighth Session of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at WHO headquarters in Geneva on 23 and 24 June 2015. The session was chaired by Professor Hannah Akuffo of Sweden, and was attended by all JCB members except Armenia and Cuba who sent their apologies. Representatives of several governments and organizations also attended the session as observers (see Annex 2).

The deliberations of JCB38 focused on TDR's achievements since JCB37 and plans from 2016 onwards. Important decisions taken included endorsement of the Programme Budget and Workplan 2016-2017 and of the Terms of Reference for the Sixth External Review of the Programme in 2016.

II. Summary of proceedings

Opening session

Key messages

- In her opening remarks, **Professor Hannah Akuffo** welcomed JCB members and observers. A special welcome was extended to the six new members under paragraph 2.2.2 who represent not only their government on the JCB but also their region (Afghanistan, Comoros, Fiji, Maldives, Republic of Moldova and Suriname). A warm welcome was also extended to three new non-state actor observers who have been appointed since the last JCB session (IHMT – Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal, INDEPTH Network, Ghana and Institut Pasteur, France).
- **Dr Winnie Mpanju-Shumbusho**, WHO Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) and recently appointed TDR Special Programme Coordinator, welcomed the delegates on behalf of WHO. Dr Mpanju spoke about TDR's strengthened collaboration with the WHO global disease control programmes, the fact that research should underpin control programmes' strategies and that WHO must rely on an evidence-based approach to improve global health. Dr Mpanju underlined the importance of this Board meeting as it reviews the progress made with the implementation of TDR's current strategy and inputs into the development of the 2016-2017 Programme budget and workplan, the last biennium of the Programme's current strategy.
- **Dr John Reeder**, Director of the Special Programme, mentioned the importance of the Board as a place to share ideas and get feedback on what the needs are in the countries and how this affects TDR's thinking, particularly during development of the workplan. Dr Reeder underlined the Programme's commitment to excellence and thanked TDR staff for their continued hard work.

Item 1. Statutory business

Election of the Vice-Chair and the Rapporteur

The Chair JCB expressed her appreciation and thanks to Dr Bocar Kouyate from Burkina Faso for his able vice-chairing of the JCB during the past two years and for the support he extended to TDR during his tenure as Vice-Chair JCB.

The representative of Burkina Faso nominated Dr Shahnaz Murad, representative of the Government of Malaysia, as Vice-Chair JCB. The nomination was seconded by the constituency of Switzerland and Norway.

The constituency of Germany and Luxembourg nominated Dr Xiao Ning, representative of the Government of China, as Rapporteur. The nomination was seconded by the representative of DND*i*.

No other nominations were received.

Decisions

- **Dr Shahnaz Murad (representative of Malaysia) was elected as Vice-Chair of the JCB for a term of two years.**
- **Dr Xiao Ning (representative of China) was elected as Rapporteur for JCB38.**

Adoption of the Agenda

The Draft Agenda of JCB38 was circulated to JCB members and observers in February and the Draft Annotated Agenda was made available on the JCB SharePoint site.

Decision

- **JCB adopted the Agenda of JCB38 as presented.**

Declarations of interest

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

Decision

- **JCB accepted the Declaration of interests forms as presented to the Secretariat with no conflicts foreseen.**

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

Key messages

- Professor Akuffo highlighted the support of WHO (including Assistant Directors-General of WHO) and the dedication and commitment of TDR staff since the Programme's restructuring. Professor Akuffo gave special mention to Dr Nakatani, recently retired ADG/HTM, who was attending the JCB this year as the representative of the Government of Japan, for his unfailing and constructive support to TDR.
- Although leaner, TDR has stepped up to the challenge, including supporting WHO's efforts during the Ebola crisis with both expertise and financial resources for calls that will build new knowledge and research capacity which will be relevant during future epidemics.
- Looking forward, TDR is ready to embark on the sixth external review of the Programme which will provide input into the development of its future strategy.
- Since the last JCB meeting co-sponsors have engaged in discussions on their respective role as sponsors of TDR.
- Professor Akuffo confirmed that no decisions had been taken by the JCB since JCB37.

Decision

- **JCB accepted the report of the Chair JCB.**

Item 3. Report of the Standing committee

Key messages

Dr Theresa Diaz, UNICEF[1], in her capacity as the current Chair of the Standing Committee (SC), summarised the decisions and recommendations as presented in SC documents arising from the two SC meetings having taken place since JCB37.

Decision

- **JCB accepted the report of the Standing Committee.**

[1] Via recorded message.

Item 4. TDR website publications page

- Ms Jamie Guth, TDR Communications Manager, gave a short demonstration of the publications page on the TDR website.

Discussion points

- Confirmed that all journal articles and papers published as a result of TDR research can be accessed through the publications page and that 90% of publications associated with TDR are open or free access[2].
- Regarding the possibility of presenting the web page in other languages, funding for translation continues to be an issue and arranging translation in multiple languages of all the published materials is impractical. One option would be for countries to arrange for and fund translation of materials themselves.
- The primary audience of the website publications page is researchers and TDR donors and the primary purpose is to get research information to them, all with open access. Information on the number of visits, what they are reading, where they are navigating to and how they get there is all tracked. The Grants page is the one which seems to attract the most attention.
- A question was raised as to whether the site could be more interactive, for example to give an opportunity for direct contact with TDR grantees, and how those not directly linked to TDR, such as Board members, could become informed. Social media is already used extensively by TDR. Apart from the eNews which is distributed to approximately 15 000 recipients, TDR news is posted on Linked-in and Twitter which in turn link to several other groups.
- Asked about quality control on publications, it was confirmed that external publications are published in peer-reviewed journals that ensure a certain level of quality, and internal publications usually go through a WHO review and approval process.
- The Results Report gives the number of peer reviewed published papers and the measure of the number that are openly or freely accessible.
- Aside from published results, the area of grey literature and how this can be disseminated to researchers in disease endemic countries is addressed by TDR through a new initiative to make research data available in free access through open databases.

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

The Chair of STAC, Professor Charles Mgone, presented an overview of the work done by STAC during the past year.

Key messages

- Professor Mgone gave an overview of the membership of the three scientific working groups that were established during 2014.

[2] **What is free access?** Publications accessible for free appearing in any journals (not only open-access journals). As opposed to that, open access means publications that can also be copied, distributed, disseminated, etc. Click here for more information: http://blogs.bmj.com/bmj/2008/08/15/free-v-open-access/

- At its meeting in 2015, STAC reviewed TDR's 2014 annual reports, the 2014 Results Report, the Financial Report and the Risk Management Report. The STAC commended TDR's increased collaboration with disease control programmes in WHO and recommended:
  - that TDR take a lead in identifying innovative options for case identification in diseases targeted for elimination when case identification is no longer cost-effective
  - that TDR engage in identifying lessons learned from the Ebola outbreak and facilitate putting together research priorities, including research capacity strengthening and community engagement to address future outbreaks of Ebola and other emerging infectious diseases
  - that TDR continue to promote its core values such as gender equity, ethics and capacity strengthening across all of its activities

Discussion points

- JCB thanked the STAC and its Chair for its work in the past year.
- Regarding the initiatives recommended in 2014 on women scientists' and gender equity, they have clearly been taken up by the Programme, with funding now being given out specifically aimed at these areas.
- With regard to Ebola research, following a suggestion that TDR should be more active in setting the research agenda, it was confirmed that TDR is involved in the research agenda setting of WHO, including Ebola.
- Discussed the difficulty and cost of case detection when the prevalence becomes very low, and the need to find approaches that are cost effective and reliable. TDR is already working on this in the area of the elimination campaign in visceral leishmaniasis in the Indian subcontinent for example.

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

Decision

- **JCB endorsed the report by the Chair STAC, including its recommendations.**

Recommendation

- **Suggested that future presentations include more specifics of technical discussions by STAC on TDR activities.**

Item 6. TDR progress since JCB37

Key messages

- TDR Director, Dr Reeder, highlighted the achievements of the Programme in 2014, ongoing work in 2015, gave an update on specific issues, on human resources, JCB37 recommendations and risk management.
- Dr Reeder thanked the donors and supporters of TDR for both core and specific project funding.
- Moving into the HTM Cluster has been important for the Programme. TDR is considered to be a valuable partner by the control programmes.

- TDR's slower start to implementation in 2014 was caused by a number of factors, including new projects that require time to take off, new partnerships being formed as part of the new working model, the time taken to set up the SWGs, staff time taken with Ebola work, and delays with the ethics review process in WHO. Full-speed implementation is a key task for the remainder of 2015.
- Two external evaluations of TDR training grant schemes and of the Regional Training Centres initiative are taking place in 2015 to guide further developments in these areas.
- Addressing JCB recommendations, TDR continues to be committed to mainstreaming gender, equity and human rights to help narrow the gender gap in health research. An internal working group has been set up for mainstreaming gender throughout all activities. Gender parity has almost been reached in TDR's committees, with 15 of the total STAC and SWG members being women and 17 men. Women have been first authors on 47% of 226 TDR publications in 2014. In addition, a call promoting the careers of women in scientific research was launched in June 2014, with 60 eligible applications being received and nine proposals being funded in 2015.
- TDR continues to build its partnerships and collaboration including projects which are under way with several WHO control programmes (Global Malaria Programme - HTM/GMP, Global TB Programme - HTM/GTB, Control of Neglected Tropical Diseases - HTM/NTD and Protection of the Human Environment - FWC/PHE).
- Relationships with all WHO regional offices have been further enhanced through regular interaction and implementation of the small grants scheme in five of the six regions and is expected to be in all by mid-2015.TDR Regional Training Centres continue to develop their networks, courses and training activities.
- The African Network for Drugs and Diagnostics Innovation (ANDI) has now been fully transferred to UNOPS in Addis Ababa, Ethiopia, and Dr Solomon Nwaka has been confirmed as the Executive Director of ANDI.
- During 2014, TDR strengthened its partnership with the European & Developing Countries Clinical Trials Partnership (EDCTP) through the clinical research development fellowship programme (CDF) and on Ebola virus disease (EVD) research.
- In the area of ethics and implementation research, TDR is supporting initiatives proposed by the Strategic Initiative for Developing Capacity in Ethical Review (SIDCER). Further work on ethics is being planned in collaboration with WHO ERC and the Regional Training Centres.
- TDR is supporting WHO's Ebola response in whatever way it can, with staff on the ground in West Africa, both technical and administrative efforts at headquarters and through a joint TDR/EDCTP/MRC (UK) grant call for research and training to identify best practices for building community support for clinical trials in emergency situations.
- TDR's Staff Development Programme gives staff an opportunity to move forward with training that brings benefits not only to TDR but also helps staff to develop their careers.
- In June 2014 TDR had a register of 13 significant risks, four of which have been fully addressed and closed. An additional three risks have been identified and will be discussed during a later item.
  - **Risk 14**, related to the WHO budget ceiling not being coherent with what JCB had approved - this issue has now been resolved with WHO agreeing that TDR, HRP and emergencies will not have a hard budget ceiling starting in 2016-2017[3].

[3] For more information refer to the WHO Proposed programme budget 2016-2017 (p.5) A68/7 and the Draft resolution: Programme budget 2016-2017 A68/7 Add.1

- For **Risk 15**, related to the potential impact on TDR from managing the Health R&D pooled fund, measures have been taken to mitigate this.
- For **Risk 16**, following concerns raised by the Standing Committee, the WHO staff mobility policy which is currently being discussed and developed, was presented. Director TDR will be supportive of voluntary staff rotation but is concerned about the consequences of forced rotation as TDR staff members are highly specialized. Dr Reeder reiterated that TDR is a special programme and that the Programme would be weakened if it were forced to take staff without the right skills and expertise.

- In summary, TDR's accomplishments in 2014 include solid operational achievements, significant progress in engagement with WHO departments and regions, development of a strong 2016-2017 workplan, increased focus on gender equity, ethics, staff development being pro-actively addressed and risks being actively managed.

Discussion points

- JCB commended Director TDR for the quality of his report.
- JCB thanked the Director and TDR staff for their hard work and dedication to the objectives of the Programme and appreciated the achievements in 2014 and planned activities in 2015.
- Concern was raised about the slow implementation rate in 2014 which to some donors may give the misperception that TDR has more than enough money for its activities. Rightfully this is being considered a significant risk.
- The issue of staff mobility and how it might affect the efficiency of the Programme was discussed quite extensively. The Board agreed that as a Special Programme TDR should be considered differently to WHO departments. WHO should be made aware of the JCB's concerns.
- Dr Mpanju thanked Director TDR and his staff on behalf of the Director-General of WHO for their help in the fight against Ebola. Dr Mpanju also raised the question of how to engage communities and ethics by partnering with TDR.

Decision

- **JCB enthusiastically endorsed TDR's 2014 Annual Report.**

Recommendations

- **Requested Director TDR to engage in a discussion with WHO regarding the mobility policy currently being developed, taking into account the special programme nature of TDR with its requirements for specialists with research/science background and request that WHO exempts TDR specialised technical staff from being a part of this policy.**
- **Requested TDR to explore ways to be involved in epidemic control by using Regional Training Centres (RTCs) supported by TDR more strategically.**

Item 7. Technical presentation

Dr Magoma Mwancha Kwasa, Kiambu County Clinical Research Officer, Ministry of Health Kenya, a former TDR Clinical Development Fellow, was introduced by Dr Pascal Launois, Manager, Clinical Research and Development Fellowship Programme. Dr Mwancha Kwasa was then interviewed in front of JCB by Jamie Guth on her work and how TDR support has helped to develop her career.

Discussion points

- A trained physician, Dr Mwancha Kwasa was selected by TDR for a one-year fellowship in medical device development at FIND. Learning hands-on the research process end-to-end and working on a study on diagnostics was a life-changing experience. Upon her return to Kenya, she was assigned to create a research unit at country level within the Ministry of Health. The main focus of the unit is on strengthening capacity and creating functional collaborations within the country and abroad, to conduct operational and implementation research as well as epidemiological work.
- JCB members thanked Dr Mwancha Kwasa and Ms Guth for their discussion and encouraged Dr Mwancha Kwasa to become a mentor within the TDR community.

Item 8. Update from TDR co-sponsors

Key messages

- On behalf of the co-sponsors, Dr Theresa Diaz[4], UNICEF, presented the outcomes of the co-sponsor retreat held on 22 April 2015.
  - co-sponsors acknowledge the evolution of TDR and that all co-sponsors have changed over the years as well;
  - the diversity of co-sponsors and their level of engagement;
  - the new Sustainable Development Goals and changing of global developments; and
  - the areas of expertise brought by the co-sponsors.

  The co-sponsors concluded that:
  - they will provide input and serve as a sounding board for TDR's choice of activities in the changing global development context;
  - each co-sponsor has their mandate within the development architecture; and
  - WHO should remain as the host co-sponsor with investment in TDR.
- On behalf of UNDP, Dr Clifton Cortez mentioned that:
  - UNDP has been through a large reorganization during the past year but that the HIV, Health and Development Group continues to be a partner and focal point of TDR.
  - NTDs are being accorded priority under the post-2015 development agenda, within the proposed SDG health goal, and that UNDP is currently working with partners on indicators.
  - UNDP, TDR and PATH (plus Japan as a donor partner), in an access and delivery partnership which began two years ago and is focussed on LMICs (Ghana, Indonesia, Tanzania) and will contribute to the mandate of TDR.
  - UNDP is exploring greater engagement in R&D financing.
- Specifically related to UNICEF, Dr Diaz mentioned that UNICEF is currently in the process of reassessing its role in TDR, whether to remain as a co-sponsor or partner in a different way, and

[4] Via video conference.

that a document will be presented to the next meeting of the Standing Committee in November 2015 regarding this.

- The World Bank was unfortunately not able to hear the discussions or the presentation given through WebEx by the representative from UNICEF and therefore was not able to comment. Specific items included in the written presentation were:
  - Increasingly focusing on universal health coverage and innovative financing and other mechanisms to deliver health services, including the Health Results Innovation Trust Fund and the Global Financing Facility;
  - Enhancing internal dissemination of TDR results supported and funded by the Bank via various channels;
  - Engaging TDR in country level collaborations in implementation research; and
  - Serving as the Chair of the SC in 2016.
- On behalf of WHO, Dr Mpanju mentioned that for WHO TDR is a special programme, a high priority, and considered a complementary arm of the disease control programmes. Within the HTM Cluster, strengthening achievement of MDG6 is now transitioning to post-2015 SDGs. With these goals in mind, departments are working together to define what the transition should look like. HTM is currently working with other WHO departments and other organizations to see how the complementary parts can come together to end the diseases rather than just controlling them. WHO is currently going through a reform, including how the Organization engages with the UN as well as non-state actors. For WHO there is no doubt that research is a key arm in improving health.

Discussion points

- The Board expressed a level of frustration that for the last two years no further clarity on the role and responsibility of the co-sponsors has been forthcoming. Co-sponsorship should be considered a strategic opportunity. The Board is frustrated at having to wait another year for clarity and requested the Standing Committee to take action sooner.
- One suggestion was that the Board is not able to connect at a high enough level within the co-sponsor organizations. It is considered, for example, that there are huge opportunities for synergy between UNICEF's mandate and TDR's work. The Board was more optimistic having listened to WHO, and suggested paying attention to the upcoming SDGs and finding opportunities for TDR to work with WHO and UNDP to address NTDs determinants, health systems strengthening and early alerts for outbreaks.
- Discussions suggested a common view that a more strategic and long-term approach is needed in the way TDR engages co-sponsors.

Recommendations

- **Acknowledged the importance of TDR co-sponsors making sure that the research on neglected diseases of poverty is embedded in the system of international development.**
- **Acknowledged the progress made by co-sponsors in reflecting on how to strengthen TDR's co-sponsorship; acknowledged that co-sponsors are at different stages of their collaboration with TDR and need to find more strategic ways to work together; agreed to include the review of co-sponsorship as part of the Sixth External Review, and recommended that each co-sponsor develop a concise document outlining the strategic direction of collaboration with TDR.**

Item 9. TDR Programme performance overview

Key messages

- Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the progress made in 2014 in several areas including: performance assessment at TDR; technical and financial implementation and progress towards outcomes; application of TDR's core values; enhancing management leadership; and moving towards 2016-2017.
- Progress has been made in gender equity, with more women first authors of TDR-supported publications (all-time high of 47%), and more women in TDR advisory roles (all-time high of 43%).
- An all-time high 88% of publications from 2014 are in open and free access, a reflection of TDR's initiative (followed by WHO) to support DEC researchers' access to research results via open and free access.
- Dr Halpaap explained the two budget scenarios approach and that the income forecast proved realistic, with US$ 56.6M expected for 2014-2015.
- Dr Halpaap mentioned the slow start on financial implementation, explaining that in 2014-2015 a new portfolio of projects with a new business model needed to be set up and new partnerships built which took time. In order to improve the implementation process, regular management meetings are held to plan and monitor.
- TDR's risk management policy was put in place ahead of WHO's policy. During 2014, at the Programme level four risks were fully addressed and closed, and three additional ones added. As part of this policy, some project site audits have been commissioned.
- TDR continued to work on effective partnerships and creating additional value through leverage. In 2014, for each dollar directly spent in operations, it is estimated that collaborators and partners contributed three dollars.

Discussion points

- The Board cautioned that with a slow start in implementation it is difficult for some donor representatives to have a solid argument to continue funding TDR when the need for funding appears lower. The secretariat is aware of these concerns but feels that it is also important to be cautious in only funding valuable proposals in order to continue to be a programme of excellence. The challenge is to implement a new business model with 30 staff and deliver the same level of work that was delivered in the past with a much bigger programme.
- A recommendation was made to present differently the risk status in the risk management section of the report so that the Board can focus only on problematic items. The Secretariat agreed to look at the options.

Decision

- **JCB endorsed the 2014 TDR Results Report.**

Recommendation

- **Suggested presenting the risks status differently, e.g. ongoing, on track, completed.**

Item 10. 2014 financial report and outlook 2015-2017

Key messages

- The Chair thanked the Comptroller, Nick Jeffreys, represented by Ms Charlotte Hogg, and his staff for their great help and support to TDR.
- Dr Halpaap presented the financial report for 2014 and outlook for 2015-2017, mentioning that the income is in line with expectations.
- Expenditure in 2014 seems low due to a number of reasons such as time needed to implement the new business model, establish new partnerships and scientific working groups, and issuing new calls for proposals for the new, innovative portfolio.
- The two-scenario budget approach proves to be realistic and pragmatic and will be applied to the 2016-2017 biennium. Thus, two budget scenarios, one for US$ 45 million and one for US$ 55 million have been developed through a transparent consultation and prioritization process.
- Dr Halpaap presented the budget split between operations and support costs. Around 80% of the budget will fund operations (including technical personnel working directly on projects).
- 2015 is the first year when site audits of project financial implementation will be conducted. This will be done by an external audit firm selected through a competitive process.
- Dr Garry Aslanyan, TDR Partnerships and Governance Manager, presented TDR's current resource mobilization efforts. Dr Aslanyan mentioned that TDR is funded on two levels (undesignated funding with a target of 70% and designated funding with a target of 30%) from three main sources (public sector, foundations and NGO sector, and the private sector).
- Dr Aslanyan mentioned that key resource contributors continue to maintain or increase their level of support and that the fundraising environment remains unpredictable and challenging.
- Forecast figures for 2016-2017 were presented, including an analysis of donor anticipated contributions.
- Ongoing resource mobilization activities include expanding current partnerships with TDR's resource contributors; reengaging with past contributors; and partnering with disease endemic countries and south-south collaborations.

Discussion points on the financial report

- A large part of the 2014-2015 budget remains to be spent during the last two quarters of 2015. To mitigate the risk of low implementation, TDR implemented a close monitoring system and there is confidence that spending will be as projected.
- Keeping designated and undesignated funding separate was appreciated. Although spending is understandably slow, concern was raised that some of the programme areas are doing reasonably well while others are quite a bit behind. Mechanisms are now in place to improve this ratio.
- JCB asked whether there is a credible plan B in place if implementation does not improve as much as expected. The response was that plan B is to shift funds to easily scalable grant schemes while still maintaining the quality standards of TDR's funded work.
- Two budget scenarios have been established and any funding beyond the lower level scenario will solely fund direct operations, thus leading to increased efficiency.

Discussion points on resource mobilization

- Suggested stepping up the process of engaging all governments and informing them of the successes and the benefits of engaging with TDR and how these could be attached to a financial contribution. Also suggested continuing engagement with those governments who are no longer JCB members.
- Maintaining TDR contributions at the current level, given the negative funding environment, should be seen as a substantial success. Expanding is an ambitious target and simply to maintain is a real success. Heavily devolved organizations hold talks with the governments annually or biannually and if TDR is important to them and they mention to the funding agencies that they appreciate that they are supporting TDR, this would be very important to them. It would also be one way to use partnerships in DECs in a more structured way in order to help that to happen.
- JCB should be reminded that the principle of the JCB constituency formation was partly to ensure that disease endemic countries could form constituencies to broaden the base of interested governments and that this might also help to broaden the base of financing cooperation interest in TDR.

Decision

- **JCB endorsed the 2014 financial report and outlook 2015-2017 as presented.**

Recommendation

- **Encouraged TDR to advocate in partnership with country level stakeholders in DECs to maintain resource contributions to TDR and to health research at national level.**

Item 11. Summary of decisions and recommendations

Key messages

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

Item 12. Programme budget and workplan 2016-2017

Key messages

- Dr Reeder presented the budget cycle followed to ensure a sound budget and workplan will be implemented in 2016-2017. The role of JCB and STAC is very important in ensuring this goal.
- Implementation is at the conservative budget level and will only be scaled up should additional funds become available. This will ensure that projects will be seen through to the end and not stopped halfway through due to funding being cut off.
- The Director presented TDR's Portfolio Prioritization Model which has been used in the process of developing the workplan.

- Dr Dermot Maher, Coordinator of Research Capacity Strengthening & Knowledge Management (RCS/KM) mentioned that the workplan was underpinned by a number of considerations, including the ongoing implementation of a new working model. Dr Maher gave an overview of RCS/KM's planned activities in 2016-2017, the expected achievements in 2016-2017 and an overview of the operations activity budget.
- Dr Florence Fouque, Team Leader, Vectors, Environment and Society (VES) gave an overview including VES' approach and new programme for 2016-2017, continuing, evolving and new projects in 2016-2017, as well as the VES operations activity budget.
- Dr Piero Olliaro, Team Leader, Intervention and Implementation Research (IIR) gave an overview of 2016-2017 four IIR work streams and their related activities, and an overview of the operations activity budget.

Discussion points

- JCB thanked the Director and team leaders for their clear presentations.
- On the ground, people still have the impression that TDR is mainly academically oriented. Suggested TDR engage more with policy-makers in DECs to present the impact of TDR, highlighting TDR's successes and engage programme owners. As representatives of TDR in country, JCB members were requested to communicate TDR's successes to their governments as this would be a much more effective way of getting the message through.
- In the past, big investment was put into institutions. TDR now engages in partnership with institutions which is driving the interest of other funders so that they can continue on. Becoming a regional training centre has allowed TDR supported institutions to expand and are considered a long term investment by TDR.
- JCB welcomes the approach of two budget scenarios and the fact that 2016-2017 is the first time the WHO budget ceiling will not been applied. JCB asked at what point TDR moves beyond the higher budget ceiling and what it would do if an organization offers funding which takes the Programme over the higher level. Director TDR responded that the way that the budget has been structured means that the work can be carried out with the current staffing level. Designated funding should not drive the Programme's priorities and if the additional funding does not fit the strategy then TDR would decline to accept it.
- So that JCB members can advocate in their own country, specific messages or examples may not be enough to convince policy-makers.

Decision

- **JCB endorsed the Programme budget and workplan 2016-2017.**

Recommendations

- **Recommended continued and expanded engagement with policy-makers to enhance the impact of TDR in DECs.**
- **Agreed to advocate through the governments on behalf of TDR using TDR's priorities and activities.**
- **Recommended broad geographic diversity of STAC members.**

Item 13. Update on the pooled health R&D fund

Key messages

- TDR Director, Dr Reeder, presented an update on the pooled global health R&D fund. No decision points were expected from this item but rather it needs to be a substantive discussion next year.
- The aim of the R&D fund is to drive the research necessary to make the drugs available. TDR has not been involved in the selection of the demonstration projects. TDR's name has been involved since 2012 however TDR's engagement only began once the WHA asked the Director-General to turn the policy into process.
- This is a great opportunity on the one hand but a great risk on the other. The JCB agreed that the benefits outweigh the risks. One suggestion in the beginning was that TDR would simply be the banker, however the JCB insisted on the need for TDR to have technical input. It was agreed that the mechanism decided on should fit in with the current governance of TDR. TDR must however ensure that funding is not drawn from core TDR projects. Technical decisions will need to be firewalled from political influence.
- Fundraising and setting priorities for the Fund is to be carried out by WHO. TDR will not decide on projects but will set up a new SWG for the fund with accountability through STAC. An additional half day of the JCB may be needed for specific discussions on the fund: Has TDR done its job? Has it disbursed grants, etc.? Has TDR taken its responsibility?
- The fund cannot be set up tomorrow and it is not yet clear how much it will cost to set up the fund and to build a portfolio to keep it going. TDR is currently working on a mechanism for target product profiles and on what the SWG and financial model will look like. There must be an agreement between Member States that they leave the SWG to make the decisions. Further information should be available for the next session of the JCB.
- Two STAC members are part of the WHO Ad-hoc Committee for the Demonstration Projects /Global Health R&D observatory: Professor Charles Mgone and Professor Moses Bockarie.

Discussion points

- JCB thanked the secretariat for making a complex process understandable and said that it is happy to see how this has been taken forward with not only words but also actions.
- Funding for staff needed (additional to core TDR staff) will come from the pooled fund. It is a very real prospect that the number of staff will increase however this will be separate to TDR staffing levels. It may come to a point where the fund needs its own Board and its own entity.
- A concern is that when people see money associated with the TDR name they may assume TDR has a lot of money. The next JCB will be an important one for decisions on this.
- JCB requested draft decision points before the next meeting so as to be able to facilitate internal discussions prior to the meeting.

Recommendation

- **Encouraged wider communication with governments and other stakeholders to ensure a clear understanding of the pooled health R&D fund and demonstration projects and TDR's role.**

Item 14. Update on the African Network for Drugs and Diagnostics Innovation (ANDI)

Dr Solomon Nwaka, Executive Director of ANDI, presented on ANDI at its new host organization in Africa.

Key message

- The purpose of ANDI is to discover, develop and deliver drugs and diagnostics. Dr Nwaka gave an overview of where ANDI is now, including progress, challenges and opportunities. The presentation gave a summary of the landscape for innovation in Africa; ANDI's vision, its history, the eight elements of the GSPOA it touches; its Governance, the political recognition it has received; what it has achieved to date; ANDI's call for projects; examples of ANDI funded projects; its key challenges, lessons learned; and ANDI beyond 2015.

Discussion points

- JCB agreed ANDI is unique and would like to replicate the programme in other regions.
- In response to the question as to whether African countries were planning on putting money in a common pot to support the continuation of ANDI, Dr Nwaka responded that sustainability is the key issue and that funding from African governments has been slow to come. Dr Nwaka has seen more positive signs since moving to Addis Ababa where he is now able to knock on doors.

Item 15. Sixth External Review

Key messages

- Dr Halpaap presented an overview of the preparation for the 6th external review,
- The reason behind the review is to do a mid-term evaluation of the current strategic plan and to inform the development of the TDR strategy 2018-2023.
- Other evaluations of projects and work areas will feed into the external review.
- The review is being oriented towards continuous improvement and accountability, the focus will cover: relevance, effectiveness, efficiency, impact, sustainability and quality of science.
- Dr Halpaap presented a timeline of the external review, including the steps to select an evaluation team.

Discussion points

- Discussed the possibility of an early evaluation of the pooled health R&D fund. It is unlikely that anything on the demonstration projects can be evaluated at that point in time. Suggested that it would be better to look at a review of the whole project at a later stage.

Decision

- **JCB endorsed the Terms of Reference of the Sixth External Review.**

Recommendations

- **Recommended adding a review of the TDR masters and PhD schemes and TDR's added value.**
- **Recommended including in the scope of the 6th External Review the outcomes of the 5th external review and an assessment of how the recommendations were implemented.**

Item 16. TDR governance

Key messages

- Dr Reeder presented the proposed changes to STAC membership.
- The new members will bring the proportion of women:men to 8:6 in favour of women, a good step towards gender equity.

Discussion points

- The JCB suggested a more proactive approach when seeking new members in an endeavour to cover all WHO regions. Director TDR agreed, particularly as membership should reflect where the Programme will be implementing.
- It was suggested a new call for STAC membership applications could be issued before 2017 membership changes.

Decision

- **JCB endorsed the proposed membership of STAC.**

Item 17. Summary of decisions and recommendations

Key messages

- The Rapporteur presented the decisions and key recommendations of JCB38 which were noted with thanks by the Board.
- It was suggested that draft decision points be included with the agenda, prepared by the Standing Committee.

Decision

- **JCB recommended including draft decision points on the basis of Standing Committee deliberations as part of the annotated agenda.**

Item 18. 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 Vice-Chair, the Rapporteur, the Secretariat, the interpreters and the delegates for a productive meeting.

Decisions

- **JCB confirmed that JCB39 will take place in Geneva from 20-22 June 2016.**
- **JCB agreed that JCB40 will take place in Geneva from 19-21 June 2017.**

III. Full list of decisions and recommendations

Decisions

1. Dr Shahnaz Murad (representative of Malaysia) was elected as Vice-Chair of the JCB for a term of two years.
2. Dr Xiao Ning (representative of China) was elected as Rapporteur for JCB38.
3. JCB adopted the Agenda of JCB38 as presented.
4. JCB accepted the Declaration of interests forms as presented to the Secretariat with no conflicts foreseen.
5. JCB accepted the report of the Chair JCB.
6. JCB accepted the report of the Standing Committee.
7. JCB endorsed the report by the Chair STAC, including its recommendations.
8. JCB enthusiastically endorsed TDR's 2014 Annual Report.
9. JCB endorsed the 2014 TDR Results Report.
10. JCB endorsed the 2014 financial report and outlook 2015-2017 as presented.
11. JCB endorsed the Programme budget and workplan 2016-2017.
12. JCB endorsed the Terms of Reference of the Sixth External Review.
13. JCB endorsed the proposed membership of STAC.
14. JCB recommended including draft decision points on the basis of Standing Committee deliberations as part of the annotated agenda.
15. JCB confirmed that JCB39 will take place in Geneva from 20-22 June 2016.
16. JCB agreed that JCB40 will take place in Geneva from 19-21 June 2017.

Recommendations

1. Suggested that future presentations include more specifics of technical discussions by STAC on TDR activities.
2. Requested Director TDR to engage in a discussion with WHO regarding the mobility policy currently being developed, taking into account the special programme nature of TDR with its requirements for specialists with research/science background and request that WHO exempts TDR specialised technical staff from being a part of this policy.
3. Requested TDR to explore ways to be involved in epidemic control by using Regional Training Centres (RTCs) supported by TDR more strategically.
4. Acknowledged the importance of TDR co-sponsors making sure that the research on neglected diseases of poverty is embedded in the system of international development.
5. Acknowledged the progress made by co-sponsors in reflecting on how to strengthen TDR's co-sponsorship; acknowledged that co-sponsors are at different stages of their collaboration with TDR and need to find more strategic ways to work together; agreed to include the review of co-sponsorship as part of the Sixth External Review, and recommended that each co-sponsor develop a concise document outlining the strategic direction of collaboration with TDR.

6. Suggested presenting the risks status differently, e.g. ongoing, on track, completed.

7. Encouraged TDR to advocate in partnership with country level stakeholders in DECs to maintain resource contributions to TDR and to health research at national level.

8. Recommended continued and expanded engagement with policy-makers to enhance the impact of TDR in DECs.

9. Agreed to advocate through the governments on behalf of TDR using TDR's priorities and activities.

10. Recommended broad geographic diversity of STAC members.

11. Encouraged wider communication with governments and other stakeholders to ensure a clear understanding of the pooled health R&D fund and demonstration projects and TDR's role.

12. Recommended adding a review of the TDR masters and PhD schemes and TDR's added value.

13. Recommended including in the scope of the 6th External Review the outcomes of the 5th external review and an assessment of how the recommendations were implemented.

IV Annexes

Annex 1 – Agenda

PRE-MEETING DAY, Monday, 22 June 2015		
From 08:00	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION	
15:00-17:00	Briefing session Salle C (5th floor of the main building). Coffee available from 15:00. *Introductory meeting about TDR and the JCB being offered to JCB participants who wish to acquaint themselves with the Programme and the processes and functions of the Board* *Interpretation will be provided in English and French.*	Documentation is available on the JCB SharePoint site.
15:00	REFRESHMENTS AVAILABLE	

Tuesday, 23 June 2015			
Time	*Agenda item*	*Action*	*Reference Documents*
08:00-08:45	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION		
09:00-09:15	Opening Session *Professor Hannah Akuffo, Chair of JCB* *Dr Winnie Mpanju-Shumbusho, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases / TDR Special Programme Coordinator* *Dr John Reeder, Director TDR*		
09:15-09:45	1. Statutory business *In accordance with the TDR Memorandum of Understanding, the Vice-Chair of JCB will be elected for a two-year term of office.* 1.1 Election of the Vice-Chair and Rapporteur 1.2 Adoption of the Agenda 1.3 Declarations of interest	Election of vice-Chair and Rapporteur from among the JCB members Adoption of agenda	Draft Agenda TDR/JCB38/15.1 Draft Annotated Agenda TDR/JCB38/15.1a
09:45-10:00	2. Report by the Chair of the Joint Coordinating Board *Professor Hannah Akuffo, Chair of JCB37, will report on her activities as Chair since the Thirty-seventh session.*	Information	Report of JCB37, June 2014 TDR/JCB37/14.3
10:00-10:15	3. Report of the Standing Committee *Dr Theresa Diaz, UNICEF, current Chair of the Standing Committee, will report on the Standing Committee's activities since JCB37.* ❖ *video presentation*	Information	Standing Committee 96 decisions and recommendations TDR/SC96/14.3 Standing Committee 97 decisions and recommendations TDR/SC97/15.3
10:15-10:30	4. TDR website publications page *Jamie Guth, TDR Communications Manager, will give a short demonstration of the publications website.*	Information	
JCB photo (on the stairs outside the EB room)			

Tuesday, 23 June 2015 (continued)			
Time	*Agenda item*	*Action*	*Reference Documents*
10:30-11:00	COFFEE BREAK		
11:00-11:15	5. Report by the Chair, TDR Scientific and Technical Advisory Committee (STAC) *Professor Charles Mgone, Chair of STAC, will present the STAC report.*	Information and endorsement of STAC report	Report of STAC37 TDR/STAC37/15.3
11:15-12:15	6. TDR progress since JCB37 *Dr John Reeder, Director TDR, will provide an overview on the follow-up action taken on decisions and recommendations of JCB37 and the TDR Director's report.*	Information and endorsement	TDR 2014 Annual Report Follow-up to the JCB37 decisions and recommendations TDR/JCB38/15.4
12:15-13:30	LUNCH BREAK		
13:30-14:15	7. Technical presentation *Dr Pascal Launois, Manager, Clinical Research and Development Fellowship Programme, RCS/KM, will introduce this item.* Dr Carolyn Magoma Mwancha-Kwasa, Nairobi, Kenya, will present on her work and show how TDR support has helped develop her career.	Information	
14:15-15:00	8. Update from TDR co-sponsors 8.1 UNICEF[1] - Dr Theresa Diaz, Chief, Knowledge Management Implementation Research 8.2 UNDP - Dr Clifton Cortez, Global Manager, HIV, Health and Development 8.3 World Bank - Dr David Wilson, Decision & Delivery Science Global Solutions Leader | Global HIV/AIDS Programme Director, Health, Nutrition & Population 8.4 WHO - Dr Winnie Mpanju-Shumbusho, ADG/HTM and TDR Special Programme Coordinator	Information	
15:00-15:30	COFFEE BREAK		
15:30-16:00	9. TDR programme performance overview 9.1 Key performance indicators 2014 9.2 Risk management *Dr Beatrice Halpaap, TDR Programme and Portfolio Manager, will present this item.*	Information and endorsement	2014 TDR Results Report TDR/STRA/15.1 TDR Risk Management Report, 2014 TDR/JCB38/15.5

[1] Connected via video conference / WebEx

Tuesday, 23 June 2015 (continued)			
Time	*Agenda item*	*Action*	*Reference Documents*
16:00-17:00	10. 2014 financial report and outlook 2015-2017 10.1 Financial report 2014 and outlook 2015-2017 *Dr Beatrice Halpaap will present the 2014 financial report, certified by the WHO Comptroller, and the financial outlook 2015-2017.* 10.2 Update on resource mobilization *Dr Garry Aslanyan, TDR Partnerships and Governance Manager, will present this item.*	Information, endorsement Information	2014 Financial report and outlook 2015-2017 and TDR Certified Financial Statement for the year ended 31 Dec. 2014 TDR/JCB38/15.6 Information only: TDR Programme budget and workplan 2014-2015 TDR/JCB(36)/13.14/Rev1 Financial Report and Audited financial Statements for the year ended 31 December 2014 A68/38 (WHA)
17:00-17:15	11. Summary of decisions and recommendations of Day 1 *The Rapporteur will present a summary of the decisions and recommendations of Day 1.*	Endorsement	
17:30-19:00	JCB RECEPTION (WINTER GARDEN) MAIN BUILDING CAFETERIA		

Wednesday, 24 June 2015			
Time	*Agenda item*	*Action / Information*	*Reference Documents*
08:30-09:15	Meeting of disease endemic country representatives (Salle C, 5th floor of the main building) Chaired by the DEC representative on the JCB, Dr Modest Mulenga, Zambia *Interpretation will be provided in English and French.*		
09:30-10:15	Meeting of TDR resource contributors (Indian Room – next to the Executive Board Room) Chaired by the RC representative on the JCB, Dr Sue Kinn, United Kingdom		
10:15-10:45	COFFEE BREAK		
10:45-12:15	12. Programme budget and workplan 2016-2017 *Dr John Reeder will present the Programme budget and workplans for 2016-2017.* *Dr Dermot Maher, Coordinator, RCS-KM[2];* *Dr Florence Fouque, Team Leader, VES[3]; and* *Dr Piero Olliaro, Team Leader, IIR[4]* *will present the team workplans for 2016-2017.*	Endorsement	TDR Programme Budget and Workplan for the 2016-2017 Biennium TDR/JCB38/15.7 Information only: TDR Portfolio of Expected Results for 2016-2017 TDR/STAC37/15.15 WHO Proposed programme budget 2016-2017 (p.5) A68/7 Draft resolution: Programme budget 2016-2017 A68/7 Add.1

2 Research capacity strengthening & knowledge management
3 Vectors, environment and society
4 Intervention and implementation research

Wednesday, 24 June 2015 (continued)			
Time	*Agenda item*	*Action*	*Reference Documents*
12:15-12:45	13. Update on the Pooled Health R&D Fund *Dr Reeder will provide an update on the progress on the R&D funding mechanism and demonstration projects following the World Health Assembly (WHA) in May 2015.*	Information	Information only: Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination A68/34
12:45-14:00	LUNCH BREAK		
14:00-14:45	14. Update on the African Network for Drugs and Diagnostics Innovation (ANDI) *Dr Solomon Nwaka, Executive Director, ANDI, will present on ANDI at its new host organization in Africa.*	Information	
14:45-15:15	15. Sixth External Review *Dr Halpaap will present the TORs of the 6th External Review and the timelines, in anticipation of the end of the current strategy.*	Endorsement	Draft Terms of Reference for the Sixth External Review of TDR TDR/JCB38/15.8
15:15-15:30	16. TDR governance *Dr Reeder will present this item.* 16.1 Membership of the Scientific and Technical Advisory Committee (STAC) No end of term vacancies will occur on the JCB on 1 January 2016 and therefore no election is required under any paragraph of the MOU.	Endorsement	Nominations for STAC Membership TDR/JCB38/15.9 Note on the membership of the JCB TDR/JCB38/15.10 Refer to additional background documentation for the current list of JCB membership.
15:30-16:00	COFFEE BREAK		
16:00-16:30	17. Summary of decisions and recommendations of Day 2 *The Rapporteur will present a summary of the decisions and recommendations of Day 2.*	Endorsement	
16:30-17:00	18. Closing Session Date and place of JCB39 and JCB40 *As agreed at JCB37, JCB39 will be held from 20-22 June 2016. It is proposed that JCB40 will be held from 19-21 June 2017. Both meetings will be held in Geneva.* Any other business Concluding remarks ▪ *Chair, JCB*	Decision	

Annex 2 – List of participants

MEMBERS

AFGHANISTAN

Dr Sayed Ataullah SAEEDZAI, Acting Health Information Director, Ministry of Public Health, Kabul

ARMENIA

Not able to attend.

BELGIUM

Dr Geert LALEMAN, Expert, Institute of Tropical Medicine, C/- Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

Dr Paul CARTIER, Ministre conseiller (Coopération et Développement, et Santé), 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

CHINA

Dr Xiao NING, Deputy Director, National Institute of Parasitic Diseases (IPD), Shanghai

COMOROS

Dr Ahmed OULEDI, Coordinator of Research Programs, University of Comoros, Moroni

CUBA

Not able to attend.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI)

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

FIJI

Dr Eric RAFAI, Deputy Secretary of Public Health, Ministry of Health & Medical Services, Toorak, Suva

GERMANY AND LUXEMBOURG CONSTITUENCY

Dr Vic ARENDT, Consultant, Ministère des Affaires étrangères, Wandhaff, Luxembourg

Dr Ulrike BUßHOFF, Project Management Agency, Part of the German Aerospace Center Health Research, Bonn, Germany

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

Mr Hendrik SCHMITZ GUINOTE, Counsellor, Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva, Genève, Switzerland

Ghana and Nigeria Constituency

Dr Victor Asare BAMPOE, Deputy Minister, Ministry of Health, Accra, Ghana

Mrs Laila HEWARD-MILLS, First Secretary, Ghana Permanent Mission, 1209 Genève, Switzerland

Japan

Dr Hiroki NAKATANI, Professor for Global Initiatives, Keio University, and Program Supervisor, Research on Global Health Issues, Japan Agency for Medical Research and Development, Tokyo

Malaysia

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

Maldives

Dr Fathimath Nazla RAFEEG, Medical Officer, Communicable Disease Control, Health Protection Agency, Ministry of Health, Malé

Panama and Spain Constituency

Dr Tomás LÓPEZ-PEÑA ORDOÑEZ, Head of International Research for Health Programs, National Health Resarch Institute Carlos III, Madrid, Spain

Dr Juan Miguel PASCALE, Deputy Director, Instituto Conmemorativo Gorgas de Estudios de la Salud | Gorgas Memorial Institute, Panamá, Panama

Peru

Dr Cesar Augusto CABEZAS SÁNCHEZ, Medical Researcher, National Institute of Health, Lima

Republic of Moldova

Dr Gheorghe PLACINTA, Head of Department of Infectious Diseases, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau

Suriname

Dr Hedley C. CAIRO, Coordinator Diagnosis and Treatment, Ministry of Health Malaria Elimination Program, Paramaribo

Sweden

Professor Hannah AKUFFO, Lead Specialist, Research, Swedish International Development Cooperation Agency (Sida), Stockholm

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

Switzerland and Norway Constituency

Dr Susanna HAUSMANN MUELA, Advisor, Health Research & Development and Access, Global Programme Health, Federal Department of Foreign Affairs (FDFA), Berne, Switzerland

Mr Kårstein MÅSEIDE, Senior Adviser, Norwegian Agency for Development Cooperation (Norad), Oslo, Norway

Mrs Raphaela MELI, Third Secretary, Permanent Mission of Switzerland to the United Nations, Genève, Switzerland

THAILAND AND INDIA CONSTITUENCY

Dr Jetsumon PRACHUMSRI, Deputy Dean for Research and Head of Mahidol Vivax Research Unit, Faculty of Tropical Medicine, Ratchathewi, Thailand

Dr Chander SHEKHAR, Scientist G, Indian Council of Medical Research, New Delhi, India

Dr Jeeraphat SIRICHAISINTHOP, Senior Expert, Medical Physician-Advisory Level, Department of Disease Control, Ministry of Public Health, Phrabuddhabat, Saraburi, Thailand

TURKEY

Professor Meltem Arzu YETKIN, Associate Professor, Ankara Numune Research and Training Hospital, Ankara

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND AND UNITED STATES OF AMERICA CONSTITUENCY

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

Mr Martin SMITH, Deputy Programme Manager, Human Development Team, Research and Evidence Division, London, United Kingdom

Mr Malcolm McNEIL, Senior Health Adviser, 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

ZAMBIA

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

UNITED NATIONS CHILDREN'S FUND

Dr Theresa DIAZ, Chief, Knowledge Management Implementation Research, United Nations Children's Fund (UNICEF), New York, USA

UNITED NATIONS DEVELOPMENT PROGRAMME

Dr Clifton CORTEZ, Global Manager, HIV, Health and Development, New York, USA

WORLD BANK

Dr David WILSON, Decision & Delivery Science Global Solutions Leader | Global HIV/AIDS Programme Director, Health, Nutrition & Population, Washington DC, USA

OTHER PARTICIPANTS

CHAIR OF THE TDR SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

Professor Charles MGONE, Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), The Hague, The Netherlands

Dr Iveth GONZÁLEZ, Head of Malaria and Acute Febrile Syndrome programme, FIND, Genève, Switzerland

TECHNICAL PRESENTERS

Dr Carolyn Magoma MWANCHA-KWASA, Jamia, Nairobi, Kenya

Dr Solomon NWAKA, Executive Director, African Network for Drugs and Diagnostics Innovation (ANDI), Addis Ababa, Ethiopia

WORLD HEALTH ORGANIZATION

Headquarters, Geneva, Switzerland

Dr Winnie MPANJU-SHUMBUSHO, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

Dr Kees DE JONCHEERE, Director, Department of Essential Medicines and Health Products

Dr Abdul GHAFFAR, Executive Director, Alliance for Health Policy and Systems Research

Mrs Charlotte HOGG, Head, Awards, Revenue and Donor Reporting, Accounting Services

Dr Rita KABRA, Consultant, Research Capacity Strengthening

Dr Christian LIENHARDT, Scientist, Policy, Strategy and Innovations

Mr Craig LISSNER, Programme Manager, Reproductive Health and Research

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 Christine COZE

Ms Flora RUTAHAKANA

Ms Izabela SUDER-DAYAO

Programme, Planning and Management

Dr Beatrice HALPAAP, Portfolio and Programme Manager

Ms Nelly BERTRAND

Ms Caroline EASTER

Ms Annabel FRANCOIS

Dr Mihai MIHUT

Research Capacity Strengthening and Knowledge Management

Dr Dermot MAHER, Coordinator

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, Team Leader

Dr Christine HALLEUX

Ms Ekua JOHNSON

Dr Annette KUESEL

Mr Abdul MASOUDI

Dr Corinne MERLE

Dr Andrew RAMSAY

Ms Michelle VILLASOL

Vectors, Environment and Society

Dr Florence FOUQUE, Team Leader

Ms Flor CABANEL

Ms Madhavi JACCARD-SAHGAL

Dr Bernadette RAMIREZ

Dr Johannes SOMMERFELD

OBSERVERS

EUROPEAN COMMISSION

Mr Kevin MCCARTHY, Policy Officer / International Cooperation officer, EuropeAid: Unit Education, Health, Research & Culture, Brussels, Belgium

FRANCE

M. Lucas BACHELOT, Stagiaire 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

M. 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

Mme Marion COURBIL, 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

Dr Abdon GOUDJO, Ministry of Foreign Affairs and International Development, Paris, France

M. 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

Mr Dimitrios KRANIAS, Health Attache, Permanent Mission of Greece in Geneva, Genève, Switzerland

Mrs Efthimia KARAVA, Expert, Health Affairs, Permanent Mission of Greece in Geneva, Genève, Switzerland

INDEPTH NETWORK

Professor Osman SANKOH, Executive Director, INDEPTH Network, Kanda, Accra, Ghana

INSTITUT PASTEUR

Dr Nadia KHELEF, Senior Global Affairs Advisor - Institut Pasteur representative in Geneva, Institut Pasteur, Paris, France

INSTITUTO DE HIGIENE E MEDICINA TROPICAL (IHMT PORTUGAL)

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

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC)

Dr Thierry BALDET, Senior Program Specialist, International Development Research Centre (IDRC), Ottawa (Ontario), Canada

SUDAN

Dr Mutaz Ahmed Mustafa MOHAMMED, Director of Research and Development, Public Health Institute, Khartoum, Sudan

Mlle Azza Mohammed Abdalla HASSAN, Second Secretary, Mission permanente de la République du Soudan auprès de l'Office des Nations Unies et des autres organisations internationales à Genève, Genève, Switzerland

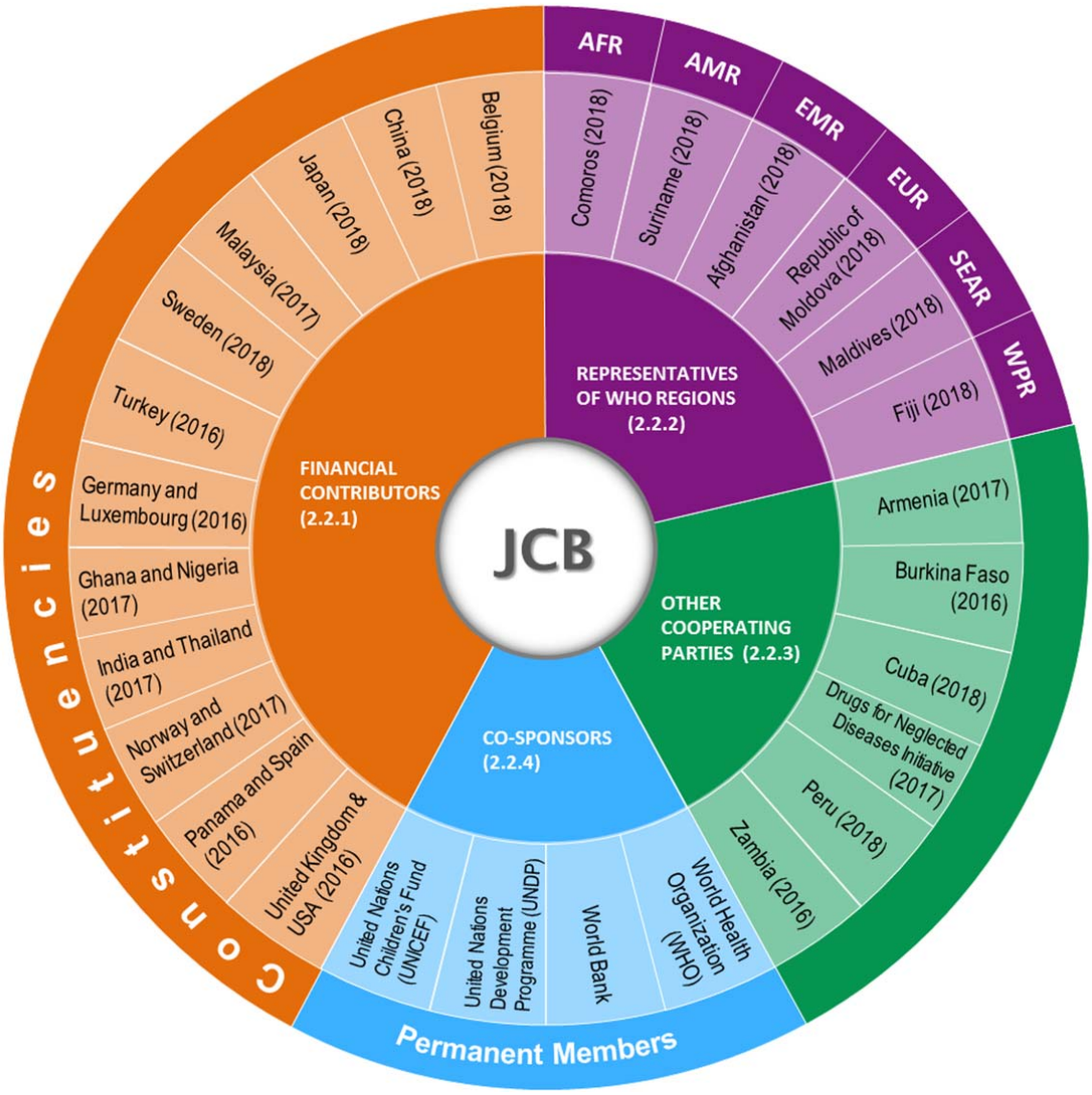
THE COHRED GROUP (COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT)

Dr Najia MUSOLINO, Senior Specialist - Global Action Platform, The COHRED Group, Genève, Switzerland

WELLCOME TRUST

Ms Nancy LEE, Senior Policy Adviser, Wellcome Trust, London, United Kingdom

Annex 3 – JCB membership from 1 January 2015 to 31 December 2016



Annex 4 –Membership of the Scientific and Technical Advisory Committee from 1 January 2016

	Term of Office *(until 31 December)*
Maria Teresa BEJARANO, Senior Research Advisor | Unit for Research Cooperation | Deptartment for Partnerships and Innovations, Sida, Stocksund, Sweden	2016-2017
Graeme BILBE, Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland	2014-2017
Moses BOCKARIE, Director, Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine, Liverpool, United Kingdom	2014-2017
Claudia CHAMAS, Researcher | Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	2016-2017
Sónia DIAS, Associate Professor, Departament of Public Health | Faculty of Medical Sciences, Instituto de Higiene e Medicina Tropical, Lisbon, Portugal	2016-2017
Sara Irène EYANGOH, Scientific Director, Centre Pasteur of Cameroon (CPC), Yaoundé, Cameroon	2016-2017
John GYAPONG, Pro-Vice Chancellor for Research Innovation and Development, University of Ghana, Accra, Ghana	2014-2017
Poloko KEBAABETSWE, Director Health Systems Research Unit, BoMEPI - Botswana Medical Education Partnership Initiative, University of Botswana School of Medicine, Gaborone, Botswana	2012-2016
Florencia LUNA, Director, Bioethics Program of FLACSO, Latin American University of Social Sciences, Ciudad de Buenos Aires, Argentina	2012-2016
Lenore MANDERSON, Professor, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa	2012-2016
Charles MGONE, Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), The Hague, The Netherlands	2014-2017
Frank NYONATOR, Gro Harlem Brundtland Senior Leadership Fellow, Harvard School of Public Health, Boston MA, USA	2014-2017
Rosanna PEELING, Chair of Diagnostics Research, Department of Clinical Research, ITD, London School of Hygiene & Tropical Medicine, London, United Kingdom	2014-2017
Xiao-Nong ZHOU, Director, National Institute of Parasitic Diseases; Chinese Center for Disease Control and Prevention, Shanghai, People's Republic of China	2014-2017

Annex 5 – Standard operating procedures for proposed projects and expected results review and prioritization

Figure 4 provides step-by-step guidance on the prioritization of a new project and its expected results in chronological order. Steps are listed in sequential order. All of these steps are explained in detail as part of the standard operating procedures (see Annex 1).

Portfolio prioritization steps