

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

**WHO Headquarters, Geneva, Switzerland
21-22 June 2016**



© World Health Organization on behalf of the Special Programme for Research and Training in Tropical Diseases, 2016.

All rights reserved. This health information product is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

TABLE OF CONTENTS

I. Introduction	3
II. Summary of proceedings	3
Opening session.....	3
Item 1. Statutory business.....	3
Item 2. Report by the Chair of the Joint Coordinating Board.....	4
Item 3. Report of the Standing committee.....	4
Item 4. Report by the Chair, TDR Scientific and Technical Advisory Committee (STAC).....	5
Item 5. TDR progress since JCB38.....	6
Item 6. Update from TDR co-sponsors	9
Item 7. TDR Programme performance overview.....	10
Item 8. Financial report 2014-2015 and outlook 2016-2019	10
Item 9. Sixth External Review	11
Item 10. Selection of JCB members from 1 January 2015 to 31 December 2018.....	13
10.1 Results of the election of four members under paragraph 2.2.1 of the TDR Memorandum of Understanding	13
10.2 Selection of two members of the JCB according to paragraph 2.2.3 of the TDR Memorandum of Understanding	13
Item 11. Summary of decisions and recommendations.....	13
Item 12. Update on the Pooled Health R&D Fund	14
Item 13. Strategy development: Proposed next steps for TDR strategy development process based on external review findings.....	15
Item 14. TDR governance	16
Item 15. Summary of decisions and recommendations.....	17
Item 16. Closing session	17
III. Full list of decisions and recommendations	18
IV Annexes	20
Annex 1 – Agenda.....	21
Annex 2 – List of participants	25
Annex 3 – JCB membership from 1 January 2017	33
Annex 4 – Membership of the Scientific and Technical Advisory Committee from 1 January 2017	34

I. Introduction

The Thirty-ninth Session of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at WHO headquarters in Geneva on 21 and 22 June 2016. The session was chaired by Professor Hannah Akuffo of Sweden, and was attended by all JCB members except Turkey and the World Bank who sent their apologies. Representatives of several governments and organizations also attended the session as observers (see Annex 2).

The deliberations of JCB39 focused on TDR's achievements since JCB38 and plans from 2017 onwards. Important decisions taken included endorsement of the Programme's response to the Sixth External Review, acknowledging the many positives it highlighted, and for approving the new strategy development process.

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 Republic of Angola which was recently granted JCB observer status.
- **Dr Ren Minghui**, 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 Ren spoke about TDR's enhanced collaboration with global disease control programmes in the HTM Cluster and his belief that research should underpin any control programme.
- **Dr John Reeder**, Director of the Special Programme, mentioned some of the items that would be discussed during the meeting including progress and activities during the past year as well as new activities and the process for development of the new strategy.

Item 1. Statutory business

Election of the Vice-Chair and the Rapporteur

The representative of Comoros nominated Dr Vic Arendt, representative of the Government of Luxembourg, as Rapporteur. The nomination was seconded by the representative of Suriname.

No other nominations were received.

Decision

- **Dr Vic Arendt (representative of Luxembourg) was elected as Rapporteur for JCB39.**

Adoption of the Agenda

The Draft Agenda of JCB39 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 JCB39 was adopted as presented.

Declarations of interest

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

Decision

- Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.

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

Key messages

- Professor Akuffo drew attention to items which had been included in her recent regular communication with JCB members, including TDR's budget status, the outcome of the external review and discussions on development of the new strategy, as well as updating members on the developments around the Pooled Health R&D Fund.
- Since the last JCB meeting, the Chair attended STAC and Standing Committee meetings and communicated with the Secretariat on a regular basis.
- Confirmed that no decisions had been taken by the Board since JCB38.

Decision

- The report of the Chair JCB was accepted.

Item 3. Report of the Standing committee

Key messages

Dr Theresa Diaz, UNICEF, on behalf of the current Chair of the Standing Committee (SC), summarised the decisions and recommendations as presented in SC documents arising from the two meetings having taken place since JCB38.

Decision

- The report of the Standing Committee was accepted.

Item 4. 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

- At its meeting in 2016, STAC reviewed different reports including from the scientific working groups (SWGs), WHO control programmes regarding their collaborative work with TDR and the process of TDR's strategy development.
- Endorsed the 2015 Results Report and Risk Management Report.
- Reviewed the financial report to ensure alignment with TDR's mandate and recommended TDR explore ways to fundraise to cover the gap created by a US\$ 5 million reduction in the income forecast.
- Mentioned the Pooled Health R&D Fund and reiterated that TDR's role is to oversee the scientific and technical aspect and that WHO and others are responsible for advocacy and fundraising. TDR must firewall itself from the political decision-making.
- Commended TDR for its engagement with WHO control programmes.
- Commented on TDR's response to the External Review Report, including the following suggestions:
 - Emphasizing the need to define scope and priorities within implementation research;
 - With the help of the JCB, fostering closer interactions with co-sponsors and establishing technical collaboration; and
 - Further developing and closely monitoring a risk register.
- Recommended including STAC and SWGs early in the new strategy development process.

Discussion points

- JCB thanked the STAC and its Chair for their work during the past year.
- Clarified that STAC was asked to review the scientific element of the programme to accommodate the shortfall in the income forecast and whether it had been done in a reasonable way to maintain scientific integrity.
- Clarified that although some of TDR's output measured is the number of publications, this is not the single metric TDR is aspiring to, gender balance and first author are also considered.
- Clarified that significant achievements in implementing scientific activities during the past year, including those related to the work with disease control programmes, can be found in the Results Report.
- In response to JCB's request to hear a stand-alone opinion from Chair STAC rather than through documentation prepared by the Secretariat, reminded members that the report of STAC is a comprehensive summary of the meeting which is approved by all STAC members and acknowledged the request for STAC to highlight key research achievements, including adjustments of the programme.
- In response to the concerns raised that few members of STAC have social science expertise, reminded JCB that the SWGs are also involved in the review process and complement the pool of expertise.

- JCB raised concerns that the Strategic Development Fund will decrease as a result of the current funding situation.

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

Decision

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

Recommendations

- **Recommended that the report of Chair STAC include highlights of several important areas where significant developments have taken place in the past year.**
- **Recommended ensuring that the expertise of STAC members covers the areas of TDR's activities, including social sciences.**

Item 5. TDR progress since JCB38

Key messages

- Director TDR highlighted the achievements of the Programme in 2015, ongoing work in 2016, gave an update on specific issues, as well as the follow-up to JCB38 recommendations. His presentation was followed by a video on climate change research to prevent sleeping sickness outbreaks in Tanzania.
- Dr Reeder thanked the donors and supporters of TDR for both core and specific project funding.
- Highlighted achievements in 2015 as per the Annual Report and a number of projects for each team which are ongoing in 2016.
- Summarized the financial situation, including a complete turnaround in the implementation rate. Recognized the amount of work undertaken by TDR staff to increase the implementation rate.
- In summary:
 - Solid operational achievements in 2015 with some significant new schemes instigated
 - Excellent financial implementation achieved after a slow start
 - Smaller 2016-17 starting budget after late reduction in donor funds of ≈\$5 million
 - Revised 2016-17 work-plan developed keeping in place all main planned activities
 - Issues like gender & equity, ethics being pro-actively addressed
 - Supportive strategic response to Zika virus outbreak
 - Process for 2018-2023 strategy commenced
- Key achievements for 2015 were grouped by the two intertwined missions of TDR:

STRENGTHENING RESEARCH CAPACITY

- Over 100 research projects targeting system bottlenecks were started in over 25 countries (all 6 WHO regions). Working closely with WHO country offices and ministries of health, the SORT IT programme (Structured Operational/Implementation Research and Training Initiative) grew in scope and content in 2015.

- TDR now supports 6 Regional Training Centres, one in each of the WHO regions. These centres coordinate research training courses across multiple countries, forming a network that fosters learning and collaboration not only within the respective regions but also among each other. Together, they are also developing a massive open online course (MOOC) on implementation research around infectious diseases of poverty as well as a basic course on the principles of this type of research.
- TDR's seven-university postgraduate training scheme was launched – these universities in low- and middle-income countries provide PhD and Masters degrees focused on implementation research in malaria, TB and neglected tropical diseases to improve health in those regions. There are 3 universities in Africa, 2 in Asia, and 1 each in Latin America and the Middle Eastern region.
- A pilot to investigate ways to increase the numbers of women researchers was launched. Women in academic and research institutions in 9 countries in Sub-Saharan Africa received funding to implement a variety of strategies aimed at early-career women scientists. The mentoring, manuscript and proposal development, research methodology and ethics skills building have in many cases continued beyond the research, and led to increased funding and support within the country.

RESEARCH SUPPORT

- Seven Latin American countries now have research results on how to reduce the use of insecticides and improve overall housing conditions. The projects have focused on improved dengue and Chagas disease control.
- A manual on the use of genetically modified mosquitoes was published. This training material is based on a series of biosafety courses that were held in Africa, Asia and Latin America.
- A new online platform with data from 3 clinical tuberculosis (TB) treatment trials is now available to the research community. The TB-Platform for Aggregation of Clinical TB Studies (TB-PACTS) partnership supports the development of new drugs and drug regimens, and will help inform decisions for research and policy. This is one of several TDR efforts to provide open access to research data.
- Visceral leishmaniasis elimination targets are close to being realized in Bangladesh, India and Nepal. TDR research is supporting the final phases where active case detection is combined with other diseases to increase sustainability and reduce costs. Studies also identified the most useful long-term vector control interventions.
- New calculations from a study of dengue alarm indicators showed 80-90% increases in the ability to predict outbreaks in Brazil, Mexico, Dominican Republic, Malaysia and Viet Nam.
- A new initiative to identify what works and what doesn't in social innovation for health was launched in 2015. Social innovation is one way that engages communities in grassroots actions that can develop solutions like setting up primary health posts in rural areas in Rwanda run by nurses, or teaching teachers in Malawi how to recognize symptoms of malaria in their students.
- African communities now have a valuable online platform and data on climate change. Five projects are investigating how to reduce health vulnerabilities and increase resilience against vector-borne disease risks under climate change conditions in Africa. They cover malaria, schistosomiasis and human African trypanosomiasis. The data will be analysed and reported at the end of 2016.

Discussion points

- JCB thanked Director TDR for his report.
- Encouraged TDR to explore ways of engaging with the newly established African Centres for Disease Control (CDC).
- Raised concerns about the WHO staff mobility policy and the fact that as a specialized Programme it would be difficult to find the right people to fill the positions.

- In response to a request for more information on which diseases are affected by climate change and how affected countries can work more closely with TDR, an overview was given of the work currently in process; five projects which are expected to lead to policy recommendations. A web platform has been developed for sharing information as the overall climate change project aims to build a community of research institutions in countries that will work together. More details on the structure of this community should be available to present to the next JCB.
- In response to concerns raised that if there is more demand on staff time current staffing levels may not be sufficient, mentioned the increased involvement of institutions in countries and the shift of staff from being individual managers of projects to managing a portfolio of projects and supporting others to move forward.
- Encouraged by TDR's links with the Global Fund as a way to strengthen the way TDR interacts and getting implementation research built in with the Global Fund is a way of making it much more sustainable. Showing that TDR is involved in Health Systems is not about doing more but about putting a lens on the work already being done.
- Suggested highlighting achievements and possible achievements with eliminating certain diseases (LF, Chagas, etc.), giving figures on how close we are, how we are moving forward and how much it would cost, as well as providing more information on investments made in projects such as social innovation and Zika including the amount of funding which has been leveraged for these projects, as concrete information and messages that can be taken forward.
- Reiterated the resilience of a small staff which is capable of adapting to the different funding possibilities gives confidence in the future.
- Encouraged TDR to engage with countries and stakeholders and to highlight partnership cooperation with DEC governments by jointly organizing training courses or cooperation on implementation research in an endeavour to mobilize more resources from the government while giving an opportunity to tailor to the local setting. Regarding country elimination programme support and outbreak programmes, find ways to demonstrate TDR's contribution and role which do not overlap with other WHO departments. Though data and information sharing are very important, sharing experience is also essential.

Decision

- **Endorsed the 2015 Annual Report.**

Recommendations

- **Recommended highlighting progress made in elimination of diseases for which TDR has engaged in research activities (including the cost and level of involvement of TDR).**
- **Recommended TDR increase its engagement with countries and stakeholders by organizing joint activities at country level in order to showcase the impact of research and mobilize country level resources.**

Item 6. Update from TDR co-sponsors

Key messages

- On behalf of UNICEF, Dr Theresa Diaz, Senior Advisor Health, Lead Knowledge Management and Implementation Research Unit, Health Section mentioned:
 - Changes in UNICEF's research structure
 - UNICEF's health strategy for 2016-2030
 - New research guidance and procedures
 - Research partnerships
 - Potential work with TDR in social innovation in health care delivery, capacity building and TB
- On behalf of UNDP, Dr Tenu Avafia, Policy Advisory, gave an overview of recent developments of interest at UNDP, the Secretary-General's High-Level Panel on Access to Medicines and UNDP's partnership with TDR: case study of Access and Delivery Partnership
- On behalf of WHO, Dr Ren mentioned:
 - Alignment of WHO's work to the sustainable development goals
 - Major developments at WHO since the last JCB, including developments in the area of health emergencies and the implementation of WHO's strategy on research for health and the establishment of the Global Health Observatory on Health R&D.
 - Major developments on communicable diseases, including WHO-Global Fund collaboration with technical assistance provided to 99 eligible countries, facilitating approval of over US\$ 4.2 billion in Global Fund country grants.
 - Resolutions of the 69th World Health Assembly relevant to our work.
 - WHO-TDR collaboration.

Discussion points

- The JCB is pleased with the way interactions have evolved in a very positive way.
- Although presentations highlighted what has been done and the results achieved, requested more information on the added value of working with TDR, how TDR has complemented to get the results, and what the specific activities were and the cost of each activity to get the results.
- Each of the co-sponsors outlined their added value of working with TDR. UNDP does not work in technical areas such as strengthening capacity to define research agendas or strengthening capacity around implementation research; this is work that TDR does and being able to go to countries and offer an integrated project that cuts across 4, 5 or 6 points of their health system is in itself the innovation and something we could not do as UNDP and TDR or PATH could not do by themselves. For UNICEF, the benefit is in having institutions with research capacity partner with UNICEF, with research and evaluation done by larger organizations. The added value overall is that TDR has access to WHO's network through its regional and country offices.

Recommendation

- **Welcomed the comprehensive updates from the co-sponsors, including collaboration with TDR, and requested that additional information on co-sponsor activities be shared as part of the JCB documentation.**

Item 7. TDR Programme performance overview

Key messages

- Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the progress made in 2015 in several areas, including: context and performance assessment at TDR, including results and progress towards outcomes; technical implementation; risk management; effective partnerships and leverage; application of TDR's core values; enhancing management leadership; and TDR Global.

Discussion points

- Congratulated TDR on the excellent results and the importance of disease endemic countries in the results and the process to get the results presented. Suggested reviewing the terms used for the risks and that fully addressed should not systematically mean "closed out". Consider reviewing the terms used and including stable, increase or decrease.
- Welcomed the results report and suggested that it be shared with other programmes as a useful tool. Although still an evolutionary process, appreciated the high quality. Suggested displaying risks by including the risk trend: same, increasing or decreasing. This would give an opportunity to show clearly those risks that are still being considered.

Decisions

- **Endorsed the 2015 TDR Results Report.**
- **Endorsed the 2015 Risk Management Report.**

Recommendation

- **Recommended that the risk register include a risk trend (stable, increase or decrease).**

Item 8. Financial report 2014-2015 and outlook 2016-2019

Key messages

- The Chair thanked the Comptroller, Nick Jeffreys, and his staff for their great help and support to TDR.
- Dr Halpaap presented the financial report for 2014-2015 and outlook for 2016-2019.
- Dr Garry Aslanyan, TDR Partnerships and Governance Manager, presented TDR's current resource mobilization efforts, mentioning 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) and current efforts in resource mobilization.

Discussion points on the financial report

- Confirmed that the proportion of funding between research and research capacity strengthening is based on historical potential for leveraging additional designated funds which is easier to do on the research side.
- Response to a question raised about the criteria being used to select proposals/projects that the budget scenario model is used, that sustainability is important and that STAC is key to these

types of decisions as they look at TDR's priorities.

- Reiterated that the strategic development fund (SDF) is very important when moving ahead with the strategy and should not be cut if at all possible. Many good opportunities have come up as a result of the Fund. Strategic communication and fundraising are important issues which should be considered for funding under the SDF.
- Suggested targeting countries with a past history with TDR to build on. JCB members and observers were encouraged to inform TDR of any funding opportunities which arise. The Programme would have more financial security if it were able to bring in 2 to 3 new donors or to expand the smaller group of contributors to increase. An effort is being made to coordinate approaches for designated funding.

Decision

- **Endorsed the 2014-2015 financial report and outlook 2016-2019, recognizing that the financial outlook 2018-19 may require adjustment to align with the new strategy.**

Recommendation

- **Recommended flexibility in allocation to the Strategic Development Fund (SDF) that provides an opportunity to support innovative or urgent new projects with high impact.**

Item 9. Sixth External Review

Key messages

- Dr Reeder presented an overview of the report of the sixth external review including the process and a list of the major recommendations which have been responded to.¹
 1. TDR should continue its focus on implementation research and should confirm its current direction of travel in withdrawing from supporting product research and development through its own funds.
 2. TDR should seek to clarify precisely what it means by IIR, focusing on what TDR will and will not do under this heading.
 3. If TDR does take on the management of the Health Product R&D Fund, the risks of doing this need to be clearly identified and mitigated.
 4. In its next Strategic Plan, TDR should clearly outline its approaches to partnerships, ensuring that costs of inputs, including opportunity costs, into such partnerships are covered and expectations clarified.
 5. While TDR should continue to support capacity building initiatives, it should explore the possibility of conducting such work in collaboration with other organisations, e.g. Research and Training in Human Reproduction (HRP) and the Alliance for Health Policy and Systems Research (AHPSPR).
 6. Consideration should be given to the further development of the TDR Global database to support a community of individuals who have an interest and expertise in implementation research.
 7. TDR's structure should be appropriate for its strategic focus. There may be a need for greater senior management capacity over two or more technical work-streams and greater capacity for monitoring and evaluation, resource mobilisation and research uptake across TDR

¹ See document TDR/JCB39/16.8 – Summary of external review recommendations

8. In general, TDR benefits from being a programme with several UN agencies as co-sponsors. This situation should be maintained. This may involve explaining more clearly how TDR's work is relevant to the co-sponsors and identifying ways in which mutual benefit can be leveraged.
 9. The director has contributed hugely to restoring TDR's credibility. There is now a need to ensure management capacity is extended into technical areas and succession planning is actively managed.
 10. Where donors provide designated funding, it is important that TDR only engages with agreements that it can effectively handle administratively, and for which all costs are covered by that funding.
 11. TDR urgently needs to improve its project management systems, which may involve entering into intensive negotiation with WHO.
 12. Consideration should be given to reviewing the working of the Scientific Working Groups (SWGs) to optimise their contribution.
- Mentioned the confidence restored in the Programme, the relevance of the current strategic plan, strengthened governance and the efficient and well managed Secretariat following implementation of credible systems for managing its work and partnerships.

Discussion points

- The JCB congratulated TDR for the positive report and the way that the Programme has been able to turn itself around in the short four years since the last review. The review team commented on TDR being the easiest people to do a review with which shows clearly TDR is a learning organization with openness and willingness to hear what can be improved.
- Agreed that the Executive Summary and the main report need to be adjusted to highlight positive findings and challenges.
- JCB agreed that the report may be made public on the TDR website.

Decision

- **Endorsed the report of the 6th External Review and TDR's response.**

Recommendation

- **Requested that the recommendations of the 6th External Review be implemented as soon as possible, wherever appropriate, and to report to future JCB meetings as relevant.**

Item 10. Selection of JCB members from 1 January 2015 to 31 December 2018

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

Elections

- JCB resource contributors selected for membership under paragraph 2.2.1 of the MOU, for a four-year term beginning 1 January 2017, the Governments of:

- (1) Mexico (elected)
- (2) Panama (re-elected) *
- (3) Germany and Luxembourg Constituency (re-elected)
- (4) UK and USA Constituency (re-elected)

* the Government of Panama was formerly a member of a Constituency with the Government of Spain (2012-2016)

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

Elections

- JCB selected for membership under paragraph 2.2.3 of the MOU, for a four-year term beginning 1 January 2017, the Governments of:

- (1) Burkina Faso (re-elected)
- (2) Zambia (re-elected)

Recommendation

- Requested that future membership applications under paragraphs 2.2.1 and 2.2.3 include a short paragraph with background on the candidate and their interest in becoming a JCB member.

- Representatives of elected members thanked the JCB for the continued confidence entrusted in them to support TDR's mission.

Item 11. Summary of decisions and recommendations

Key messages

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

Item 12. Update on the Pooled Health R&D Fund

Key messages

- Dr Reeder provided an update on the progress on the R&D funding mechanism and demonstration projects following the Open-Ended Meeting of WHO Member States, Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG), held 2-4 May 2016. The presentation included a history of the Fund's development; an overview of the Health Product R&D Financing report published in March 2016; the amount of funding that would make an impact including fund options and mechanisms; a framework for portfolio prioritization; the proposed governance structure; recommendations from the report; and next steps.
- The Health Product Research and Development Fund report can be found on TDR's website ([click here](#) to access).²

Discussion points

- Recognized that the open-ended meeting was attended by diplomats rather than technical people and so some of the resolutions coming through from the World Health Assembly (WHA) were held up by a lot of discussion about the language without people really understanding the technical detail.
- In response to concerns raised that although funds have been pledged for demonstration projects, funding is not flowing and appears to be linked in some cases to specific projects.
- Reiterated that there is a distinction between the demonstration projects and the pooled fund and that lessons have been learned from the demonstration projects, including the challenges faced when working with a fund.
- Recognized that the World Health Assembly resolution is clear as to what it is requesting the Director-General to do and suggested TDR pro-actively engage in discussions with WHO in preparation of the document to go to the Executive Board in January 2017.
- Concerns were raised about the balance of the workload and budget and that moving ahead would require additional staff. Responded to the question of how the risk of hosting this pooled fund is being reduced that there would be a subtle increase over several years and that this would only happen if TDR manages the Fund.
- Mentioned that WHA discussions clearly show that in order to generate a decision among Member States whether to set up such a fund in order to attract funding from different players, including private industry and philanthropy, the development of an operational plan is now the logical and necessary next step. The work done by TDR up to now has been good for TDR's work and reputation and it is considered very important to stress the positive feedback received and to enhance the visibility of TDR and the Programme's credibility among Member States. This impression has been gained in many of the meetings.
- Requested information on what the role of WHO will be; whether it will be a coordinating role and, if so, what coordination means. What is the concrete request to TDR? The Board sees a strong role for TDR in this and encourages WHO to clarify this to the next Executive Board. Future visits by Director TDR to governments should include discussion on the potential of TDR and what decisions need to be taken towards taking this forward.

² <http://www.who.int/tdr/news/2016/69th-wha-resolution/en/>

- Responded to concerns raised about the governance of the future structure, particularly about the process to be considered if a funded research project which was granted considerable funds needed to be terminated, the role of different groups and how conflicts would be avoided or such decisions becoming political, that the SWG would have the power to say “go”, “no go” and that the Fund would be driven by the science.
- Responded to a suggestion that encouraging the development of credible mechanisms could promote the willingness of partners to engage and that perhaps some of the hesitation observed in taking this forward may be derived from scepticism that WHO is responsible for making the Fund credible.

Recommendation

- **Welcomed the update on the Pooled Health R&D Fund and requested the Secretariat to be proactive in following developments in advance of the WHO Executive Board in January 2017.**

Item 13. Strategy development: Proposed next steps for TDR strategy development process based on external review findings

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. Specific recommendations on the strategy from the external review were mentioned and will be part of the strategy development process. The draft strategy layout was presented which includes:
 - Our history and achievements
 - Our vision and mission
 - How TDR will achieve impact (bearing in mind the Strategic Development Goals)
 - Implementing the vision
 - How do we set priorities?
 - Partnerships and governance
 - Managing for success
- A first draft of the strategy is expected to be ready for review by JCB members in September 2016.
- There remains a big gap between existing or produced knowledge and how it is translated into practice within country policies and practices.

Discussion points

- Recommended responding through the DEC and RC groups in an iterative process and that those in both groups copy each of the appointed representatives.
- Recognize that language can be a barrier to development of capacity and that TDR is making an effort so that communities most needing of the research are served.
- Agreed that additional time would be given for the Board to review the outline of the Strategy.

- Recommended highlighting TDR's focus on infectious diseases of the poverty and including communications, resource mobilization and promotion of TDR in countries.

Recommendations

- Welcomed the update on the Pooled Health R&D Fund and requested the Secretariat to be proactive in following developments in advance of the WHO Executive Board in January 2017.
- Requested that the JCB DEC and RC groups and co-sponsors be engaged early in the review of various drafts of the strategy in an iterative manner.
- Recommended reiterating in the strategy the focus of TDR on research and capacity strengthening for infectious diseases of poverty.
- Recommended including advocacy and resource mobilization in the strategy.

Item 14. TDR governance

Key messages

- Dr Reeder presented the proposed membership of STAC.
- Showed the composition and movement of STAC with 3 members coming off, all of whom have served for 5 years, and with 4 new members proposed with 2 social scientists, 2 health scientists, 2 men, 2 women. The balance continues to be good, with representation from all 6 WHO regions.
- Dr Aslanyan presented the names of the representatives appointed by the DEC and RC groups, explaining that these are informal groups of the JCB and that some countries are members of both groups. The major role of the representatives is that of Standing Committee member. The resource contributor group decided to reappoint the United Kingdom as their representative while the disease endemic country group appointed Burkina Faso, both for a term of 2 years. This item is for information only.

Discussion points

- Responded to concerns raised about covering WHO regions that STAC members are appointed for their expertise and not as representatives of their country or region. A wider call may be opened for future selection of members, either at the time of launching TDR Global or through a separate call.

Decisions

- Endorsed the proposed membership of STAC.
- Accepted the nomination of the United Kingdom as the representative of the resource contributors group and Burkina Faso as the representative of the DEC group for the next 2 years.

Item 15. Summary of decisions and recommendations

Key messages

- The Rapporteur presented the decisions and key recommendations of JCB39 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

- Requested that the JCB agenda and documentation be prepared with indication of decision points to assist in preparation for the meeting.

Item 16. Closing session

Concluding remarks

- In his closing remarks, Dr Reeder thanked members and observers for their participation in the JCB, as well as the staff of his office. He reiterated that although JCB comes together to look at the Programme and to give advice, we want to make the best use of the Board as ambassadors of TDR. Encouraged members and observers to contact us if they have ideas on how we can better provide information and what we can do to help promote TDR in countries, such as fact sheets that summarize expected results or writing an article in a local journal of public health.
- On behalf of Dr Ren, Dr Mubashar Sheikh, Senior Advisor in the HTM Cluster, congratulated the Board on a productive meeting and thanked members for their support to TDR.
- The Chair concluded that the meeting achieved its objectives and that the decisions made will guide the work of TDR in the next 12 months. The Chair thanked Board members for their open discussions and their deep commitment to TDR's work and to making the Board a strong one which can better advise TDR. Reiterated that all members need to bring their expertise and point of view to help TDR grow further and to get to the place it deserves to be: A strong actor in the area of infectious diseases of the poor or which disproportionately affect the poor.
- The Chair thanked the Vice-Chair, the Rapporteur, the Secretariat, the interpreters, the operators and the delegates for a productive meeting.

Decisions

- Confirmed that JCB40 will take place in Geneva from 19-21 June 2017.
- Agreed that JCB41 will take place in Geneva from 18-20 June 2018.

III. Full list of decisions and recommendations

Decisions

1. Dr Vic Arendt (representative of Luxembourg) was elected as Rapporteur for JCB39.
2. The Agenda of JCB39 was adopted.
3. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
4. The report of the Chair JCB was accepted.
5. The report of the Standing Committee was accepted.
6. Endorsed the report by the Chair STAC, including its recommendations.
7. Endorsed the 2015 Annual Report.
8. Endorsed the 2015 TDR Results Report.
9. Endorsed the 2015 Risk Management Report.
10. Endorsed the 2014-2015 financial report and outlook 2016-2019, recognizing that the financial outlook 2018-19 may require adjustment to align with the new strategy.
11. Resource contributors elected for membership under paragraph 2.2.1 of the MOU the Governments of:
 - Mexico
 - Panama
 - Germany / Luxembourg
 - UK / USA
12. JCB elected for membership under paragraph 2.2.3 of the MOU the Governments of:
 - Burkina Faso
 - Zambia
13. Endorsed the report of the 6th External Review and TDR's response.
14. Endorsed the proposed membership of STAC.
15. Accepted the nomination of the United Kingdom as the representative of the resource contributors group and Burkina Faso as the representative of the DEC group for the next 2 years.
16. Confirmed that JCB40 will be held in Geneva from 19-21 June 2017.
Agreed that JCB41 will be held in Geneva from 18-20 June 2018

Recommendations

1. Recommended that the report of Chair STAC include highlights of several important areas where significant developments have taken place in the past year.
2. Recommended ensuring that the expertise of STAC members covers the areas of TDR's activities, including social sciences.
3. Recommended highlighting progress made in elimination of diseases for which TDR has engaged in research activities (including the cost and level of involvement of TDR).

4. Recommended TDR increase its engagement with countries and stakeholders by organizing joint activities at country level in order to showcase the impact of research and mobilize country level resources.
5. Welcomed the comprehensive updates from the co-sponsors, including collaboration with TDR, and requested that additional information on co-sponsor activities be shared as part of the JCB documentation.
6. Recommended that the risk register include a risk trend (stable, increase or decrease).
7. Recommended flexibility in allocation to the Strategic Development Fund (SDF) that provides an opportunity to support innovative or urgent new projects with high impact.
8. Requested that future membership applications under paragraphs 2.2.1 and 2.2.3 include a short paragraph with background on the candidate and their interest in becoming a JCB member.
9. Requested that the recommendations of the 6th External Review be implemented as soon as possible, wherever appropriate, and to report to future JCB meetings as relevant.
10. Requested that the JCB agenda and documentation be prepared with indication of decision points to assist in preparation for the meeting.
11. Welcomed the update on the Pooled Health R&D Fund and requested the Secretariat to be proactive in following developments in advance of the WHO Executive Board in January 2017.
12. Welcomed the draft outline of the strategy and agreed to provide any additional comments to the Secretariat by the end of June 2016.
13. Requested that the JCB DEC and RC groups and co-sponsors be engaged early in the review of various drafts of the strategy in an iterative manner.
14. Recommended reiterating in the strategy the focus of TDR on research and capacity strengthening for infectious diseases of poverty.
15. Recommended including advocacy and resource mobilization in the strategy.

IV Annexes

Annex 1 – Agenda

PRE-MEETING DAY, Monday, 20 June 2016

From 08:00	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION	
15:00-16:00	Briefing session D46025 (4 th floor, UNAIDS / D building). Coffee available from 16:00. <i>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. This is also an opportunity for Disease Endemic Country and Resource Contributor group members to meet informally. Interpretation will not be provided for this session.</i>	Documentation is available on the JCB SharePoint site.
16:00-17:00	REFRESHMENTS AVAILABLE	

Tuesday, 21 June 2016

<i>Time</i>	<i>Agenda item</i>	<i>Action / Information</i>	<i>Reference Documents</i>
08:00-08:45	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION		
09:00-09:15	<u>Opening Session</u> <i>Professor Hannah Akuffo, Chair of JCB</i> <i>Dr Ren Minghui, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases / TDR Special Programme Coordinator</i> <i>Dr John Reeder, Director TDR</i>		
09:15-09:30	1. Statutory business 1.1 Election of the Rapporteur 1.2 Adoption of the Agenda 1.3 Declarations of interest	Election of Rapporteur from among the JCB members Adoption of agenda	Draft Agenda TDR/JCB39/16.1 Draft Annotated Agenda TDR/JCB39/16.1a
09:30-09:45	2. Report by the Chair of the Joint Coordinating Board <i>Professor Hannah Akuffo, Chair of JCB37 and JCB38, will report on her activities as Chair since the Thirty-eighth session.</i>	Information	Report of JCB38, June 2015 TDR/JCB38/15.3
09:45-10:00	3. Report of the Standing Committee <i>Dr Theresa Diaz, UNICEF, will report on the Standing Committee's activities since JCB38.</i>	Information	Standing Committee 98 decisions and recommendations TDR/SC98/15.3 Standing Committee 99 decisions and recommendations TDR/SC99/16.3
10:00-10:30	4. Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC) <i>Professor Charles Mgone, Chair of STAC, will present the STAC report.</i>	Information and endorsement of STAC report	Report of STAC38 TDR/STAC38/16.3
JCB photo (on the stairs outside the EB room)			
10:30-11:00	COFFEE BREAK		

Tuesday, 21 June 2016 (continued)			
Time	Agenda item	Action / Information	Reference Documents
11:00-12:00	<p>5. TDR progress since JCB38</p> <p><i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB38 and the TDR Director's report.</i></p> <p>❖ <i>Screening of a video: Climate change research to prevent sleeping sickness outbreaks in Tanzania</i></p>	Information and endorsement	<p>TDR 2015 Annual Report</p> <p>Follow-up to the JCB38 decisions and recommendations</p> <p>TDR/JCB39/16.4</p>
12:00-12:45	<p>6. Update from TDR co-sponsors</p> <p>6.1 UNICEF - Dr Theresa Diaz, Senior Advisor Health, Lead Knowledge Management and Implementation Research Unit, Health Section</p> <p>6.2 UNDP – Dr Tenu Avafia, Policy Advisor</p> <p>6.3 World Bank -</p> <p>6.4 WHO - Dr Ren Minghui, ADG/HTM and TDR Special Programme Coordinator</p>	Information	
12:45-14:00	LUNCH BREAK		
14:00-14:30	<p>7. TDR programme performance overview</p> <p>7.1 Key performance indicators 2015</p> <p>7.2 Risk management</p> <p><i>Dr Beatrice Halpaap, TDR Programme and Portfolio Manager, will present this item.</i></p>	Information and endorsement	<p>2015 TDR Results Report</p> <p>TDR/STRA/16.1</p> <p>TDR Risk Management Report, 2015</p> <p>TDR/JCB39/16.5</p>
14:30-15:30	<p>8. Financial report 2014-2015 and outlook 2016-2019</p> <p>8.1 Financial report 2014-2015</p> <p>8.2 Outlook 2016-2019 and Programme budget scenario levels for 2018-2019</p> <p><i>Dr Beatrice Halpaap will present the 2014-2015 financial report, certified by the WHO Comptroller, and the financial outlook 2016-2019.</i></p> <p>8.3 Update on resource mobilization</p> <p><i>Dr Garry Aslanyan, TDR Partnerships and Governance Manager, will present this item.</i></p>	<p>Information and endorsement</p> <p>Information</p>	<p>2014-2015 Financial report and outlook 2016-2019 and TDR Certified Financial Statement for the year ended 31 Dec 2015</p> <p>TDR/JCB39/16.6</p> <p>Research and Development pooled fund development phase, 2015 Financial report and TDR Certified Financial Statement for the year ended 31 Dec 2015</p> <p>TDR/JCB39/16.7</p> <p>Information only:</p> <p>TDR Programme Budget and Workplan 2016-2017</p>
15:30-16:00	COFFEE BREAK		

Tuesday, 21 June 2016 (continued)

Time	Agenda item	Action / Information	Reference Documents
16:00-16:30	9. Sixth External Review <i>Dr Reeder will present the report of the 6th External Review and TDR's response.</i>	Endorsement	Report of the 6 th External Review TDR's response TDR/JCB39/16.8
16:30-17:00	10. Selection of JCB members <i>Ms Anne Mazur, Principal Legal Officer, will present this item.</i> 10.1 Selection of four members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding 10.2 Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding	Selection of JCB members	Note on the membership of the JCB TDR/ JCB39/16.9 JCB membership wheel TDR/ JCB39/16.10 History of Membership on TDR's Joint Coordinating Board, 1978-2016 TDR/ JCB39/16.11 TDR Memorandum of Understanding TDR/CP/78.5/Rev.2013/rev1
17:00-17:15	11. Summary of decisions and recommendations of Day 1 <i>The Rapporteur will present a summary of the decisions and recommendations of Day 1.</i>	Endorsement	
17:30-19:00	JCB RECEPTION (WINTER GARDEN) MAIN BUILDING CAFETERIA		

Wednesday, 22 June 2016

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 <i>Interpretation will be provided in English and French.</i>		
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		
10:45-11:45	12. Update on the Pooled Health R&D Fund <i>Dr Reeder will provide an update on the progress on the R&D funding mechanism and demonstration projects following the Open-Ended Meeting of WHO Member States, Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG), held 2-4 May 2016</i>	Information	Click here for information on the World Health Assembly resolution to improve R&D financing and coordination and associated links

Wednesday, 22 June 2016 (continued)			
Time	Agenda item	Action / Information	Reference Documents
11:45-12:30	13. Strategy development: Proposed next steps for TDR strategy development process based on external review findings <i>Dr Reeder will present this item.</i>	Decision	
12:30-14:00	LUNCH BREAK		
14:00-14:30	14. TDR governance <i>Dr Reeder will present this item.</i> 14.1 Membership of the Scientific and Technical Advisory Committee (STAC)	Endorsement	Nominations for STAC Membership TDR/JCB39/16.12
	<i>Dr Aslanyan will present this item.</i> 14.2 Selection of one representative each from the resource contributors group and a disease endemic country to serve as members of the Standing Committee for a period of two years.	Information	
14:30-15:30	15. Summary of decisions and recommendations of Day 2 <i>The Rapporteur will present a summary of the decisions and recommendations of Day 2.</i>	Endorsement	
15:30-16:00	16. Closing Session Date and place of JCB40 and JCB41 <i>As agreed at JCB38, JCB40 will be held from 19-21 June 2017. It is proposed that JCB41 will be held from 18-20 June 2018. Both meetings will be held in Geneva.</i> Any other business Concluding remarks by Dr Mubashar Sheikh, Representing the Assistant Director- General HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, WHO Concluding remarks by Chair JCB	Decision	

Annex 2 – List of participants

MEMBERS

AFGHANISTAN

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

ARMENIA

Dr Nune BAKUNTS, Deputy Director General, National Center for Disease Control and Prevention, Ministry of Health of Armenia, Yerevan

BELGIUM

Ambassadeur Bertrand DE CROMBRUGGHE, Représentant permanent, Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

Mr Erik DE MAEYER, Premier secrétaire, Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

Dr Geert LALEMAN, Attaché, General Directorate Cooperation for Development, Bruxelles

Dr Ignace RONSE, Expert en santé publique des Programmes Multilatéraux et Européens, Ministère de la Coopération au Développement, Bruxelles

BURKINA FASO

Dr Brice Wilfried BICABA, Médecin de santé publique, Directeur de la lutte contre la maladie, Ministère de la santé, Ouagadougou

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

CHINA

Dr Ning XIAO, Deputy Director, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC), Shanghai

COMOROS

Dr Ahmed OULEDI, Enseignant chercheur à l'Université des Comores, Moroni

CUBA

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

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi)

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

Fiji

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

Mr Ajendra Adarsh PRATAP, First Secretary, Permanent Mission of the Republic of Fiji to the United Nations Office and other International Organizations in Geneva, Switzerland

GERMANY AND LUXEMBOURG CONSTITUENCY

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

Dr Ulrike BUBHOFF, Senior Scientific Officer, German Federal Ministry of Education and Research (BMBF), DLR Project Management Agency, 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, Development Policy, Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva, Switzerland

M. Philippe WEALER, Attaché, Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève, Switzerland

GHANA AND NIGERIA CONSTITUENCY

Dr Victor A. BAMPOE, Deputy Minister of Health, Ministry of Health, Accra, Ghana

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

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

Dr Iyabode Olukemi SOWUNMI, Deputy Director, Research & Knowledge Management, Department of Health Planning, Research & Statistics, 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

JAPAN

Dr Kenji HIRAYAMA, Professor, Department of Immunogenetics, Institute of Tropical Medicine, Nagasaki University, Nagasaki City

Dr Hiroki NAKATANI, Special Assistant for International Affairs, Ministry of Health, Labour and Welfare; Professor for Global Initiatives, 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

PERU

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

REPUBLIC OF MOLDOVA

Dr Gheorghe PLACINTA, Head of Department, Communicable Diseases, State Medical and Pharmaceutical "Nicolae Testemitanu", Chisinau

SPAIN AND PANAMA CONSTITUENCY

Dr Tomás LÓPEZ-PEÑA ORDOÑEZ, Head of International Research for Health Programs, National Health Research Institute Carlos III, Ministerio de Economía y Competitividad, Madrid, Spain

Dr Nestor SOSA, General Director, Gorgas Memorial Institute of Health Studies | Instituto Conmemorativo Gorgas de Estudios de la Salud, Panamá, Panama

SURINAME

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

SWEDEN

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

Dr Ros-Mari BÅLÖW, Senior Research Advisor, FORSK - Research Cooperation Unit, Department for Global Cooperation, Swedish International Development Cooperation Agency (Sida), Stockholm

Dr Teresa SOOP, Swedish International Development Cooperation Agency (Sida), Stockholm,

SWITZERLAND AND NORWAY CONSTITUENCY

Dr Susanna HAUSMANN MUELA, Advisor, Health Research & Development and Access, Global Programme Health, Federal Department of Foreign Affairs (FDFA), Swiss Agency for Development and Cooperation (SDC), Regional Cooperation, Department East and Southern Africa, Bern, Switzerland

Ms Lene LOTHE, Head of Health Section, Department of Global Health, Education and Research, Norwegian Agency for Development Cooperation (NORAD), Norway

Ms Raphaella MELI, Development and Health Policies, Permanent Mission of Switzerland to the United Nations Office and to the other international organizations in Geneva, Switzerland

THAILAND AND INDIA CONSTITUENCY

Dr Chander SHEKHAR, Scientist G & Head, Innovation & Translational Research, Child Health, 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, Saraburi, Thailand

Dr Rungrawee TIPMONTREE, Public Health Technical Officer, Senior Professional level, Bureau of Vector-borne Diseases, Department of Disease Control, Nonthaburi, Thailand

TURKEY

Not able to attend.

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

Dr Amy BLOOM, Senior Technical Advisor, Office of Health and Nutrition (HIDN), Bureau for Global Health, United States Agency for International Development (USAID), Washington, USA

Ms Susan ELDEN, Health Adviser, Research and Evidence Division, Department for International Development (DFID), London, United Kingdom

Dr Sue KINN, Team Leader Human Development, Research and Evidence Division, Department for International Development (DFID), Glasgow, United Kingdom

Mr Martin SMITH, Deputy Programme Manager, Health Research Team, Research and Evidence Division, Department for International Development (DFID), London, United Kingdom

ZAMBIA

Dr Modest MULENGA, Director, Tropical Diseases Research Centre, 6th Floor Ndola Central Hospital, Ndola

Dr Emmanuel M. MAKASA, Counsellor-Health: Permanent Mission of the Republic Zambia to the UN at Geneva and Vienna & Embassy of the Republic of Zambia to Switzerland, Geneva

UNITED NATIONS CHILDREN'S FUND

Dr Theresa DIAZ, Senior Advisor Health, Lead Knowledge Management and Implementation Research Unit, Health Section, Programme Division, United Nations Children's Fund (UNICEF), New York, USA

UNITED NATIONS DEVELOPMENT PROGRAMME

Dr Tenu AVAFIA, Policy Advisor, United Nations Development Programme, New York, USA

WORLD BANK

Not able to attend.

WORLD HEALTH ORGANIZATION

Headquarters, Geneva, Switzerland

Dr Ren MINGHUI, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

Dr Shambhu ACHARYA, Director, Department of Country Cooperation and Collaboration with the UN System

Dr Suzanne HILL, Director, Essential Medicines and Health Products

Dr Hajime INOUE, Advisor to the Director General, Office of the Director General

Mr Nicholas JEFFREYS, Comptroller and Director FNM

Dr Christian LIENHARDT, Scientist, Policy, Strategy and Innovations

Ms Anne MAZUR, Principal Legal Officer

Dr Mubashar SHEIKH, Senior Adviser, Office of the Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

Dr Zsofia SZILAGYI, Technical Officer, Office of the Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

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 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 Ryoko MIYAZAKI-KRAUSE

Dr Olumide OGUNDAHUNSI

Dr Rob TERRY

Dr Mahnaz VAHEDI

Ms Flore WAGNER

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

OTHER PARTICIPANTS

CHAIR OF THE TDR SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

Professor Charles MGONE, Former Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), Dar es Salaam, Tanzania

OBSERVERS

ANGOLA

Mr Apolinário CORREIA, Ambassador and Permanent Representative of the Permanent Mission of Angola, Geneva, Switzerland

Professor Josenando THEOPHILE, General Director, Angolan Institute Against and Control of Trypanosomiasis, Luanda

Mrs Patrícia DOS SANTOS, Second Secretary, Permanent Mission of Angola

Mrs Neusa SARAIVA, Assistant Diplomatic, Permanent Mission of Angola

BRAZIL

Mr Francisco VIEGAS NEVES DA SILVA, Technical Adviser of the International Affairs Office, Ministério da Saúde, Esplanada dos Ministérios, Brasília,

Mr Lucas Vinícius SVERSUT, Second Secretary, Permanent Mission of Brazil to the United Nations Office and Other International Organizations in Geneva, Switzerland

FONDATION MÉRIEUX

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

Dr Sébastien QUESNEY, Directeur Accès au Diagnostic - Maladies Négligées, Fondation Mérieux, Lyon, France

FRANCE

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

Mr Philippe DAMIE, 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

Ms Nina MASCHIO ESPOSITO, Stagiaire au Pôle 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

Dr Marie-Anne MORTELETTE, Conseillère 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

GREECE

Mrs Efthymia KARAVA, Health Attaché, Mission permanente de la Grèce auprès de l'Office des Nations Unies à Genève et des autres organisations internationales en Suisse, Genève

INDONESIA

Dr Ratna BUDI HAPSARI, Head of Sub Directorate of Emerging Infectious Diseases, Directorate of Health Surveillance and Quarantine, Ministry of Health, Jakarta

Dr Grace GINTING MUNTHE, Head of Sub Directorate of Administrative and Housekeeping, Secretariat Directorate General of Diseases Prevention and Control, Ministry of Health, Jakarta

INSTITUT DE RECHERCHE POUR LE DÉVELOPPEMENT (IRD)

Dr Veerle LEJON, Directeur de Recherche, Institut de recherche pour le développement, Unité Mixte de Recherche UMR 177 - Intertryp Campus International de Baillarguet, Montpellier, France

Dr Christian DEVAUX, Institut de recherche pour le développement, Unité Mixte de Recherche UMR 177 - Intertryp Campus International de Baillarguet, Montpellier, France

INSTITUT PASTEUR

Dr Nadia KHELEF, Senior Advisor for Global Affairs, Institut Pasteur, 75015 Paris, France

INSTITUTO DE HIGIENE E MEDICINA TROPICAL

Professor Paulo FERRINHO, Director, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, 1349 008 Lisboa, Portugal

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC)

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

MEXICO

Mr Jorge LOMÓNACO, Ambassador and Permanent Representative of Mexico to the UN Office and other International Organizations in Geneva, Geneva, Switzerland

Mr Raúl HEREDIA, Ambassador and Deputy Permanent Representative of Mexico to the UN Office and other International Organizations in Geneva

Mrs Liliana PADILLA RODRÍGUEZ, Second Secretary - Health Department, Permanent Mission of Mexico

Mr Marcos TAMARIZ, Assistant - Health Department, Permanent Mission of Mexico

SIGHTSAVERS

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

SOUTH AFRICA

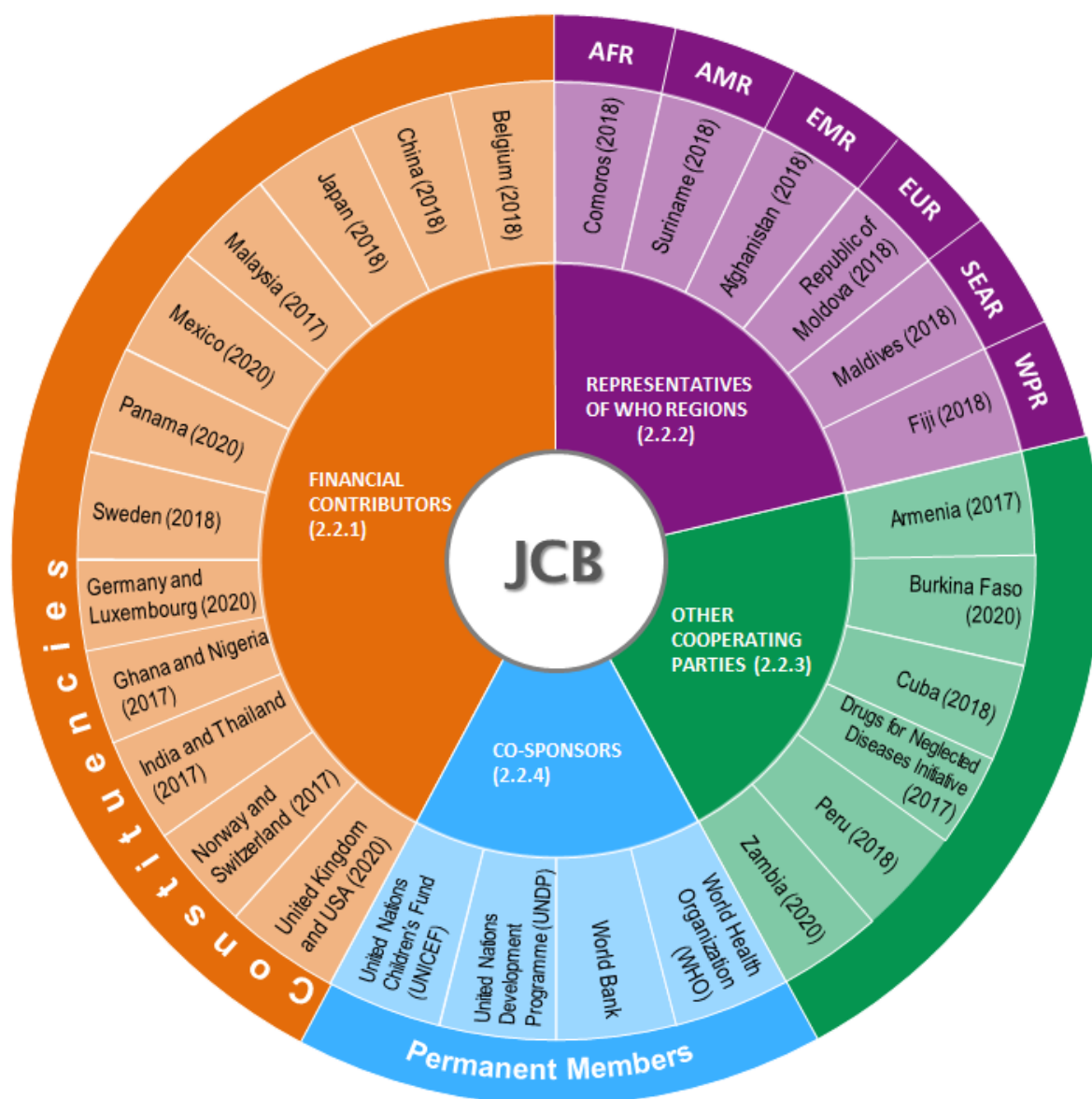
Ms Tsakani FURUMELE, Director, Communicable Disease Control, National Department of Health, Pretoria

UNEP

Dr Desiree MONTECILLO NARVAEZ, Programme Officer, UNEP Chemicals and Waste Branch, Division of Technology, Industry and Economics, Chatelaine-Geneva, Switzerland

Mr Pierre QUIBLIER, Programme Officer, UNEP Chemicals and Waste Branch, Division of Technology, Industry and Economics, Chatelaine-Geneva, Switzerland

Annex 3 – JCB membership from 1 January 2017



Annex 4 – Membership of the Scientific and Technical Advisory Committee from 1 January 2017

	<u>Term of Office</u> (until 31 December)
Dr Ayat ABUAGLA , Educational Development Centre, Sudan Medical Specialization Board, Sudan Research Fellow, Reproductive & Child Research Unit [RCRU], University of Medical Sciences & Technology, Khartoum, Sudan	2017-2018
Professor Maria Teresa BEJARANO , Senior Research Advisor Unit for Research Cooperation Department for Partnerships and Innovations, Sida, Stocksund, Sweden	2016-2017
Dr Graeme BILBE , Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland	2014-2017
Professor Moses BOCKARIE , Director, Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine, Liverpool, United Kingdom	2014-2017
Professor Claudia CHAMAS , Researcher Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	2016-2017
Professor Sónia DIAS , Associate Professor, International Public Health, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal	2016-2017
Dr Sara Irène EYANGO , Directeur Scientifique Centre Pasteur du Cameroun, Laboratoire National de Référence et de Santé Publique Ministère de la Santé Publique, Yaoundé, Cameroon	2016-2017
Professor John GYAPONG , Pro-Vice Chancellor for Research Innovation and Development, University of Ghana, Accra, Ghana	2014-2017
Dr Subhash HIRA , Professor of Public Health and Senior Advisor, Public Health Foundation of India, Delhi, India	2017-2018
Professor Mwelecele Ntuli MALECELA , Director General, National Institute for Medical Research Director of the National Lymphatic Filariasis Elimination Programme, Dar es Salaam, Tanzania	2017-2018
(Chair) Professor Charles MGONE , Former Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), Dar es Salaam, Tanzania	2014-2017
Professor Frank NYONATOR , Project Director, USAID/ Ghana Evaluate for Health Project (E4H), Management Systems International (MSI), Accra, Ghana	2014-2017
Professor Rosanna PEELING , Chair of Diagnostics Research, Department of Clinical Research, ITD, London School of Hygiene & Tropical Medicine, London, United Kingdom	2014-2017
Professor Stephen (Bertie) SQUIRE , Professor of Clinical Tropical Medicine, Liverpool School of Tropical Medicine (LSTM) Consultant Physician, Tropical & Infectious Disease Unit, Royal Liverpool University Hospital, Liverpool, United Kingdom	2017-2018
Professor Xiao-Nong ZHOU , Director, National Institute of Parasitic Diseases; Chinese Center for Disease Control and Prevention, Shanghai, China	2014-2017