

## **REPORT OF THE FORTIETH SESSION OF THE JOINT COORDINATING BOARD (JCB)**

**WHO Headquarters, Geneva, Switzerland  
20-21 June 2017**



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## I. Introduction

The Fortieth 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 20 and 21 June 2017. The session was chaired by the outgoing Chair, Professor Hannah Akuffo of Sweden, and by the new Chair, Dr Modest Mulenga of Zambia, and was attended by all JCB members except China, Ghana and Nigeria constituency, Malaysia 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 JCB40 focused on TDR's achievements since JCB39 and plans from 2018 onwards. Important decisions taken included approval of the 2018-2023 Strategy and the Programme Budget and Workplan for the 2018-2019 biennium.

## II. Summary of proceedings

### Opening session

#### *Key messages*

- In her opening remarks, **Professor Hannah Akuffo**, Chair of the Board, welcomed JCB members and observers. A special welcome was extended to Mexico as a new member of the JCB in 2017.
- **Dr Ren Minghui**, WHO Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) and TDR Special Programme Coordinator, welcomed the delegates on behalf of WHO. Dr Ren spoke about the appreciation of TDR's work on research capacity strengthening by many parts of WHO and that TDR's work is critical to the success and sustainability of all disease programmes.
- **Dr John Reeder**, Director of the Special Programme, thanked those who participated enthusiastically throughout the year in various meetings such as the Standing Committee, the scientific advisory committees and scientific working groups, and encouraged discussions between TDR staff and participants. He also thanked both members and observers for their participation and encouraged comments, remarks and reflections which would be extremely useful as TDR moves forward with its planning.

### Item 1. Statutory business

#### 1. Election of the Chair and Vice-Chair; appointment of the Rapporteur

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

The representative of Burkina Faso nominated Dr Modest Mulenga, representative of Zambia on the JCB, as Chair JCB. The representatives of the constituency of the United Kingdom of Great Britain and Northern Ireland and the United States of America seconded the nomination of Dr Mulenga as Chair JCB. There were no objections by the JCB of Dr Mulenga being elected.

The representative of Belgium nominated Dr Vic Arendt, representative of the constituency of Germany and Luxembourg on the JCB, as Vice-Chair JCB. Fiji seconded the nomination of Dr Arendt as Vice-Chair JCB.

Dr Susanna Hausmann was appointed Rapporteur of JCB40.

No other nominations were received.

**Decisions**

- **Dr Modest Mulenga (representative of Zambia) was elected as Chair for a term of 3 years.**
- **Dr Vic Arendt (representative of the constituency of Germany and Luxembourg) was elected as Vice-Chair for a term of 2 years.**
- **Dr Susanna Hausmann (representative of the constituency of Norway and Switzerland) was appointed Rapporteur for JCB40.**

**2. Adoption of the Agenda**

The Draft Agenda of JCB40 was circulated to JCB members and observers in February and the Draft Annotated Agenda was made available on the JCB SharePoint site. No comments were received.

**Decision**

- **The Agenda of JCB40 was adopted as presented.**

**3. Declarations of interests**

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 outgoing Chair of the Joint Coordinating Board, including any decisions between sessions of the JCB**

***Key messages***

- Professor Akuffo drew attention to the unique set-up of the JCB, which brings together representatives from disease endemic countries, funders and other interested parties, and that TDR was set up because of a need for research in infectious diseases found predominantly in tropical climates.
- Mentioned that the mainstay was being steered by science and the need to seek science to address these diseases that disproportionately affect the poor. TDR has not only stimulated this area of science but it has also catalysed others to follow suit.
- Commented on her own relationship with TDR, which includes support received for research work, followed by engagement on the various committees she has served on, and finally to her chairmanship of the JCB which has given her the opportunity to understand and appreciate the work of TDR even more.
- Remarked that since becoming Chair of the JCB, has seen many changes, particularly with the change of direction of TDR into implementation science and the overhaul of structures and the need for different types of expertise to fit the strategy.

- Reminded those present that all JCB members and observers have a voice, both in the JCB meetings and within the groups of disease endemic countries and resource contributors, which are also represented at the Standing Committee meetings. This process gives an opportunity for continued connection and decision-making between sessions of the Board.
- Thanked JCB members for the privilege of contributing to TDR as the Chair and reminded everyone that the opportunities are there to be used to help TDR focus its work to help address the issues that continue to affect many people in poor communities.
- 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 JCB39.

## Item 3. Progress since JCB39

### 1. Director's report

Director TDR presented an overview of the Programme's achievements during the past year, plans for 2018-2019 and relevant updates on specific items such as the Health Product R&D pooled fund, personnel changes and the appointment of the new WHO Director-General.

#### **Key messages**

- Highlights and achievements during 2016 of the Intervention and Implementation Research (IIR) team include:
  - Publication of evidence-based handbook, jointly produced with WHO's Neglected Tropical Diseases (NTD) Department and WHO regional offices, for the early outbreak detection and management of dengue fever outbreaks. The aim of this "model contingency plan" is to assist programme managers and planners in developing a national, context-specific, dengue outbreak response plan.
  - Elimination of visceral leishmaniasis (VL) in the Indian Subcontinent, a project which over the last several years has seen TDR move from concentrating on the diagnostics and testing the treatment algorithms, to moving into community based action and implementation and operational research, working with the ministries of health in Bangladesh, India and Pakistan. Cases are now down to such a low level that elimination is a real possibility. Safety first: TDR brings safety to the fore as an essential element of evidence-based decision-making. Two initiatives were launched - one for countries to share safety data on drug exposures during pregnancy (in collaboration with the WHO HIV/AIDS Programme) and another on novel treatments for multidrug resistant TB (in collaboration with the WHO Global TB Programme). These will generate evidence of drug safety in routine use that is needed to support treatment guidelines.
  - Data sharing has become a central feature of TDR's platforms. TDR's neutral position is ideal for creating platforms, making the evidence available for decision-making and making sure that people are sharing the information across these different platforms.
  - The newly-established West-African Regional Network for TB control (WARN TB) comprising 16 countries has identified TB control gaps and research priorities at the country and sub-regional levels, which are currently being addressed through implementation research projects. SORT IT, the Structured Operational Research Training Initiative, has expanded substantially and is giving disease control programme officers the skills to be able to use their routinely collected data, frame research questions and do analysis that improves their programmes. TDR will be concentrating more on training the trainers, providing quality control and quality assurance. SORT IT has been a great example of starting a movement, demonstrating the need, and then working on getting a wider impact by localising, regionalizing and putting this into countries.
- Looking forward for IIR:
  - The work on safety data and country preparedness of disease outbreaks is continuing and expanding and TDR is increasingly looking broadly at resilience to all vector-borne diseases rather than targeting any single disease. The WHO Global vector control response 2017-2030 fits in nicely with this.

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- As a result of the new 2018-2023 Strategy and the need to develop a workplan for the biennium in line with the Strategy, TDR has moved away from naming single projects to looking at thematic response and how that fits with the strategy.
  - Highlights and achievements during 2016 of the Vectors, Environment and Society (VES) team include:
    - The feasibility of managing malaria through timely diagnosis and treatment by community healthcare workers in three very high burden countries, published in *Clinical and Infectious Diseases*.
    - Impact of climate change on vector borne diseases and resilience of the most vulnerable populations in dryland Africa. This year alone has seen another 30 articles published, and beyond that countries are now creating policy briefs based on the information published. A whole series of 2-page policy briefs has been produced, ranging across many countries, which bring the essential information, including the implications, from these studies to the decision-makers.
    - Landscape analysis of the courses of medical entomology worldwide, leading to a directory including information on more than 265 courses. Discussions concerning the *Global vector control response* resolution have come to the realization that training available for entomology and vector control is weakening over time. Young people are not going into this field so there is a need to make training in the area of vector control more accessible and interesting so that it becomes an attractive career once again.
    - The Regional Caribbean Network on surveillance, diagnostic and vector control of emerging vector-borne diseases was established, with 30 countries represented. This followed a chikungunya outbreak that hit the Caribbean and moved from island to island with very little conversation between the islands, resulting in the spread of the disease throughout the whole of the Caribbean. With initial support from TDR, the network now has independent funding and has become a sustainable, strong network which may be one of the reasons the Caribbean was less affected by the Zika outbreak than it could have been.
    - The Worldwide Insecticide Resistance Network for vectors of arboviruses was established following concerns about the worldwide spread of insecticide resistance and the impact this could have on the WHO recommended strategies for malaria control and elimination. The network brings together 20 concerned institutions and agencies, encouraging them to discuss and share information.
  - Looking forward for VES:
    - The first results of a project examining the magnitude and causes of residual malaria transmission in the Greater Mekong Subregion show that malaria transmission has moved from villages to farm huts in the forest, where the family is involved in farming activities, and where the use of long-lasting insecticide treated nets and indoor spraying is not practical. The results are providing an indication of the next stage of intervention to ensure that gains made by villagers adhering to good malaria control strategies are not compromised.
    - Environmental prevention and control of vector-borne diseases and infectious diseases in South-East Asia, based on successful principles used in Africa to build resilience; looking beyond the disease at the conditions that cause the spread of vectors as well as surveillance that could be essential to preventing both outbreaks and continuation of endemic diseases.
    - Urban health has gained increased importance as a result of its strong links to the Sustainable Development Goals, with mobility, poverty, inequality and climate change as some of the drivers of health risks in urban settings, . One of the resulting challenges is how to build the evidence for good urban response to vector-borne diseases.
    - One of VES' new projects takes broad resilient systems based response and looks at multi-sectoral approaches for the prevention and control of vector-borne diseases. Another is looking more closely at gender responsive health interventions, particularly the many issues linked to the actual risk of disease that are based around gender and the roles taken within societies, ensuring that interventions are gender equitable..

- Highlights and achievements during 2016 of the Research Capacity Strengthening and Knowledge Management (RCS/KM) team include:
  - TDR has come a long way in the two years since talking about how to push towards regionalising postgraduate training and recreate regional training centres - *“pushing the centre of gravity of our training back into disease affected countries”* – taking on the role of supporting and building capacity within the countries to be able to train people in this aspect. This has meant moving away from the model of open calls and creating centres within countries affected by these diseases.
  - By the end of 2016, all seven universities participating in the postgraduate training scheme had admitted their first cohort of students (total 73 Masters and 7 PhD) and 4 universities had admitted their second cohort (30 Masters). In addition, 13 placements had been supported by TDR through the EDCTP/TDR Clinical Research and Development Fellowship (CRDF) scheme.
  - A global network of six Regional Training Centres (RTCs) supported by TDR, one in each WHO region, has been created, with the idea of expansion within each region. The basis of these centres is not to perform the research but to provide training that supports people doing research, including good clinical practice, good ethical practice, how to conduct research properly, basic implementation research and other short courses. TDR’s investment is ensuring that the curriculum, materials and networks go through the hub, resulting in a strong multiplier effect. This is the model being encouraged, not for the RTCs to become single isolated TDR centres of excellence, but for us to support the centres to expand this type of training within their region.
- Looking forward for RCS/KM:
  - Massive online open courses (MOOCs) in implementation research going live, with training and examples being given by the people responsible for the research projects in the field, drawing on their own experience from within countries.
  - Continuation of the very successful clinical research and development fellowship scheme, where senior fellows spend time in either a drug or pharma company, looking at issues such as regulations, clinical trials and data collection related to their country.
  - As a result of feedback from JCB and TDR’s committees, looking for ways to ensure TDR materials promoting capacity strengthening are available beyond English-speaking countries. Although some efforts have been made with French-language materials, Portuguese has been identified as a priority, particularly for African Portuguese speaking countries.
  - Exploring potential synergies with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). While the area of their research is different, there are many common areas such as implementation research where the creation of basic platforms could be valuable. TDR training centres could be strengthened further through collaboration with HRP.
- Resource mobilization efforts are being strengthened through visits to funders in a systematic way, both current and past, and through regular meetings within the Secretariat to discuss and track opportunities to attract designated project funding.
- An overview was provided of some of the items to be presented in more detail, including the Strategy 2018-2023 and other documentation for endorsement and approval by the Board.
- Although the R&D Fund is not going ahead, the report to the World Health Assembly received a positive response and TDR has managed to carve out a position as a thought leader in this area.
- Engagement with WHO programmes has increased substantially since TDR’s move back to headquarters 5 years ago. This includes the *Global vector control response*, a joint call for grant applications with HRP and PAHO to look at issues around the Zika virus outbreak in Latin America, as well as the small grants scheme covering all WHO regions.
- Senior staff changes since the last JCB include the departure in January of Johannes Sommerfeld to the WHO Kobe Centre, Japan, Andy Ramsay’s move from WHO to work in the area of emergency response and Jamie Guth’s forthcoming retirement.

- TDR is looking forward to good engagement with the new WHO Director-General, Dr Tedros Adhanom Ghebreyesus, who has a scientific background and has acknowledged publicly his gratitude to TDR for funding early research which led to his PhD.

#### **Discussion points**

- JCB thanked Director TDR for his report and congratulated the Secretariat for the excellent work and results achieved and for their strong collaboration with WHO departments.
- Concern was raised that people were no longer going into the field of entomology and that the training available for entomology and vector control is weakening over time. TDR is trying to engage with this as it is important in going forward with vector control response and building public health resilience to vector-borne diseases. A network is being set up in the African region to establish the needs in relation to capacities, skills and funding available.
- Working on the *Global vector control response 2017-2030* with the WHO Global Malaria Programme and the WHO Department of Control of Neglected Tropical Diseases has proven very successful and given enhanced visibility to TDR.
- TDR's work on social innovation research supports the Programme's alignment with the SDGs.
- Congratulated TDR for its success in training researchers who returned to work in their countries and regions as documented by the European Science Foundation 2015 survey. Raised the issue of career path for TDR's current MSc and PhD trainees and, upon graduation, their possible integration into the health and research systems.
- Sharing of experiences related to the Health Product Research and Development Fund with WHO and external stakeholders highlighted TDR's global engagement, showing the Programme as a global convenor and facilitator while creating further credibility and visibility for TDR.

#### **Decision**

- **The 2016 Annual Report was approved.**

## **2. Report of the Standing Committee**

Dr Tenu Avafia, UNDP, 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 JCB39.

#### **Discussion points**

- JCB thanked Dr Avafia for his report on behalf of the Standing Committee.

#### **Decision**

- **The report of the Standing Committee was endorsed.**

### 3. 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 2017, STAC reviewed different reports including those from the scientific working groups (SWGs), WHO technical departments regarding their collaborative work with TDR and the new TDR Strategy. At that meeting the STAC:
  - Endorsed the 2016 Results Report and Risk Management Report.
  - Reviewed the financial report to ensure alignment with TDR's mandate.
  - Approved the 2018-2019 budget.
  - Reviewed and endorsed the new Strategy 2018-2023.
  - Commended TDR for its engagement with WHO technical departments.
  - Confirmed that reporting from the scientific working groups has been standardized following a recommendation in 2016 by the JCB.
  - Noted that TDR projects in Africa are limited to East and West Africa and recommended looking at possibilities in Central Africa.
  - Supported the recommendation that IIR and VES merge into one research team under single leadership.
  - Commended TDR for its gender equity and the number of women who have received TDR grants and who are members of TDR committees.

#### **Discussion points**

- JCB thanked the STAC and its Chair for their work during the past year.

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

#### **Decision**

- **The report of STAC was endorsed.**

### 4. TDR Programme performance overview

Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the progress made in 2016 in several areas, including: context and performance assessment at TDR; technical achievements; application of TDR's core values; enhancing management leadership; and TDR Global.

#### **Key messages**

- The TDR Performance Assessment Framework (PAF) guides monitoring and evaluation at Programme and project level. Developed in 2009 and revised in 2012 in consultation with TDR's stakeholders, the PAF focuses on what is done (technical results) as well as how work is carried out (application of core values and management performance).
- Measurement of results follows the TDR Results Chain, which was developed at the time of the Strategy 2012-2017. The resulting impact is "Reduced global burden of infectious diseases of poverty and improved health in vulnerable populations".

- Progress towards outcomes was reviewed, summarizing key performance indicators and the progress made towards 2017 targets.
- The application of core values was presented, including the leadership role of disease endemic countries and promoting equity. 2017 targets (set in 2012) were surpassed, with 82% of contracts being awarded to DECs (target 75%), 72% of TDR committee members from DECs (target 60%) and 73% of publications with first author from a DEC (target 70%).
- Management performance was presented, including leadership development, preparing for 2018-2019 and beyond and continuous performance improvement.
- An overview of risk management progress in 2016 was presented, listing the six risks fully addressed / closed out, nine risks being mitigated and fully controlled, two risks being mitigated with some major issues and one new risk requiring mitigation.
- Outlined TDR Global, an initiative to engage TDR grantees and experts, tracking their careers, mapping expertise and enhancing collaboration.
- TDR is moving forward to effective implementation of the 2016-2017 workplans and preparing for the new Strategy 2018-2023 and workplans 2018-2019.

### ***Discussion points***

- JCB congratulated Dr Halpaap on her clear presentation.
- Asked about evaluation of performance and whether results can be linked to policy-making. Dr Halpaap responded that the new solutions applied in DECs and measured under KPI #1 are those that resulted in a change in practice and often a change in policy. For example, many publications are produced as a result of SORT IT training, most of which have an impact on policy.
- Responding to a question on performance results and the evaluation of progress on implementation of the Strategy 2012-2017, Dr Halpaap explained TDR's review process and that a review or evaluation is commissioned by the JCB every 5 to 7 years. These reviews are considered positive and constructive in terms of improving and guiding the Programme. In addition to these external reviews, in 2009 TDR began monitoring internally through the Performance Assessment Framework, including integrating evaluation at project level. TDR external review is part of the WHO Evaluation Report. TDR was also ahead of WHO with implementation of risk management and staff career development. JCB mentioned that TDR's performance evaluation and reporting is best-in-class compared to similar reports in the international environment.
- From the list of almost 200 publications, recommended that the Results Report highlight a few publications showing the highest impact, which may be used to present to decision-makers in a more condensed form, especially for advocacy, policy change and decision-making.
- Asked whether development and utilization of TDR Global is being monitored, Dr Halpaap responded that the system has only been live since November 2016 yet the uptake of the platform is being monitored carefully. An external community engagement group has been created to help develop ways to engage former grantees and experts and to ensure people are being motivated to update their profiles. In addition, STAC recommended at its meeting in March that any new grantee must have their profile updated prior to receiving funds.
- The Risk Management Report was one of the pilot documents with a new cover format, as recommended by JCB39. No comments were received on this new format.

**Decisions**

- The 2016 TDR Results Report was approved.
- The 2016 Risk Management Report was approved.

**Recommendation**

- Recommended that the Results Report highlight selected publications showing the highest impact, especially for advocacy, policy change and decision-making.

## 5. Financial report 2016 and outlook 2017-2019

Dr Halpaap presented the financial report for 2016 and the outlook 2017-19, looking at financial performance in 2016 in the context of the WHO biennial 2016-2017 financial cycle, and subsequently moving to the 2018-2019 outlook.

***Key messages***

- Thanked the Comptroller, Nick Jeffreys, and his staff for their strong support of TDR.
- The revenue forecast for 2016-2017 was lowered slightly as a result of currency exchange losses.
- Noted that, as agreed, all delayed activities from 2014-2015 were completed in the first quarter of 2016.
- Noted the good implementation rate at the end of 2016 (54% of the available funds) across the programme and that the Strategic Development Fund had been fully implemented.
- Timelines were presented showing where TDR is now with approval of the Strategy and the Budget, and the start of implementation of both in January 2018.
- Moving forward with a portfolio of projects focusing on implementation research, working on team building, looking at risk management to address fundraising issues, and moving towards effective implementation of the 2016-2017 workplan, while preparing to implement the new Strategy.
- The revenue for 2018-2019 sees a gap both in undesignated and designated funds. TDR is working in a systematic way to raise further funds.

***Discussion points on the financial report***

- The JCB expressed thanks to Dr Halpaap for her very clear report.
- Requested additional information on the funds being utilized for the Health Product R&D Fund demonstration projects.
- Dr Halpaap confirmed that the Designated Funding Policy is being adhered to, ensuring that designated funds contribute to the overhead costs of the Programme and to salary costs.
- Discussed the fluctuation of currency exchanges and how this impacts on forecasting income. WHO's policy allows cash hedging only if there is a written, unconditional agreement. The vast majority of TDR's contributions do not satisfy this criterion. Partial commitments in US dollars would reduce the currency risk, as TDR's budget is in dollars, however this is not feasible for all contributors.
- Following the policy of WHO, a working capital of US\$ 8 million is set aside as a liability to cover salary costs. This also gives some flexibility to address cash flow issues faced with uncertainty of

income timing. TDR's forecast for 2018-2019 is at a conservative level to try and avoid any further surprises from fluctuation.

- Thanked TDR for its work on the Health Product R&D Fund which has raised the credibility and visibility of the Programme. The Health R&D Fund report has been downloaded more than 2800 times; the financial modelling was used in the development of the financial workstream of the R&D blueprint for action to prevent epidemics and improve safety; and the product profile directory currently under development will form part of the priority setting mechanism put in place by WHO for the newly established Committee on Health R&D.
- Encouraged the Secretariat to continue collaborating with WHO and other actors to develop a generic form for proposals to be used in product R&D and the product profile directory which is beyond the Health Product R&D Fund.
- Enquired how the risk of funding in different currencies is mitigated in terms of project quality and performance, Dr Halpaap responded that the terms of any contract usually include payment in several tranches, with each subsequent payment based on performance to date. In terms of monitoring the projects, site visits are organized whenever necessary, in addition to financial and technical reporting being reviewed by our external review committees, which helps to ensure quality. Dr Reeder added that audits are performed in some institutions as part of TDR's capacity strengthening process. An audit team sits with the people in the institution to help strengthen their systems as well as to strengthen financial accountability and the courses they provide.

#### Decision

- **The 2016 financial reports were approved.**

### **Item 4. New TDR Strategy 2018-2023**

Dr Reeder presented the new Strategy and proposed adjustments to TDR's structure to operationalize it.

#### **Key messages**

- Specific recommendations from the External Review that helped guide the new Strategy were:
  - Continue the focus on implementation research
  - Seek to clarify precisely what TDR means by implementation research
  - Clearly outline approaches to partnerships
  - Ensure TDR's structure is appropriate for its strategic focus
- Development of the Strategy began with ideas for themes suggested by TDR staff, the people doing the work. The resulting draft document was then shared with a wide range of TDR stakeholders for input over a period of several months, taking into consideration all of the comments and suggestions, before reaching the version presented for approval. The Strategy describes TDR's niche in the global health research environment based on the organization's track record, current values, where it works and where it is moving forward and will serve as the principles around which biennial workplans are created.
- During the six year period of the Strategy, three biennial workplans will be produced. In addition, a brochure or advocacy document will be drafted summarizing the projects to be worked on during each 2-year period, which can be used for fundraising.

- TDR's vision has not changed; and is still working predominately on infectious diseases of poverty. Research is the tool that can improve health. The Mission Statement focuses on supporting and facilitating the effort and translation of research data into action.
- TDR's specific impact goals are to:
  - Increase access to health interventions
  - Accelerate the development of innovative tools, solutions and implementation strategies
  - Build a critical mass of researchers in disease-affected countries
  - Engage a broader global community
- TDR is unique in that it brings research support, research capacity strengthening and global engagement together. Rather than fragmenting or competing with these elements, TDR brings them together as a driving force between getting research for improved control and treatment while increasing the capacity of countries to be able to do this for themselves.
- Responding to TDR scientific committees: How can TDR describe its programme? What should TDR be doing?
  - Research for policy
  - Research for implementation
  - Research for innovation
  - Research for integrated approaches
- Global Engagement is a new name to highlight the fact that TDR's research and capacity strengthening must be closely integrated with the global context and while TDR must focus on some specific areas of activity, it must also involve itself in the broader global health debate. Moving this area to the Director's Office will give it a higher profile.
- TDR shares WHO's research strategy principles of impact, quality and inclusiveness. TDR's priorities are intentionally not disease specific so that they can respond to the disease priorities of the affected countries and build support around them.
- TDR's partnership model is now even stronger. The 2016 Results Report shows the number of outputs and achievements in 2016, which are equal to any year over the past 10 years, a great achievement considering that seven years ago TDR had three times the number of staff. TDR now works more strongly through partners and expands the reach of individuals within the Secretariat, with staff managing the research, taking responsibility for a number of projects at the same time.
- TDR's structure was questioned by the external review and discussed at length at SWGs, STAC and SC. The question being repeatedly asked is whether the current form is the best fit for the new strategic function. The resulting adjusted organigram is very simple, with three clearly identified work areas. There are no financial implications of the suggested structure and no change in the number of staff positions.

### ***Discussion points***

- JCB thanked the Director for his presentation and congratulated all contributors to the Strategy.
- Suggested TDR find ways to reach out to young researchers and up-and-coming institutions not already aware of the Programme, to let them know about TDR's work and the opportunities TDR offers. Communications such as the eNews are currently only sent to those on TDR's list, people who already know TDR. Attending international conferences and connecting to networks in countries or regional networks are ways for TDR to become better known. JCB members and observers could also advocate for TDR within their own country or region.

- Where does TDR work and what are the priorities? TDR is no longer looking only at low-income countries. Often populations within middle-income countries are also neglected and at risk. To avoid identifying specific countries, consider identifying a core of less serviced countries, such as Portuguese-speaking African countries or targeting an area such as Central Africa.
- Encouraged TDR to seek synergies and work more closely with UNITAID to connect the needs of the country with the needs of the research and innovation community.
- With the global threat of emerging and re-emerging diseases as a result of climate change, research on this should be considered not only in endemic or low-income countries, but in any country which is at risk.
- In response to a suggestion to develop a tool for sharing experiences, good practices, lessons learned, etc., TDR will explore the possibility of expanding what is already available, including through publishing negative data.
- Africa is lagging behind in terms of research. Human resources need to be strengthened and TDR should be able to support countries in this area. Countries want to have their own research programmes but often do not have the necessary skills and resources. The important role that TDR could play is not always understood by governments. African governments have financial resources available to strengthen the work of TDR.
- Responding to a suggestion that TDR looks at how it works with WHO's disease programmes that may be considering doing research and ensuring consideration of the principles TDR is espousing, confirmed that NTD, STB and GMP have their own research agendas and that regular discussions do take place to ensure coherence.

#### Decision

- **The 2018-2023 Strategy and proposed adjustments were approved with some recommendations.**

#### Recommendations

- **Recommended that implementation of the new Strategy address endemic and emerging diseases, particularly in the poorest countries and among the most vulnerable populations.**
- **Recommended improving collaboration and visibility in WHO regions, particularly in the African region.**
- **Recommended that TDR develop a version of the new Strategy that can be used in communicating with current and potential funders, with specific examples of activities and expected results as part of its implementation.**
- **Recommended using the new Strategy as an opportunity to further engage with WHO departments and research programmes.**

## Item 5. Programme budget and workplans 2018-2019

Dr Reeder presented the Programme budget and workplans for 2018-2019, providing an overview of budget scenario levels, prioritization, the proposed budget and resource mobilization.

### *Key messages*

- While some projects are phasing out, TDR's principles will not change as new projects come in to line up with the strategy.
- Planning is the result of a range of information from different sources. With no shortage of priorities, TDR's greater challenge is to decide what should be taken on.

### *Discussion points*

- The JCB thanked Dr Reeder for his clear presentation.
- Suggested looking at ways to use in-kind contributions, such as technical persons coming to work in WHO, which would benefit both the expert and WHO.
- In response to the suggestion that TDR seek resource mobilization opportunities at country level, mentioned that TDR is opening dialogue with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) for funds to support TDR-led implementation research training activities such as SORT IT. A commissioned report was developed last year that went to countries receiving Global Fund grants asking why they did not include implementation research. The response was that they feared adding a research element may reduce their chance of getting a grant. One of the advances through TDR's dialogue is that the Global Fund now acknowledges the importance of implementation research and making it policy.

#### Decision

- **The Programme Budget and Workplan for the 2018-2019 biennium were approved.**

#### Recommendation

- **Recommended exploring various strategies for resource mobilization, including through country offices of WHO and possible in-kind contributions.**

## Item 6. Summary of decisions and recommendations

### *Key messages*

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

## Item 7. TDR Research and Capacity Building Making Impact in West Africa. Moderated technical session and Q&A

Dr Garry Aslanyan, TDR Partnerships and Governance Manager, moderated this session. Dr Olumide Ogundahunsi, Scientist in the Research Capacity Strengthening & Knowledge Management team and Dr Corinne Merle, Scientist in the Intervention and Implementation Research team, provided an overview and background.

Professor Margaret Gyapong, Director of the Centre for Health Policy and Implementation Research at the University of Health and Allied Sciences in Ho, Ghana, presented on the Access and Delivery

Partnership – TDR, UNDP and PATH partnering for enhanced access and delivery of health technologies for addressing TB, malaria, NTDs and other health priorities through a stakeholder involvement and capacity building approach in Ghana. The implementation research study design was exported from Ghana to other countries through courses and capacity building programmes at different universities in West Africa, as well as within the INDEPTH network. Professor Oumou Bah Sow, Head of the Department of Pneumo-phthisiology of the University Hospital of Conakry in Guinea and elected by the National Tuberculosis Programme managers of the West-African countries as Co-chair of the West African Regional Network for TB control (WARN-TB), presented on WARN-TB: making a difference at regional and country levels.

### **Discussion points**

- JCB thanked the presenters for the very interesting session, providing practical examples on achievements to report back to their ministries.
- Asked whether the research centres were part of the health structure and about their funding, Professor Gyapong explained that in Ghana the Ministry of Health is the policy formulating arm, while Ghana Health Services, where the research division sits, is the implementing arm. Although they do their own independent research, the focus of the three research institutes is to ensure that research meets the needs of the country. Funded through the Ministry, they are beginning to use funds for implementation research from the monitoring and evaluation component of grants from sources such as the Global Fund.
- Questions were raised about the sustainability of WARN TB, with funding currently available being sufficient for the mid-term but not for the long term. The 16 countries that are part of WARN-TB, covering a population of roughly 340 million, have started to include operational and implementation research in their planning, and donors need to understand the need to fund this kind of research in support of disease control programme interventions.
- Asked about the availability of the TDR created MOOC on implementation research, TDR Secretariat mentioned the last quarter of 2017 for its launch.

## **Item 8. Update from TDR co-sponsors**

### **Key messages**

- On behalf of UNICEF, Ms Marilena Viviani, Director of the Geneva Liaison Office, mentioned:
  - Changes in UNICEF's research structure, including a focus on child obesity and child TB
  - UNICEF's health strategy for 2016-2030, aligned with the SDGs, including a focus on capacity development, an equity agenda and social accountability
  - New research guidance and procedures, including a focus on digital health
  - New and existing research partnerships
  - Potential work with TDR in social innovation in health care delivery, implementation research capacity building in countries, like SORT-IT, and TB
- On behalf of UNDP, Dr Tenu Avafia, Team Leader: Human Rights, Law and Treatment Access, HIV, Health and Development Group, gave an overview of recent developments of interest at UNDP, including appointment of the new UNDP Administrator and development of the 2018-2021 Strategic Plan, and also mentioned:
  - UNDP is partnering with Japan on both the GHIT Fund (product and development partnership bringing together the Government of Japan, the Bill & Melinda Gates Foundation, many Japanese pharmaceutical and industry) and the Access and Delivery Partnership (ADP).
    - The GHIT Fund stimulates innovation and R&D for new health technologies for TB, malaria & NTDs

- ADP assists LMICs strengthen capacities for the introduction and absorption of new health technologies into the health system
- UNDP is working in partnership with TDR on the Access and Delivery Partnership. UNDP's role is to strengthen the capacity of countries to promote enabling legal policy and regulatory environment and cross-sectoral coherence between different ministries to facilitate the entry of health technologies into systems, while TDR's role is to support countries to undertake implementation and delivery research as well pharmacovigilance capacity strengthening.
- On behalf of WHO, Dr Ren mentioned items related both to the Organization and more specifically to the HTM Cluster:
  - New Director-General Dr Tedros Adhanom Ghebreyesus takes office in July
  - The Government of Turkey has recently agreed to establish a new WHO Office for Humanitarian and Health Emergencies Preparedness.
  - Co-chaired by the UN Deputy Secretary-General and the Director-General of WHO, the first meeting of the interagency coordination group on antimicrobial resistance took place in May 2017
  - WHO launched the Global Observatory on Health Research and Development
  - WHO's global flagship publication, the 2017 World Health Statistics report, was published in May, compiling data on 21 health-related SDG targets

And more specifically to HTM:

- Following adoption of a resolution on the *Global vector control response 2017-2030*, work is under way to conduct a national needs assessment and draft an implementation plan to take forward the response
- Working closely with other Clusters to align WHO's work on AMR, emergency response, health systems strengthening and universal health coverage, as well as strengthening collaboration with UNITAID, the Global Fund and other partners
- Published a comprehensive global report on viral hepatitis, including the first WHO estimates on hepatitis-related disease burden and trends
- Hosted a global partners meeting on neglected tropical diseases, where the Fourth WHO Report on NTDs was launched and an announcement made that in 2015 alone, close to one billion people were treated for at least one NTD
- Preparing for the Global Ministerial Conference on TB, which will take place in Moscow, the Russian Federation on 16-17 November 2017

### **Discussion points**

- The JCB thanked the co-sponsors for their updates.
- Each of the co-sponsors outlined the added value of working with TDR.
- The JCB observed the absence of a representative of the World Bank and encouraged the other co-sponsors to enquire about an update from the Bank on its activities.

## Item 9. TDR Governance

Ms Anne Mazur, WHO's Principal Legal Officer, presented items 9.1 and 9.2 and conducted the elections of new JCB members.

### 1. Selection of four members of the JCB according to 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 2018, the Governments of:
  - (1) Malaysia (re-elected)
  - (2) Nigeria (re-elected) \*
  - (3) India and Thailand Constituency (re-elected)
  - (4) Norway and Switzerland Constituency (re-elected)
- \* the Government of Nigeria was formerly a member of a Constituency with the Government of Ghana (2010-2017)
- JCB resource contributors agreed to Spain joining Panama in a constituency for the remaining duration of Panama's term, until 31 December 2020.

### 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 2018, the following cooperating parties:
  - (1) DNDi (re-elected)
  - (2) INDEPTH Network (elected)

#### Recommendation

- Recommended that the Secretariat further explore the process of encouraging the formation of constituencies to broaden participation of interested parties.

### 3. Membership of the Scientific and Technical Advisory Committee (STAC)

Presented by Dr Aslanyan.

#### ***Key messages***

- Over 200 applications were received in response to a call for nominations for 2018 STAC membership. In consultation with Chair STAC, the following areas of expertise were identified:
  - Implementation research and public health research for policy development and change
  - Research on vector-borne diseases
  - Innovative research capacity building/strengthening and research ethics
  - Science, technology, innovation and global health policy and management
  - Social/behavioural sciences research and health economics/health systems research
- The proposed list of members from 1 January 2018 will be presented to the Standing Committee in November this year.

### Item 10. Summary of decisions and recommendations

#### ***Key messages***

- The Rapporteur presented the decisions and key recommendations of JCB40 which were noted with thanks by the Board.

### Item 11. Closing session

#### ***Concluding remarks***

- In his closing remarks, Dr Ren congratulated the Board on a productive meeting, particularly the approval of the new Strategy 2018-2023, and thanked members for their support to TDR.
- The Chair concluded that the meeting achieved its objectives and thanked members and observers for their active participation in the JCB meeting. The Chair re-emphasized that all members and observers can be ambassadors for TDR by promoting TDR's work wherever they may be and wished them safe travels.
- The Chair further thanked Dr Ren for his encouraging closing remarks, the Vice-Chair, the Rapporteur, the Secretariat, the invited presenters of projects, the interpreters, the operators and the delegates for a productive meeting.

#### **Decisions**

- **Confirmed that JCB41 will take place in Geneva from 18-20 June 2018.**
- **Agreed that JCB42 will take place in Geneva from 24-26 June 2019.**

### III. Full list of decisions and recommendations

#### Decisions

1. Dr Modest Mulenga (representative of Zambia) was elected as Chair for a term of 3 years.
2. Dr Vic Arendt (representative of the constituency of Germany and Luxembourg) was elected as Vice-Chair for a term of 2 years.
3. Dr Susanna Hausmann (representative of the constituency of Norway and Switzerland) was appointed Rapporteur for JCB40.
4. The Agenda of JCB40 was adopted as presented.
5. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
6. The 2016 Annual Report was approved.
7. The report of the Standing Committee was endorsed.
8. The report of STAC was endorsed.
9. The 2016 TDR Results Report was approved.
10. The 2016 Risk Management Report was approved.
11. The 2016 financial reports were approved.
12. The 2018-2023 Strategy and proposed adjustments were approved with some recommendations.
13. The Programme Budget and Workplan for the 2018-2019 biennium were approved.
14. JCB resource contributors selected for membership under paragraph 2.2.1 of the MOU, for a four-year term beginning 1 January 2018, the Governments of:
  - (1) Malaysia (re-elected)
  - (2) Nigeria (re-elected) \*
  - (3) India and Thailand Constituency (re-elected)
  - (4) Norway and Switzerland Constituency (re-elected)
15. JCB resource contributors agreed to Spain joining Panama in a constituency for the remaining duration of Panama's term, until 31 December 2020.
16. JCB selected for membership under paragraph 2.2.3 of the MOU, for a four-year term beginning 1 January 2018, the following cooperating parties:
  - (1) DNDi (re-elected)
  - (2) INDEPTH Network (elected)
17. Confirmed that JCB41 will take place in Geneva from 18-20 June 2018.
18. Agreed that JCB42 will take place in Geneva from 24-26 June 2019.

#### Recommendations

1. Recommended that the Results Report highlight selected publications showing the highest impact, especially for advocacy, policy change and decision-making.
2. Recommended that implementation of the new Strategy address endemic and emerging diseases, particularly in the poorest countries and among the most vulnerable populations.
3. Recommended improving collaboration and visibility in WHO regions, particularly in the African region.
4. Recommended that TDR develop a version of the new Strategy that can be used in communicating with current and potential funders, with specific examples of activities and expected results as part of its implementation.
5. Recommended using the new Strategy as an opportunity to further engage with WHO departments and research programmes.
6. Recommended exploring various strategies for resource mobilization, including through country offices of WHO and possible in-kind contributions.
7. Recommended that the Secretariat further explore the process of encouraging the formation of constituencies to broaden participation of interested parties.

## **IV Annexes**

## Annex 1 – Agenda

PRE-MEETING DAY, Monday, 19 June 2017			
From 08:00	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION		
15:00	REFRESHMENTS AVAILABLE		
15:00-17:00	<b>Briefing session</b> D46025 (4 <sup>th</sup> floor, UNAIDS / D building). Coffee available from 15:00. <i>Introductory briefing for JCB participants, primarily new members, who wish to acquaint themselves with the Programme and the processes and functions of the Board. This is also an opportunity for Disease Endemic Country and Resource Contributor group members to meet informally should they wish to do so. Interpretation will not be provided for this session.</i>		
Tuesday, 20 June 2017			
Time	Agenda item	Action / Information	Reference Documents
08:00-08:45	BADGE COLLECTION FROM WHO SECURITY – BEHIND MAIN ENTRANCE RECEPTION		
09:00-09:15	<b><u>Opening Session</u></b> <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	<b>1. Statutory business</b> <i>In accordance with the TDR Memorandum of Understanding, the Chair of JCB will be elected for a three-year term of office and the Vice-Chair of JCB will be elected for a two-year term of office.</i>  1.1 Election of the Chair and Vice-Chair; appointment of the Rapporteur  1.2 Adoption of the Agenda  1.3 Declarations of interests	<b>Election of Chair and Vice-Chair from among the JCB members</b>  <b>Appointment of the Rapporteur</b>  <b>Adoption of agenda</b>	Draft Agenda TDR/JCB40/17.1 Draft Annotated Agenda TDR/JCB40/17.1a
09:30-09:45	<b>2. Report by the outgoing Chair of the Joint Coordinating Board, including any decisions between sessions of the JCB</b> <i>Professor Hannah Akuffo, Chair of JCB37, JCB38 and JCB39, will report on her activities as Chair since the Thirty-ninth session.</i>	<b>Information</b>	Report of JCB39, June 2016 TDR/JCB39/16.3
09:45-10:30	<b>3. Progress since JCB39</b> 3.1 Director's report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB39 and the TDR Director's report.</i>	<b>Information and endorsement</b>	TDR 2016 Annual Report  Follow-up to the JCB39 decisions and recommendations TDR/JCB40/17.4
JCB photo (on the stairs outside the EB room)			
10:30-11:00	COFFEE BREAK		

Tuesday, 20 June 2017 (continued)			
Time	Agenda item	Action / Information	Reference Documents
11:00-11:15	3.2 Report of the Standing Committee <i>Dr Tenu Avafia, UNDP, will report on the Standing Committee's activities since JCB39.</i>	Information	Standing Committee 100 decisions and recommendations TDR/SC100/16.3 Standing Committee 101 decisions and recommendations TDR/SC101/17.3
11:15-11:30	3.3 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 STAC39 TDR/STAC39/17.3 <b>STAC SharePoint:</b> <a href="http://workspace.who.int/sites/TDR-Governance/stac/">http://workspace.who.int/sites/TDR-Governance/stac/</a> Username: TDR-STAC Password: TDR-STAC
11:30-12:00	3.4 Programme performance overview ▪ Key performance indicators 2016 ▪ Risk management <i>Dr Beatrice Halpaap, TDR Programme and Portfolio Manager, will present this item.</i>	Information and endorsement	2016 TDR Results Report TDR/STRA/17.1 TDR Risk Management Report, 2016 TDR/JCB40/17.5
12:00-13:00	3.5 Financial report 2016 and outlook 2017-2019 ▪ Financial report 2016 ▪ Outlook 2017-2019 <i>Dr Beatrice Halpaap will present the 2016 financial report, certified by the WHO Comptroller, and the financial outlook 2017-2019</i>	Information and endorsement	2016 Financial Report, Outlook 2017-2019 and Certified Financial Statement for the year ended 31 December 2016 TDR/JCB40/17.6 Research and Development pooled fund development phase, 2016 Financial report and Certified Financial Statement for the year ended 31 December 2016 TDR/JCB40/17.7 <b>Information only:</b> TDR Programme budget and workplan 2016-2017 TDR/JCB38/15.7 WHO mid-term Programmatic and Financial Report for 2016–2017, including audited financial statements for 2016 <a href="#">A70/40</a> (WHA)
13:00-14:30	<b>LUNCH BREAK</b>		
14:30-16:00	4. <b>New TDR Strategy 2018-2023</b> <i>Dr Reeder will present the Strategy and proposed adjustments to TDR's structure to operationalize it</i>	Information and endorsement	Draft Strategy TDR/STRA/17.3 Proposed adjustments to TDR's structure to operationalize the Strategy 2018-2023 TDR/JCB40/17.14

Tuesday, 20 June 2017 (continued)			
Time	Agenda item	Action / Information	Reference Documents
16:00-16:30	COFFEE BREAK		
16:30-17:00	<b>5. Programme budget and workplans 2018-2019</b> <i>Dr Reeder will present the Programme budget and workplans for 2018-2019.</i>	Endorsement	TDR Programme Budget and Workplans for the 2018-2019 Biennium TDR/JCB40/17.9 <b>Information only:</b> TDR Portfolio of Expected Results for 2018-2019 TDR/STAC39/17.10 WHO Proposed Programme Budget 2018–2019 (p.5) <a href="#">A70/7</a> (WHA) Draft resolution: Programme budget 2018-2019 <a href="#">A70/7 Add.1 Rev.1</a> (WHA)
17:00-17:15	<b>6. Summary of decisions and recommendations of Day 1</b> <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, 21 June 2017			
Time	Agenda item	Action / Information	Reference Documents
09:00-09:45	<b>Meeting of disease endemic country representatives (Salle C, 5<sup>th</sup> floor of the main building)</b> Chaired by the DEC representative on the JCB, Dr Brice Bicaba (Burkina Faso) <i>Interpretation will be provided in English and French.</i>		
09:50-10:30	<b>Meeting of TDR resource contributors (Indian Room – next to the Executive Board Room)</b> Chaired by the RC representative on the JCB, Dr Sue Kinn (United Kingdom)		
10:30-11:00	COFFEE BREAK		
11:00-12:15	<b>7. TDR Research and Capacity Building Making Impact in West Africa.</b> <b>Moderated technical session and Q&amp;A</b> <i>Dr Garry Aslanyan, Manager, Partnerships and Governance, will moderate this session.</i> Overview and background <i>Dr Olumide Ogundahunsi, Scientist, Research Capacity Strengthening &amp; Knowledge Management and Dr Corinne Merle, Scientist, Intervention and Implementation Research will provide the overview and background</i>	Information	

Wednesday, 21 June 2017 (continued)			
Time	Agenda item	Action / Information	Reference Documents
11:00-12:15	<p><b>7. Moderated technical session: TDR Research and Capacity Building – Making Impact in West Africa (continued)</b></p> <p>Access and Delivery Partnership – TDR, UNDP and PATH partnering for enhanced access to innovation in countries.</p> <p><i>Presented by Professor Margaret Gyapong, Director, Centre for Health Policy and Implementation Research, University of Health and Allied Sciences, Ho, Ghana</i></p> <p>WARN-TB: making difference at regional and country levels.</p> <p><i>Presented by Prof Oumou Bah Sow, Head of the department of Pneumo-phthisiology of the University Hospital of Conakry, Guinea &amp; elected by the NTP managers of the WA countries as Co-chair of the West African Regional Network for TB control (WARN-TB)</i></p>		
12:15-14:00	<b>LUNCH BREAK</b>		
14:00-14:30	<p><b>8. Update from TDR co-sponsors</b></p> <p>8.1 UNICEF - <i>Ms Marilena Viviani</i></p> <p>8.2 UNDP – <i>Dr Tenu Avafia</i></p> <p>8.3 World Bank -</p> <p>8.4 WHO - <i>Dr Ren Minghui, ADG/HTM and TDR Special Programme Coordinator</i></p>	Information	
14:30-15:15	<p><b>9. TDR Governance</b></p> <p>9.1 Selection of four members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding</p> <p>9.2 Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding</p> <p><i>Ms Anne Mazur, Principal Legal Officer, will present items 9.1 and 9.2.</i></p> <p>9.3 Membership of the Scientific and Technical Advisory Committee (STAC)</p> <p><i>Dr Garry Aslanyan will present this item.</i></p>	<p>Selection of JCB members</p> <p>Information</p>	<p>Note on the membership of the JCB</p> <p>TDR/JCB40/17.9</p> <p>JCB membership wheel</p> <p>TDR/JCB40/17.10</p> <p>History of Membership on TDR's Joint Coordinating Board, 1978-2017</p> <p>TDR/JCB40/17.11</p> <p>TDR Memorandum of Understanding</p> <p>TDR/CP/78.5/Rev.2013/rev1</p> <p>Refer to additional background documentation for the current list of JCB membership</p> <p>Current STAC Membership</p> <p>TDR/JCB40/17.12</p> <p>Call for nominations for STAC Membership</p> <p>TDR/JCB40/17.13</p>

Wednesday, 21 June 2017 (continued)			
Time	Agenda item	Action / Information	Reference Documents
15:15-15:45	COFFEE BREAK		
15:45-16:15	<b>10. Summary of decisions and recommendations of Day 2</b>  <i>The Rapporteur will present a summary of the decisions and recommendations of Day 2.</i>	Endorsement	
16:15-16:30	<b>11. Closing Session</b>  Date and place of JCB41 and JCB42 <i>As agreed at JCB39, JCB41 will be held from 18-20 June 2018. It is proposed that JCB42 will be held from 24-26 June 2019. Both meetings will be held in Geneva.</i>  Any other business  Concluding remarks by Dr Ren Minghui, ADG/HTM and TDR Special Programme Coordinator  Concluding remarks by Chair JCB	Decision	

## Annex 2 – List of participants

### MEMBERS

#### Afghanistan

Dr Sayed Ataullah SAEEDZAI

Acting Evaluation and 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

Monsieur Geert MUYLLE

Représentant permanent de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

Dr Marc HEIRMAN

Conseiller (Santé et Environnement), Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève, Switzerland

#### Burkina Faso

Dr Brice Wilfried BICABA

Médecin de santé publique, Directeur de la lutte contre la maladie, Ministère de la santé, Ouagadougou

#### China

Not able to attend.

#### Comoros

Dr Ahmed OULEDI

Enseignant chercheur à l'Université des Comores, Moroni

#### Cuba

Dr Jorge PÉREZ AVILA

General Director, Instituto de Medicina Tropical “Pedro Kourí” (IPK), La Habana

Dr Belkis ROMEU

Third Secretary, Health Attaché, Permanent Mission of the Republic of Cuba to the United Nations Office and other International Organizations in Switzerland

## Drugs for Neglected Diseases *initiative* (DNDi)

Dr Bernard PÉCOUL

Executive Director, Drugs for Neglected Diseases *initiative* (DNDi), Geneva

## Fiji

Dr Eric RAFAI

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

## Germany and Luxembourg Constituency

Dr Vic ARENDT

ID Consultant, Ministère des Affaires étrangères, Wandhaff, Luxembourg

Professor Rolf KORTE

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

Dr Ulrike BUßHOFF

Senior Scientific Officer, German Federal Ministry of Education and Research (BMBF), DLR Project Management Agency, Health Research, Bonn, Germany

Mr Hendrik SCHMITZ GUINOTE

Counsellor, Development Policy, Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva

Mr Jonas FRITZ

Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva

## Ghana and Nigeria Constituency

Not able to attend.

## India and Thailand Constituency

Ms Benjaporn NIYOMNAITHAM

Permanent Mission of Thailand to the United Nations Office and other International Organizations in Geneva

## Japan

Dr Kenji HIRAYAMA

Professor, Department of Immunogenetics, Institute of Tropical Medicine, Nagasaki University, Nagasaki City

Dr Hiroki NAKATANI

Project Professor, Keio University, 2-15-45 Mita, Minato-ku, Tokyo

## Malaysia

Not able to attend.

## Maldives

Dr Ibrahim AFZAL

Epidemiologist, Health Protection Agency, Ministry of Health, Malé

## Mexico

Mrs Liliana PADILLA RODRÍGUEZ

Second Secretary, Head of Health Section, Permanent Mission of Mexico to the United Nations Office at Geneva and other International Organizations having their Headquarters in Switzerland

## Panama

Dr Nestor SOSA

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

## Peru

Dr Máximo Manuel ESPINOZA SILVA

Director General, Centro Nacional de Salud Pública, Instituto Nacional de Salud, Lima

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### Annex 3 – JCB membership from 1 January 2018

