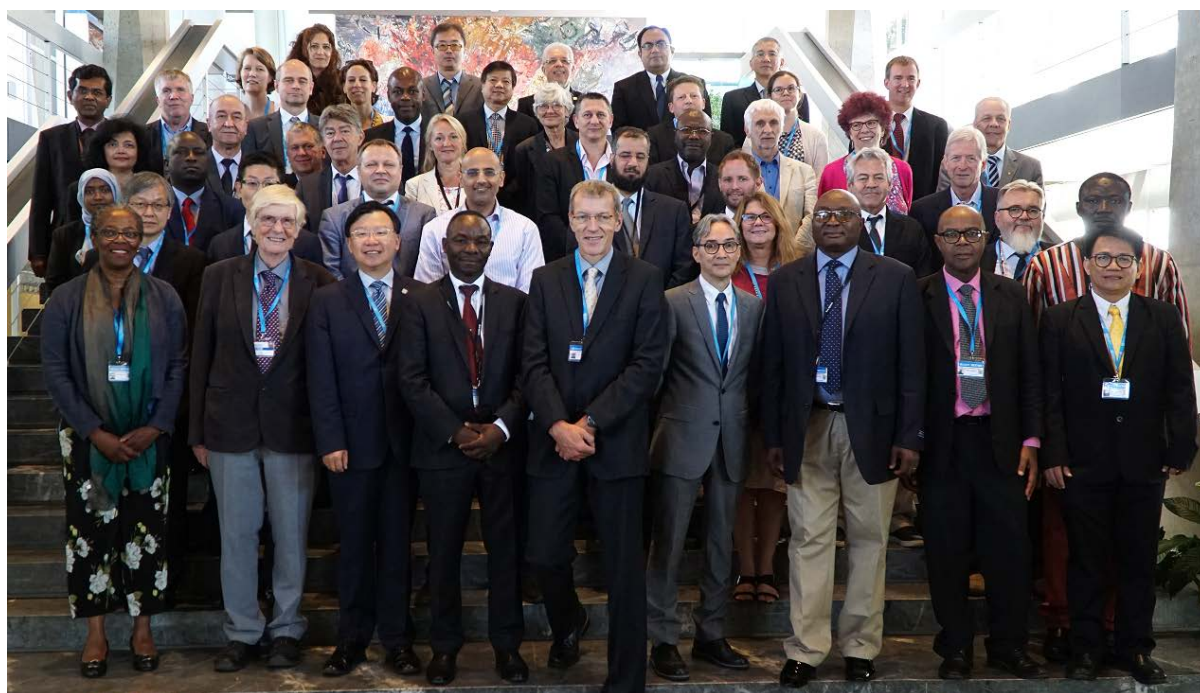


REPORT OF THE FORTY-FIRST SESSION OF THE **JOINT COORDINATING BOARD**



**WHO headquarters
Geneva, Switzerland
19-20 June 2018**

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I. Introduction

The Forty-first 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 19 and 20 June 2018. The session was chaired by Dr Modest Mulenga of Zambia, and was attended by all JCB members except Afghanistan, Cuba, Suriname 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 JCB41 focused on TDR's achievements since JCB40 and plans from 2019 onwards. Important decisions taken included approval of the Annual Report, the Results and Risk Management reports, the Performance Framework 2018-2023 and the financial reports.

II. Summary of proceedings

Item 1. Opening of the Board

Key messages

- In his opening remarks, **Dr Modest Mulenga**, Chair of the Board, welcomed JCB members and observers. A special welcome was extended to INDEPTH Network as a new member of the JCB in 2018.
- **Dr Soumya Swaminathan**, World Health Organization (WHO) Deputy Director-General for Programmes, welcomed the delegates on behalf of WHO. Dr Swaminathan 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. In 2017, TDR delivered a range of big achievements. An example where TDR played a leading role was the development of moxidectin, which was recently approved by the United States Food and Drug Administration for onchocerciasis treatment, and may play a significant role in the elimination of river blindness.

WHO's transformation agenda focuses on delivering impact in countries. The new operational model being developed aims at making the Organization more fit to implement the Thirteenth General Programme of Work (GPW13), especially at WHO headquarters.

The research groups in WHO, including TDR, have been discussing how they will work together towards a WHO research strategy in line with GPW13. JCB was encouraged to consider this in their deliberations. As part of the transformation, the Director-General decided to freeze the restructuring of TDR until WHO finalizes its new operational model and reorganization, which is expected to happen before the end of this year.

- **Dr Ren Minghui**, WHO Assistant Director-General for Communicable Diseases (CDS) and TDR Special Programme Coordinator, spoke about the appreciation of TDR's work and that TDR's work is critical to the success and sustainability of all disease control programmes. He enumerated significant TDR achievements in 2017 and congratulated the staff.

WHO's new operational model should be finalized in a matter of weeks, which will allow the implementation of TDR's new structure as approved by the JCB and the Standing Committee.

- **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 and Technical Advisory Committee (STAC) and the Scientific Working Groups (SWGs),

and encouraged discussions between TDR staff and participants. He also thanked JCB 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 2. Statutory business

1. Appointment of the Rapporteur

The Chair explained the process of appointing a rapporteur.

Dr Ahmed Ouledi was subsequently appointed Rapporteur of JCB41.

Decisions

- **Appointed Dr Ahmed Ouledi (representative of Comoros) as Rapporteur for JCB41.**

2. Adoption of the Agenda

The Draft Agenda of JCB41 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

- **Adopted the agenda of JCB41.**

3. Declarations of interests

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

Decision

- **Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.**

Item 3. Report by the Chair of the Joint Coordinating Board, including any decisions between sessions of the JCB

Key messages

- Dr Mulenga briefly presented some activities that took place since JCB40.
- Enumerated some achievements that prove TDR's unique position on the global health research stage: moxidectin being proven more effective than ivermectin in reducing skin microfilariae in river blindness, the important work on bringing together countries in West Africa (WARN-TB) and Central Africa (CARN-TB) to align their TB research priorities, the prequalification of artesunate suppositories for pre-referral treatment of children with severe malaria, and the pilot activity by TDR Global supporting the engagement of researchers and policy-makers in Zambia.

Item 4. Progress since JCB40

1. Director's report

Director TDR presented an overview of the Programme's achievements during the past year, including strong operational achievements and the new strategy under way.

Key messages

- Strong operational achievements in 2017 in all strategic areas: research, capacity strengthening and global engagement.
- Presented key achievements of each team, including: support for country preparedness for outbreaks; evidence for improved disease control and disease elimination in countries; creation of country-led regional networks for TB research in neglected regions; the impact of the Caribbean network on vector control in post-disaster surveillance; the adoption by TDR of the Research Fairness Index; and relocation of the centre of gravity towards disease endemic countries and regions through universities and regional training centres.
- Increased focus in the new strategy and the 2018 workplan for work supporting universal health coverage, such as the social innovation in health research project, or enhancing equity for women researchers. Working in partnerships and collaborations, such as with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and other WHO departments, with our co-sponsors UNICEF, UNDP and the World Bank, joint work with ESSENCE, TDR Global mobilizations, will continue and expand. A joint call for small research grants in Africa with the WHO Regional Office for Africa (AFRO) and the European & Developing Countries Clinical Trials Partnership (EDCTP) will be piloted soon.
- The three team leaders presented highlights of their respective team's achievements and ongoing work.
- The financial situation shows very good implementation of the 2016-2017 budget. A gap due to last minute decreases in the contributions from two major donors led to a contingency plan being developed, and the gap was covered proactively by other major donors increasing their contributions.
- The 2018-2019 funding looks secure if no decreases occur. For 2020-2021, at this point there is a US\$ 6 million gap, which highlights the need to encourage donors to continue providing funding at least at the current levels.
- The minor reorganization approved by the Standing Committee, the purpose of which was to bring the Programme's structure in line with the 2018-2023 strategy, was put on hold by the Director-General until WHO finalizes its new operational model.
- The TDR Performance Framework has been revised to align with TDR's strategy 2018-2023, with the Sustainable Development Goals (SDGs) and with co-sponsors' strategic objectives.
- The TDR working model has proven its value. With only 30 staff in TDR, over 900 people work on TDR projects in the field. Leveraged contributions from partners matched TDR expenditure dollar for dollar and reached an estimated US\$ 40 million in 2016-2017.

Discussion points

- WARN-TB identified some innovative models, such as the utilization of existing workers who deliver seasonal malaria control products to also look at suspected TB cases in the household. This was pioneered in some communities and adopted by others, while the cost-effectiveness of this method is being assessed.

- The development phases for moxidectin were described, and the contributions of TDR as well as Wyeth/Pfizer, Medicines Development for Global Health, the Global Health Investment Fund and other players were recognized. The need to continue work on the potential application of moxidectin to control and elimination schemes, as well as more implementation research in this direction, were emphasized. The WHO Department for the Control of Neglected Tropical Diseases (NTD) is considering moxidectin for various recommendations for use.
- The 2018-2023 strategy, the multisectoral approach promoted and the focus on SDGs, should all be recognized as a good way forward. UN system reform may bring the need to collaborate with other UN research programmes to raise the profile of research and evidence in policy-making. TDR is already collaborating with the United Nations University.
- The application of FENSA through some convoluted processes brought delays to some potential collaborations, which in the end had to be cancelled.
- TDR's role in bringing together 17 countries in West Africa to do an analysis and find a way forward in arbovirus vector control was particularly appreciated.

Decision

- **Approved the 2017 Annual Report.**

2. Report of the Standing Committee

Dr Ren Minghui, the current Chair of the Standing Committee (SC), summarized the decisions and recommendations as presented in SC documents arising from the two meetings which have taken place since JCB40.

Key messages

- The Standing Committee was involved in numerous decisions, such as adjusting the TDR organigram, approving the contingency planning for 2017-2019, revising the Performance Framework for 2018-2023, increasing the engagement of TDR with other global research initiatives.
- Strengthening TDR's co-sponsorship in topics of common interest: antimicrobial resistance, tuberculosis control, immunization, implementation research and social innovation in support of universal health coverage.
- Continued to discuss the impact of the WHO staff mobility policy as well as developing a strategic approach to resource mobilization.

Discussion points

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

Decision

- **Endorsed the report of the Standing Committee.**

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

Dr Reeder presented an overview of the work done by STAC during the past year on behalf of the Chair of STAC, Professor Charles Mgone, who was not able to attend.

Key messages

- Reminder that all STAC documents are available to JCB members online upon request.
- At its meeting in 2018, STAC reviewed different reports, including those from the scientific working groups (SWGs), and WHO technical departments regarding their collaborative work with TDR. At that meeting the STAC:
 - Endorsed the 2017 Results Report and Risk Management Report and the Performance Framework 2018-2023
 - Reviewed the financial report to ensure alignment with TDR's workplan
 - Amongst the STAC recommendations:
 - Harmonize and leverage at regional level between WHO regional offices, TDR regional training centres and the seven collaborating universities;
 - Increase the use of conceptual diagrams in annual and technical reporting;
 - Agreed that the global engagement activities be overseen by the existing scientific working groups and STAC; and
 - Implement immediately succession planning for all management positions in TDR.

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

- **Endorsed the report by Chair STAC.**

Item 5. WHO 13th Global Programme of Work and opportunities for TDR collaboration

Presented by Dr Bruce Aylward, Senior Adviser, Organizational Change, Office of the Director-General.

Key messages

- Presented the approach of the new WHO leadership towards transformative change, strategic goals and plans. Transformation, including the transition period, should be implemented by the end of 2019.
- The target date for WHO's Programme Budget 2020-2021 to be finalized, following consultation with regions, is November 2018.
- In the new process, country priorities will be central to budget and workplan development.

Discussion points

- It is encouraging to see that WHO is considering reducing bureaucratic procedures whenever possible to enhance efficiency.
- There is a need for reciprocal understanding of special programmes as independent generators of evidence for WHO to make informed decisions. WHO transformation is an opportunity to address JCB requests from the last few years that went largely unanswered, such as reducing the impact of staff mobility and implementing the decision to give TDR a light reorganization in line with its 2018-2023 strategy.
- Opportunities to be explored for collaboration with other UN-based research organizations to raise the profile of research on the UN reform agenda.
- TDR may consider exploring partnerships with UNDP country offices or other co-sponsors' local offices for a stronger country presence.

Item 6. TDR Programme performance overview and Risk Management update

Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the progress made in 2017 in several areas, including: context and performance assessment at TDR; technical achievements; application of TDR's core values; and enhancing management leadership.

Key messages

- The TDR Performance Framework guides monitoring and evaluation at Programme, work area and project level. It measures not only what TDR is doing, but also how it is doing it. Annual TDR Results Reports are based on the Performance Framework.
- TDR has achieved all the outcome and output indicators for the previous strategic plan 2012-2017.
- At the end of 2017, 89% of expected results were on track or achieved.
- Important deliverables started being used by countries or regions:
 - Rectal artesunate prequalified by WHO
 - WIN Aedes aegypti mapping tool used by 30 countries
 - Strengthened country research capacity:
 - CREDO – clinical evidence during outbreaks
 - WARN-TB (West Africa)
 - Health care delivery (Ghana, Indonesia and Tanzania)
 - Short-term grants
 - Dengue outbreak detection and response
- Other tools have been used to inform policy of global or regional stakeholders:
 - Global Vector Control Response resolution
 - New WHO definition of residual malaria based on TDR research
 - Caribbean network on Emerging Vector-Borne Diseases worked on Zika outbreak and hurricane consequences
- Management performance:
 - Aiming for alignment with the global agenda through TDR's Strategy 2018-2023, the Performance Framework and TDR's structural readjustment

- Managing risks, anticipating funding gaps, engaging with key donors at early stages
- Continuous performance improvement: Sixth External Review of TDR, recommendations embedded in the current strategy, development of eTDR system requirements, financial management skills strengthened
- The strength of the TDR's partnership model was illustrated in 2016-2017 by the leveraged contributions level, estimated at US\$ 40 million, equalling TDR's budget. For each TDR staff in Geneva, another 30 people worked on TDR projects in the field.
- TDR scored well on indicators of socioeconomic and gender equity. Compared to 2012 baseline, there were improvements in the percentage of: contracts awarded to DEC institutions; committee members from DEC; publications with first author from a DEC; women being awarded grants or contracts; women advisory committee members; and publications in open or free access. The only indicator that showed stagnation was the percentage of women as first author of publications.
- Proposing to close three of the risks as they are no longer relevant: Risk 11 (selection of TDR grantees), Risk 13 (implementation of the 2012-2017 strategy), and Risk 15 (hosting a pooled funding mechanism for R&D).
- Five remaining risks are fully controlled, two have minor issues and two have major issues (sustainability of income level and the impact of WHO staff mobility policy).
- TDR's Performance Framework 2018-2023 focuses on impact and aligns with TDR's strategy, the WHO GPW13, TDR co-sponsors' strategic plans and the Sustainable Development Goals (SDGs). The indicators were developed through thorough consultation with staff, donors, SWGs, STAC, SC, co-sponsors, JCB and other stakeholders.
- Revision adds more focus on impact (through SDG targets) and on equity (gender, vulnerable populations, persons with disability), as well as adding more qualitative information on the impact of publications and the value-for-money measures taken.

Discussion points

- Recognizing the difficulty of such a task, explore adding some qualitative measure of the impact TDR research has on countries.
- Congratulated TDR secretariat for being a road opener in WHO in terms of risk management.
- Strategies for fundraising both undesignated funding (UD) and designated funding (DF) need to be further implemented.

Decisions

- **Approved the 2017 TDR Results Report.**
- **Approved the 2017 TDR Risk Management Report.**
- **Approved the Performance Framework 2018-2023.**

Recommendation

- **Recommended exploring potential indicators to demonstrate the impact of TDR's research and expanding the communication of TDR impact and influence.**
- **Recommended modifying the wording of the risk regarding funding sustainability to add the risk coming from two major contributors providing almost half of the core funding.**

Item 7. Financial report 2016-2017 and outlook 2018-2021

Dr Halpaap presented the financial report for 2016-2017 and the outlook 2018-2021, looking at financial performance in the context of the WHO biennial 2016-2017 financial cycle and subsequently moving to the 2018-2021 outlook.

Key messages

- Thanked the Comptroller, Nick Jeffreys, and his staff for their strong support of TDR.
- 2016-2017 financial implementation at 94% of planned costs. Last minute reductions in UD income from decreased contributions by two major donors led to a contingency plan being developed in October 2017. Sweden and the United Kingdom of Great Britain and Northern Ireland increased their contributions for both 2017 and 2018-2019 to compensate for the unexpected decrease and allow TDR to implement its workplan as approved by the JCB in 2017.
- 2018-2019 implementation has started at the US\$ 40 million budget scenario level and work is ongoing at a good pace. Provided no unexpected decreases in funding occur this biennium, the funding for 2018-2019 is secured.
- For the biennium 2020-2021, the proposed budget scenario levels maintain the US\$ 40 million for the starting scenario and US\$ 50 million for the higher scenario. JCB was invited to discuss and endorse these budget levels.
- Presented the UD/DF split of each scenario and the funding forecast for 2020-2021. For the US\$ 40 million scenario, the forecast shows a potential gap of US\$ 6 million – considering the risk of a donor reducing their contribution and the risk of exchange rate fluctuation.
- Donors were encouraged to communicate with TDR as soon as they have knowledge of any reductions, to allow TDR to make the necessary adjustments.
- Governments contributing directly to WHO core funding should be aware that this funding does not come to TDR. Only voluntary contributions made directly to TDR fund the Programme's budget.

Discussion points on the financial report

- The JCB expressed thanks to Dr Halpaap for her very clear report.
- The Director's office has developed fundraising strategies for UD and DF. Efforts should continue to attract more funding.
- Personnel costs as shown in the graphs should be further split to show how much of personnel is dedicated to direct technical work versus programme support.
- The number of staff in Geneva is small, however, during 2016-2017 more than 900 people in the field worked on TDR projects, which is why the results are so impressive.
- A balance must be kept between the proportion of UD and DF so that TDR's strategy is driving the projects and not the other way around.
- The current way in which the risk on funding level sustainability is presented could be improved by adding the risk of having almost half of the core funding come from only two donors.
- TDR has made the best use possible of its position in the development of moxidectin by obtaining an agreement with the FDA license holder MDGH, that benefits from the priority review voucher sale be reinvested in further research and access for the drug.

- To support fundraising efforts by current donors, the secretariat should come up with innovative ways to acknowledge and give more visibility to core funding contributors when presenting reports or activities.
- Donors are welcome to request from the Secretariat specific information they need to fundraise within their government agencies.

Decisions

- **Approved the financial management report 2016-2017 and outlook 2018-2021, including the two budget scenario levels for 2020-2021.**
- **Approved the Research and Development Pooled Fund Development Phase Financial Report.**

Recommendations

- **Recommended identifying new ways to ensure the visibility of core fund contributors in specific TDR activities and reporting.**
- **Requested a further split in the financial report to show the proportion of technical personnel costs and operations support personnel costs.**

Item 8. Update from TDR co-sponsors

Key messages

- On behalf of UNICEF, Professor Debra Jackson, Senior Health Specialist, Officer in Charge, Implementation Research and Delivery Science Unit, Health Section, mentioned:
 - UNICEF's focus on implementation research and partnerships and the challenges in building the capacity of local institutions.
 - Collaborated with GAVI to embed implementation research in national programmes.
 - Will explore sending future calls for proposals to TDR Global members to enhance the collaboration between UNICEF and TDR.
- Professor Jackson also presented on behalf of the World Bank, mentioning:
 - Focus on children, maternal and adolescent health.
 - Global financing facility has a delivery science and implementation research programme which may be interesting for TDR to collaborate with.
- 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 the strategic plan 2018-2021, and also mentioned:
 - UNDP has an integrative role for UN presence at country level and is able to provide an operational backbone when needed.
 - A Memorandum of Understanding has been signed with WHO, covering the areas of universal health coverage, antimicrobial resistance, emergencies and the impact of climate change.
 - The UNDP-TDR-PATH collaboration within the ADP project, funded by GHIT Japan, has been successful and will be expanded to four new countries.

- On behalf of WHO, Dr Ren Minghui mentioned items related to both the Organization and, more specifically, the CDS Cluster:
 - Adoption of the GPW13 by the World Health Assembly in May covers 2019-2023
 - WHO is developing an SDG3 joint action plan with other UN agencies and public-private partnerships
 - A Global Preparedness Monitoring Board is being established by WHO and the World Bank

Discussion points

- The JCB thanked the co-sponsors for their updates.

Recommendations

- **Welcomed WHO's appreciation of the special programmes and requested that the decisions made by the JCB continue to be considered within hosting agency policies.**
- **Welcomed and appreciated the input provided by the co-sponsors and encouraged continued engagement of all TDR co-sponsors.**

Item 9. Summary of decisions and recommendations

- Decisions and recommendations of the first day were reviewed at the end of the second day.

Item 10. Moderated technical session and Q&A

Dr Garry Aslanyan, TDR Partnerships and Governance Manager, moderated this session.

Dr Razia Fatima, Chief of Research, National TB Control Programme, Ministry of Health, Pakistan, presented on the Structured Operational Research and Training Initiative (SORT IT) in Pakistan

Professor Hannah Akuffo, Co-Chair, ESSENCE on Health Research initiative and Senior Specialist, Research Cooperation, Swedish International Development Cooperation Agency (Sida) presented on ESSENCE@10: From Stockholm to Ottawa – reflections, successes, opportunities

Dr Razia Fatima presented the way SORT-IT catalysed a change in Pakistan's approach to embedding research in national programmes.

- The outcome of SORT-IT training and research is far-reaching. The scope has expanded from TB to other diseases (Hepatitis B and C, surveillance and health systems, HIV, family planning, diabetes, etc.).
- Research is now being used to solve bottlenecks and inform policy improvements.
- Mentoring, publishing and learning have all led to a change in culture over the past 5 years

Professor Hannah Akuffo presented on ESSENCE activities since its inception in 2008.

- Its purpose has evolved from being a coordination mechanism between funders to harmonizing and disseminating good practices in research and capacity strengthening for health and development
- Ten years later, a number of organizations are utilizing the tools produced by ESSENCE, including research, training and performance evaluation.

Discussion points

- JCB thanked the presenters for the very interesting session which provided practical examples on achievements to report back to their ministries.
- Discussion points covered the topics of:
 - Replicating successful models of SORT-IT implementation to other countries;
 - Facilitating the knowledge transfer between Pakistan and other SORT-IT countries on the one hand and African countries who want to implement the training on the other;
 - Peer-reviewed publications that disseminate the results of SORT-IT research; and
 - Exploring strategic options for the development of ESSENCE.

Recommendations

- **Welcomed the technical presentations on SORT IT and ESSENCE on Health Research initiative. Encouraged by the engagement of TDR with a broad range of partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Requested that TDR continue to engage with such partners to expand its impact on global health.**

Item 11. TDR Governance

Ms Anne Mazur, WHO's Principal Legal Officer, presented items 11.1 and 11.2 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

Election (4-year terms beginning 1 January 2019)

- **Resource contributors selected for membership under paragraph 2.2.1 of the MOU the governments of:**
 - (1) Belgium (re-elected)
 - (2) China (re-elected)
 - (3) Japan (re-elected)
 - (4) Sweden (re-elected)

2. Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding

Election (4-year terms beginning 1 January 2019)

- **JCB selected for membership under paragraph 2.2.3 of the MOU, for a four-year term beginning 1 January 2019, the following cooperating parties:**
 - (1) Peru (re-elected)
 - (2) Sri Lanka (elected)

3. Updates from the informal meetings and selection of one representative each from the resource contributor and disease endemic country groups to serve as members of the Standing Committee for a period of two years.

Dr Aslanyan presented the names of the representatives appointed by the resource contribution and disease endemic country 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 being a member of the Standing Committee. The resource contributor group decided to appoint the governments of Sweden and the United Kingdom to represent them, while the disease endemic country group appointed Comoros (provided that the Government of Comoros is re-appointed by the Regional Committee for a further term on the Board), both for a term of 2 years. This item is for information only.

Recommendations

- Accepted the joint nomination of Sweden and the United Kingdom to represent the resource contributors group.
- Accepted Comoros as the representative of the DEC group for the next 2 years, provided that the Government of Comoros is re-appointed by the Regional Committee for a further term on the Board.¹

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

Presented by Dr Aslanyan.

Key messages

- The proposed list of members from 1 January 2019 was approved as presented.

Decision

- Approved the proposed membership of STAC from 1 January 2019.

¹ As the Government of Comoros was not re-elected for membership from 2019 by the Regional Committee for Africa, the Government of Nigeria assumed the role of representative of the disease endemic country group.

Item 12. Date and place of JCB42 and JCB43

Decisions

- **Dates of future JCB sessions will be confirmed once the Standing Committee has had a chance to discuss the recommendation by JCB to consider a different time of year.**

Current dates are:

JCB42 will be held from 25-26 June 2019 (briefing session 24 June)

JCB43 will be held from 16-17 June 2020 (briefing session 15 June)

Both meetings will be held in Geneva.

Recommendation

- **Requested the Standing Committee to explore the possibility of holding the JCB meetings earlier in the year.**

Item 13. Summary of decisions and recommendations

Key messages

- The Rapporteur presented the decisions and key recommendations of JCB41 which were noted with thanks by the Board.

Item 14. Closing session

Concluding remarks

- In his closing remarks, Dr Mulenga 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 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 the Vice-Chair, the Rapporteur, the Secretariat, the invited presenter, the interpreters, operators and delegates for a productive meeting.

III. Full list of decisions and recommendations

Decisions

1. Appointed Dr Ahmed Ouledi (representative of Comoros) as Rapporteur for JCB41.
2. Adopted the agenda of JCB41.
3. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
4. Approved the 2017 Annual Report.
5. Endorsed the report of the Standing Committee.
6. Endorsed the report by Chair STAC.
7. Approved the 2017 TDR Results Report.
8. Approved the 2017 TDR Risk Management Report.
9. Approved the Performance Framework 2018-2023.
10. Approved the financial management report 2016-2017 and outlook 2018-2021, including the two budget scenario levels for 2020-2021.
11. Approved the Research and Development Pooled Fund Development Phase Financial Report.
12. Elections (4-year terms beginning 1 January 2019):
 Resource contributors selected for membership under paragraph 2.2.1 of the MOU the governments of:
 Belgium China Japan Sweden
 JCB selected for membership under paragraph 2.2.3 of the MOU the cooperating parties of:
 Peru Sri Lanka
13. Approved the proposed membership of STAC from 1 January 2019.
14. Dates of future JCB sessions will be confirmed once the Standing Committee has had a chance to discuss the recommendation by JCB to consider a different time of year. Current dates are:
 JCB42 will be held from 25-26 June 2019 (briefing session 24 June)
 JCB43 will be held from 16-17 June 2020 (briefing session 15 June)
 Both meetings will be held in Geneva

Recommendations

1. Recommended exploring potential indicators to demonstrate the impact of TDR's research and expanding the communication of TDR impact and influence.
2. Welcomed WHO's appreciation of the special programmes and requested that the decisions made by the JCB continue to be considered within hosting agency policies.
3. Welcomed and appreciated the input provided by the co-sponsors and encouraged continued engagement of all TDR co-sponsors.
4. Recommended identifying new ways to ensure the visibility of core fund contributors in specific TDR activities and reporting.
5. Requested a further split in the financial report to show the proportion of technical personnel costs and operations support personnel costs.
6. Recommended modifying the wording of the risk regarding funding sustainability to add the risk coming from two major contributors providing almost half of the core funding.
7. Welcomed the technical presentations on SORT IT and ESSENCE on Health Research initiative. Encouraged by the engagement of TDR with a broad range of partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Requested that TDR continue to engage with such partners to expand its impact on global health.
8. Accepted the joint nomination of Sweden and the United Kingdom to represent the resource contributors group and Comoros as the representative of the DEC group for the next 2 years, provided that the Government of Comoros is re-appointed by the Regional Committee for a further term on the Board.¹
9. Requested the Standing Committee to explore the possibility of holding the JCB meetings earlier in the year.

¹ As the Government of Comoros was not re-elected for membership from 2019 by the Regional Committee for Africa, the Government of Nigeria assumed the role of representative of the disease endemic country group.

IV Annexes

Annex 1 – Agenda

Tuesday, 19 June 2018			
Time	Agenda item	Action / information	Reference Documents
07:00-08:45	BADGE COLLECTION FROM MAIN BUILDING RECEPTION		
09:00-09:15	1. Opening of the Board <i>Dr Modest Mulenga, Chair of JCB</i> <i>Dr Soumya Swaminathan, Deputy Director-General for Programmes</i> <i>Dr Ren Minghui, Assistant Director-General for Communicable Diseases / TDR Special Programme Coordinator (ADG/CDS)</i> <i>Dr John Reeder, Director TDR</i>		
09:15-09:30	2. Statutory business 2.1 Appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests	Appointment of the Rapporteur Adoption of agenda	Draft Agenda TDR/JCB41/18.1/Rev1 Draft Annotated Agenda TDR/JCB41/18.1a
09:30-09:45	3. Report by the Chair of the Joint Coordinating Board, including any decisions between sessions <i>Dr Modest Mulenga, Chair of JCB40, will report on his activities as Chair since the Fortieth session.</i>	Information	Report of JCB40, June 2017 TDR/JCB40/17.3
09:45-10:30	4. Progress since JCB40 4.1 Director's report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB40 and the TDR Director's report.</i>	Information and endorsement	TDR 2017 Annual Report Follow-up to the JCB40 decisions and recommendations TDR/JCB41/18.4 Refer to the annex for additional background documents.
JCB photo (on the stairs outside the EB room)			
10:30-11:00	COFFEE BREAK		
11:00-11:15	4.2 Report of the Standing Committee <i>Dr Ren Minghui, WHO, will report on the Standing Committee's activities since JCB40.</i>	Information	Standing Committee 102 decisions and recommendations TDR/SC102/17.3 Standing Committee 103 decisions and recommendations TDR/SC103/18.3

Tuesday, 19 June 2018 (continued)			
Time	Agenda item	Action/information	Reference Documents
11:15-11:30	4.3 Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC) <i>Dr Reeder will present the STAC report on behalf of Professor Charles Mgone, Chair of STAC.</i>	Information and endorsement of the STAC report	Report of STAC40 TDR/STAC40/18.3
11:30-12:15	5. WHO 13th Global Programme of Work and opportunities for TDR collaboration <i>Dr Bruce Aylward, Senior Adviser, Organizational Change, Office of the Director-General</i>	Information	Draft Programme of Work (website)
12:15-14:00	LUNCH BREAK		
14:00-14:30	6. Programme performance overview <ul style="list-style-type: none"> ▪ Key performance indicators 2017 ▪ Risk management <i>Dr Beatrice Halpaap, TDR Programme and Portfolio Manager, will present the programme performance overview and new Performance Framework 2018-2023 for endorsement.</i>	Information and endorsement	TDR Performance Framework 2018-2023 TDR/JCB41/18.13 2017 TDR Results Report TDR/STRA/18.3 TDR Risk Management Report, 2017 TDR/JCB41/18.5 Refer to the annex for additional background documents.
14:30-15:30	7. Financial report 2016-2017 and outlook 2018-2021 <ul style="list-style-type: none"> ▪ Financial report 2016-2017 ▪ Outlook 2018-2021 and Programme budget scenario levels for 2020-2021 <i>Dr Halpaap will present the financial report certified by the WHO Comptroller and the financial outlook 2018-2021 and the financial statement.</i>	Information and endorsement	TDR financial management report 2016-2017, outlook 2018-2021 TDR/JCB41/18.6 Certified Financial Statement for the year ended 31 December 2017 TDR/JCB41/18.7 Research and Development Pooled Fund Development Phase, Financial Report and Certified Financial Statements as at 31 December 2017 TDR/JCB41/18.8 Refer to the annex for additional background documents.
15:30-16:00	COFFEE BREAK		

Tuesday, 19 June 2018 (continued)			
Time	Agenda item	Action / information	Reference Documents
16:00-16:45	8. Update from TDR co-sponsors 8.1 UNICEF - <i>Dr Debra Jackson, Senior Health Specialist, Officer in Charge, Implementation Research and Delivery Science Unit, Health Section</i> 8.2 UNDP - <i>Dr Tenu Avafia, Team Leader: Human Rights, Law and Treatment Access, HIV, Health and Development Group</i> 8.3 World Bank - <i>Dr David Wilson¹, Decision & Delivery Science Global Solutions Leader, Global HIV/AIDS Programme Director</i> 8.4 WHO - <i>Dr Ren Minghui, ADG/CDS</i>	Information	Draft Programme of Work A71/4
16:45-17:00	9. 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	
17:15-19:00	JCB RECEPTION (WINTER GARDEN) MAIN BUILDING CAFETERIA		

¹ Will connect via audio link

Wednesday, 20 June 2018

Time	Agenda item	Action / information	Reference Documents
09:00-09:45	Meeting of TDR resource contributors (Salle C, 5th floor of the main building) Chaired by the RC representative on the JCB, Dr Sue Kinn (United Kingdom)		
09:50-10:30	Meeting of disease endemic country representatives (Salle C, 5th floor of the main building) Chaired by the DEC representative on the JCB, Dr Brice Bicaba (Burkina Faso) <i>Interpretation will be provided in English and French.</i>		
10:30-11:00	COFFEE BREAK		
11:00-12:30	10. Moderated technical session / Q&A <i>Dr Garry Aslanyan, Manager, Partnerships and Governance, will moderate this session.</i> Structured Operational Research and Training Initiative (SORT IT) in Pakistan <i>Presented by Dr Razia Fatima, Chief of Research, National TB Control Programme, Ministry of Health, Pakistan</i> ESSENCE@10: From Stockholm to Ottawa – reflections, successes, opportunities <i>Presented by Professor Hannah Akuffo, Co-Chair, ESSENCE on Health Research initiative and Senior Specialist, Research Cooperation, Swedish International Development Cooperation Agency (Sida)</i>	Information	See website for information http://www.who.int/tdr/partnerships/essence/en/
12:30-14:00	LUNCH BREAK		
14:00-14:45	11. TDR Governance 11.1 Selection of four members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding 11.2 Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding <i>Ms Anne Mazur, Principal Legal Officer, will present items 11.1 and 11.2.</i>	Selection of JCB members	Note on the membership of the JCB TDR/JCB41/18.9 JCB membership wheel TDR/JCB41/18.10 History of Membership on TDR's Joint Coordinating Board, 1978-2017 TDR/JCB41/18.11 TDR Memorandum of Understanding TDR/CP/78.5/Rev.2013/rev1 Refer to additional background documentation for the current list of JCB membership
	11.3 Updates from the informal meetings and selection of one representative each from the resource contributor and disease endemic country groups to serve as members of the Standing Committee for a period of two years.	Information	

Wednesday, 20 June 2018 (continued)			
Time	Agenda item	Action / information	Reference Documents
	<p>11.4 Proposed membership of the Scientific and Technical Advisory Committee (STAC)</p> <p><i>Dr Garry Aslanyan, TDR Partnerships and Governance Manager, will present items 11.3 and 11.4.</i></p>	Information and endorsement	<p>Proposed STAC membership from 1 January 2019</p> <p>TDR/JCB41/18.12</p>
14:45-14:50	<p>12. Date and place of JCB42 and JCB43</p> <p><i>As agreed at JCB40, JCB42 will be held from 24-26 June 2019. It is proposed that JCB43 will be held from 16-17 June 2020. Both meetings will be held in Geneva.</i></p>	Decision	
14:50-15:20	<p>13. Summary of decisions and recommendations of Day 2</p> <p><i>The Rapporteur will present a summary of the decisions and recommendations of Day 2.</i></p>	Endorsement	
15:20-15:30	<p>14. Closing Session</p> <p>Any other business</p> <p>Concluding remarks</p> <ul style="list-style-type: none"> ▪ TDR Special Programme Coordinator ▪ Chair JCB 		
15:30-16:00	COFFEE AVAILABLE		

Annex 2 – List of participants

MEMBERS

Afghanistan

Not able to attend.

Belgium

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

Dr Geert LALEMAN

Expert, Institute of Tropical Medicine, Belgium

M. Ben DE JONGHE

Stagiaire, 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

Directeur de la protection de la santé de la population, Ministère de la santé, Ouagadougou

China

Dr Shizhu LI

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

Comoros

Dr Ahmed OULEDI

Enseignant chercheur, Université des Comores, Moroni

Cuba

Not able to attend.

Drugs for Neglected Diseases *initiative* (DNDi)

Dr Bernard PÉCOUL

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

Dr Jean-François ALESANDRINI

External Affairs 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

Germany and Luxembourg Constituency

Dr Vic ARENDT

Consultant, Ministère des Affaires étrangères et européennes, Wandhaff, Luxembourg

Dr Ulrike BUßHOFF

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, Kronberg, Germany

Professor Jürgen MAY

Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany

Monsieur Philippe WEALER

Attaché, Affaires Humanitaires, Santé, Mission Permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies et des autres Organisations internationales à Genève, Switzerland

INDEPTH Network

Professor Oche OCHE

Executive Director, INDEPTH Network, Accra, Ghana

Japan

Dr Kenji HIRAYAMA

Dean, Institute of Tropical Medicine, Nagasaki University, Nagasaki City

Dr Naoki AKAHANE

First Secretary, Permanent Mission of Japan to the United Nations Office and other International Organizations at Geneva, Switzerland

Malaysia

Dr Shahnaz MURAD

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

Maldives

Dr Fathimath Nazla RAFEEG

Medical Officer, Head of Communicable Disease Control, Health Protection Agency, Ministry of Health, Malé

Mexico

Mrs Liliana PADILLA RODRÍGUEZ

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

Nigeria

Professor Babatunde SALAKO

Director General, Nigerian Institute for Medical Research (NIMR), Federal Ministry of Health, Yaba - Lagos

Norway and Switzerland Constituency

Mr Kjetil BORDVIK

Senior Adviser, Global Health Section, Norwegian Agency for Development Cooperation (NORAD), Norway

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Conseillère, Mission permanente de la Suisse auprès de l'Office des Nations Unies et des autres organisations internationales à Genève, Switzerland

Ms Julia TSCHERRIG

Associate Expert, Mission permanente de la Suisse auprès de l'Office des Nations Unies et des autres organisations internationales à Genève, Switzerland

Panama and Spain Constituency

Dr Juan Miguel PASCALE

Deputy Director, Instituto Conmemorativo Gorgas de Estudios de la Salud | Gorgas Memorial Institute for Health Studies, Panamá

Dr Tomás LÓPEZ-PEÑA ORDOÑEZ

Head of Global Health Research and Development, Instituto de Salud Carlos III | National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid

Peru

Dr Martin YAGUI MOSCOSO

Presidente de la Sociedad Peruana de Epidemiología y Medico de Salud Pública, Instituto Nacional de Salud, Lima

Republic of Moldova

Dr Gheorghe PLACINTA

Dean, Faculty of Medicine, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau

Suriname

Not able to attend.

Sweden

Professor Hannah AKUFFO

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

Dr Teresa SOOP

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

Thailand and India Constituency

Dr Preecha PREMPREE

Director, Bureau of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

United Kingdom of Great Britain and Northern Ireland and United States of America Constituency

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Dr Dirk MUELLER

Senior Health Adviser, Health Research Team, Research and Evidence Division, Department for International Development, London, United Kingdom

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Senior Technical Advisor, CAPT, USPHS, Office of Health, Infectious Diseases, and Nutrition; Infectious Diseases Division, Bureau for Global Health, United States Agency for International Development (USAID), Washington, United States

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Dr Sarah GARNER

Coordinator, Innovation Access Use, Essential Medicines and Health Products

Ms Anne MAZUR

Principal Legal Officer

Mr Frank STEWART

Treasurer

Special Programme Staff

Director's Office

Dr John REEDER

Director

Dr Garry ASLANYAN

Manager, Partnerships and Governance

Ms Kristen Kelleher

Dr Rob Terry

Administrative Support to the JCB

Ms Christine Coze

Ms Flora Rutahakana

Ms Izabela Suder-Dayao

² Via audio-conferencing

Portfolio and Planning Management

Dr Beatrice HALPAAP
Portfolio and Programme Manager

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Mihai Mihut

Research Capacity Strengthening

Dr Dermot MAHER
Coordinator

Ms Elisabetta Dessi

Ms Najoua Kachouri Aboudi

Dr Edward Kamau

Dr Pascal Launois

Dr Olumide Ogundahunsi

Dr Mahnaz Vahedi

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Ms Ekua Johnson

Dr Annette Kuesel

Mr Abdul Masoudi

Dr Corinne Merle

Dr Rony Zachariah

Ms Michelle Villasol

Vectors, Environment and Society

Dr Florence FOUQUE
Team Leader

Ms Madhavi Jaccard-Sahgal

Dr Mariam Otmani Del Barrio

Dr Bernadette Ramirez

Ms Flore Wagner

OTHER PARTICIPANTS

Chair of the TDR Scientific and Technical Advisory Committee

Professor Charles MGONE
Dar es Salaam, Tanzania

PRESENTERS

Dr Razia FATIMA
Chief Research Coordinator, National TB Control Programme, Ministry of Health, Islamabad, Pakistan

Dr Bruce AYLWARD
Senior Adviser, Organizational Change, Office of the Director-General

OBSERVERS

Brazil

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Italy

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Dr Bashar ALHASHASH

Advisor to the Undersecretary Office, Ministry of Health, Sulibekhat

Senegal

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Dr Sy NGAYO

Chef du Service, Section de Lutte Antiparasitaire (SLAP), Ministère de la Santé et de l'Action sociale, Dakar

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Consultant Physician, National Institute of Infectious Diseases, Angoda

Tajikistan

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Director, Republican Center for Tropical Diseases Prevention and Control, Ministry of Health and Social Protection, Dushanbe

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Viet Nam

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Bill & Melinda Gates Foundation

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Fondation Mérieux

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Medicines for Malaria Venture (MMV)

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Oswaldo Cruz Foundation (Fiocruz)

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Vice-President, Research and Biological Collections, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil

PATH

Mr Philippe GUINOT

Director, Europe & West Africa, PATH, Geneva, Switzerland

The COHRED Group (Council on Health Research for Development)

Dr Carel IJSSELMUIDEN

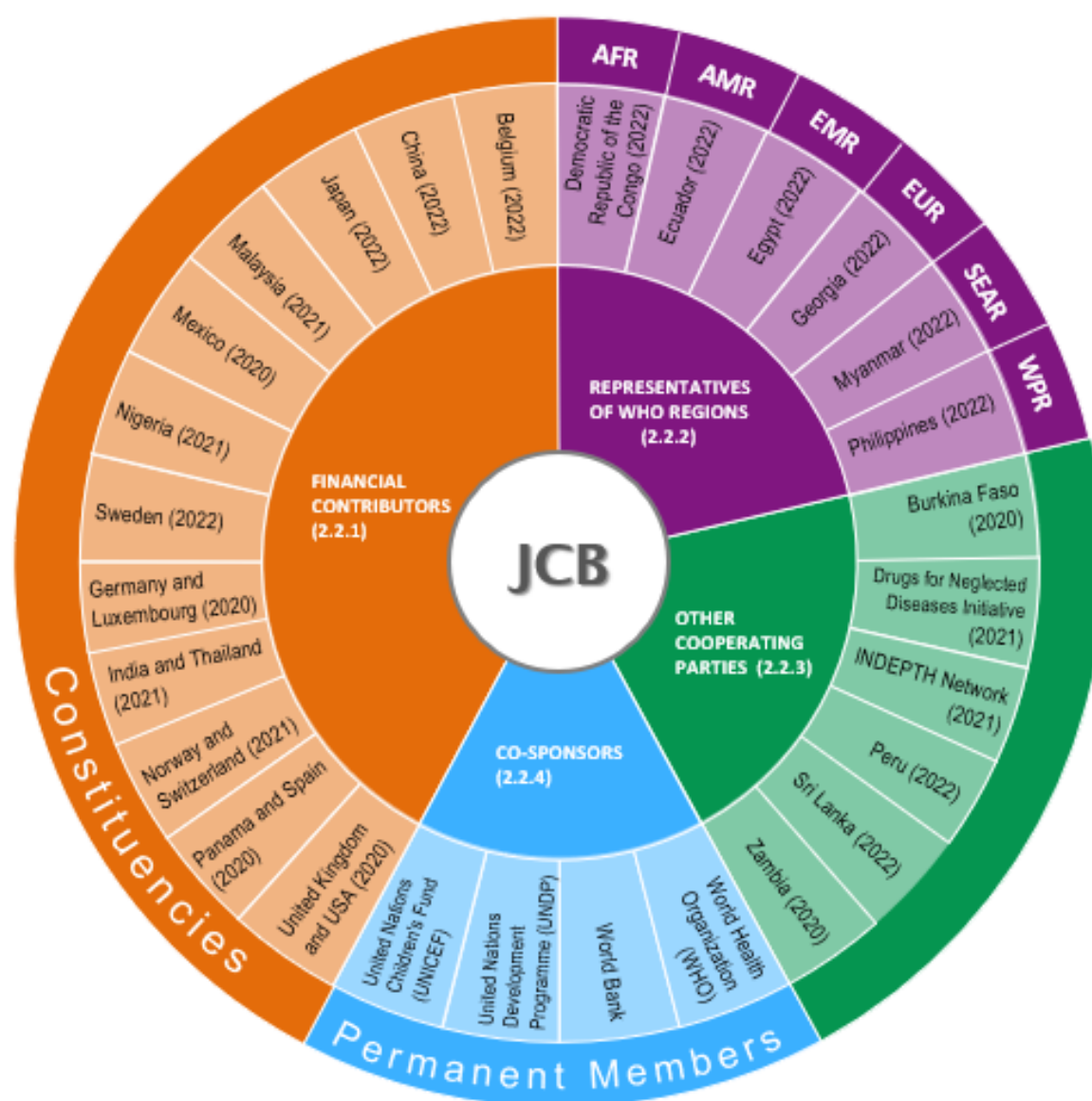
Executive Director, The COHRED Group, Geneva, Switzerland

Wellcome Trust

Dr Anna RUDDOCK

Policy Advisor, Wellcome Trust, London, United Kingdom

Annex 3 – JCB membership from 1 January 2019



Annex 4 – STAC membership from 1 January 2019

	<i>Term of Office</i> <i>(until 31 December)</i>
(Chair) Professor Charles MGONE , Former Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), Dar es Salaam, Tanzania	2014-2019
Dr Ayat ABUAGLA , Research Fellow, Reproductive & Child Research Unit [RCRU], University of Medical Sciences & Technology, Sudan Medical Specialization Board, Khartoum, Sudan	2017-2020
Professor Maria Teresa BEJARANO , Senior Research Advisor, Unit for Research Cooperation, Department for Partnerships and Innovations, Swedish International Development Cooperation Agency (Sida), Stocksund, Sweden	2016-2019
Professor Afif BEN SALAH , Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Manama, Bahrain	2018-2019
Dr Graeme BILBE , Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland	2014-2019
Professor Moses BOCKARIE , Director of South-South Cooperation and Head of Africa Office, European & Developing Countries Clinical Trials Partnership (EDCTP), Medical Research Council, Tygerberg, Cape Town, South Africa	2014-2019
Professor Claudia CHAMAS , Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	2016-2019
Professor Sónia DIAS , Associate Professor, International Public Health, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal	2016-2019
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	2016-2019
Professor Simon HALES , Research Associate Professor: Environmental Epidemiology, University of Otago, Otago, New Zealand	2018-2019
Dr Subhash HIRA , Professor of Public Health and Senior Advisor, Public Health Foundation of India, New Delhi, India	2017-2020
Dr Shagufta PERVEEN , Senior Instructor, Health System and Policy Research Group, Department of Community Health Sciences, The Aga Khan University, Karachi, Pakistan	2018-2019
Dr Sonia ROMERO GORSKI , Facultad de Humanidades y Ciencias de la Educación, Instituto de Antropología, Montevideo, Uruguay	2018-2019
Professor Stephen (Bertie) SQUIRE , Consultant Physician, Tropical & Infectious Disease Unit, Royal Liverpool University Hospital, Centre for Applied Health Research and Delivery, Liverpool School of Tropical Medicine (LSTM), Liverpool United Kingdom	2017-2020
Professor ZHOU Xiao-Nong , Director, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, Shanghai, China	2014-2019