

# REPORT OF THE FORTY-SECOND SESSION OF THE JOINT COORDINATING BOARD

**WHO headquarters**  
**Geneva, Switzerland**  
25—26 June 2019



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## I. Introduction

The Forty-second 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 25 and 26 June 2019. The session was chaired by Dr Modest Mulenga of Zambia, and was attended by all JCB members except the Democratic Republic of the Congo, Japan, 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 JCB42 focused on TDR's achievements since JCB41 and plans from 2019 onwards. Important decisions taken included approval of the 2018 reports, including the Annual Report, the Results Report, the Risk Management Report, the Financial Management Report, as well as the 2020-2021 TDR Programme Budget and Workplan.

## 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 the Democratic Republic of the Congo (not present), Ecuador, Egypt, Georgia, Myanmar, the Philippines and Sri Lanka as new members of the JCB in 2019.
- **Dr Soumya Swaminathan**, WHO Chief Scientist and TDR Special Programme Coordinator, welcomed the delegates on behalf of the Director-General of WHO. Dr Swaminathan spoke about her change in role since the last session, mentioning the transformation of WHO and the creation of the Science Division.

The goals of the new division are to ensure that the progress being made in science and technology is harnessed into public health impacts; that we are able to anticipate what is coming in the next 10 to 15 years in terms of technological advances; and that we advise Member States and the public on the best tools and strategies for attaining health for all. The Division will also promote the use of science, evidence and research into policy-making.

The structure of the Division will be lean, playing a coordinating, enabling and empowering role rather than doing technical work on the research itself. It brings together the three existing research entities as well as three newly created departments, giving much better synergy and the possibility to work much more closely together, as well as harmonizing our work and aligning with WHO's 13<sup>th</sup> General Programme of Work.

Recently the Director-General proposed to Director TDR that, in addition to his role as Director of TDR, that he take on the directorship of the newly created WHO Research for Health Department, which sits within the Science Division. (This is mentioned in more detail under item 4.1.)

Mentioned the important role that the JCB plays in guiding the work of TDR, and the JCB's uniqueness in being a meeting, discussion and decision-making place for disease-endemic countries from all WHO regions, donors and implementing partners

- **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 and scientific working groups, 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 Vice-Chair and rapporteur

The Chair informed the Board that a vice-chair and rapporteur had been nominated by the Standing Committee. Dr Ning Xiao (People's Republic of China) was appointed Vice-Chair for the next two years and Dr Teresa Soop (Sweden) was appointed Rapporteur of JCB42. The Chair thanked Dr Vic Arendt, the outgoing Vice-Chair, for his commitment and support during his tenure.

#### Decisions

- **Appointed Dr Ning Xiao (representative of China) as Vice-Chair for the next two years.**
- **Appointed Dr Teresa Soop (representative of Sweden) as Rapporteur for JCB42.**

### 2. Adoption of the Agenda

The Draft Agenda of JCB42 was circulated to JCB members and observers in February and the Draft Annotated Agenda was made available on the JCB web page one month prior to the commencement of the session. No comments were received.

#### Decision

- **Adopted the agenda of JCB42.**

### 3. Declarations of interests

Declaration of interest forms were accepted as submitted by all 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 JCB41, together with highlights of achievements.
- Scaling up of implementation towards the higher-level budget scenario thanks to adequate funding.
- WHO's transformation and the move of TDR to the Science Division which will provide an opportunity to increase the visibility of research.
- Commended the Secretariat for the regular updates about the new developments in TDR and key achievements concerning its core mandate.

## Item 4. Progress since JCB41

### **1. Director's report**

Director TDR presented an overview of the Programme's achievements during the past year, plans for 2020-2021 and relevant updates on specific items such as personnel changes and the appointment of the new TDR Special Programme Coordinator.

### **Key messages**

- Significant progress towards the strategic targets made in the first year of the strategy. Strong operational achievements in 2018 in all strategic areas: research, capacity strengthening and global engagement.
- Key achievements of each strategic area included, among others: increased country capacity and preparedness for early identification and response to dengue outbreaks (EWARS-R), strengthening the African sub-regional networks for TB control (WARN-TB and CARN-TB), environmental prevention and control of VBDs in South-East Asia, key results from research on VBDs and climate change, consolidation of the postgraduate training scheme, expansion of regional and global SIHI (the Social Innovation in Health Initiative) networks, expanded engagement with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Alliance for Health Policy and Systems Research (AHPSR) partners on regional small grants, etc.
- Key projects were recently initiated, such as a SORT IT project on antimicrobial resistance conducted in six countries, research on gender responsive interventions, launch of the first worldwide MOOC (a massive open online course) on implementation research, the new publishing platform called TDR Gateway, etc.
- Scaling up implementation towards the higher budget scenario in 2019 was made possible by the two-level budget and workplan scenario model approved by the JCB for 2018-2019, which makes prioritization and scale-up easier.
- Progress was made in fundraising both undesignated (UD) and designated (DF) funding. The overall trend seems to be picking up, mostly based on increased DF funds. More needs to be done for UD to secure funding for 2020-2021.
- Linking TDR work to the objectives of WHO's 13<sup>th</sup> General Programme of Work (GPW13), universal health coverage (UHC) and UN Sustainable Development Goal (SDG) targets.

- Equity indicators have improved significantly since 2012, both in gender and socioeconomic equity (focus on low- and middle-income countries). 45% of grantees in 2018 were women, up from 22% in 2012.
- Crowd sourcing resulted in a quadrupling of female applicants.
- Moxidectin was approved by the US Food and Drug Administration, mostly based on TDR-funded research. An innovative funding model was used to complete the project in collaboration with Medicines Development for Global Health (MDGH).
- First TDR Global champion award was presented to Professor Lenore Manderson for her 30+ years of supporting TDR activities.
- The ESSENCE on Health Research initiative, of which TDR is the Secretariat, has celebrated its tenth anniversary and is increasingly seen as the only functioning mechanism that coordinates funders and donors of health research in low- and middle-income countries.
- The new WHO Science Division provides TDR with an opportunity to work more closely with the other research entities, as well as with the newly created departments in the Division.
- Update on TDR reorganization.
- Director TDR asked by the Director-General to lead the new Research for Health Department, in parallel with being Director of TDR.

### ***Discussion points***

- In general, it is easier to find designated funds for research activities than for capacity strengthening, especially in some niche areas such as francophone countries, for which more efforts will be needed.
- TDR's engagement with the Science Division may increase our influence around some strategic areas.
- Supporting John's fulfilling the dual role of Director TDR and Director of the newly created Research for Health Department. Aspects such as potential conflict of interest between these two roles, maintaining TDR's independence from WHO and ways to protect TDR's personnel from changes were discussed. The Research for Health Department is not expected to be a large one and Dr Reeder has prior experience managing in parallel TDR and the Global Malaria Programme as Director ad interim. Monitoring should be performed in a year's time to assess the implications on TDR from Dr Reeder's fulfilling both these positions in parallel.
- Commended the work done in partnership with other entities. In working with African Centers for Disease Control, the WHO Regional Office for Africa (AFRO), the West African Health Organization (WAHO) and Eastern, Central and Southern African Health Community (ECSA Health Community), TDR managed to leverage support and influence to expand the network of operational research where it was needed most, and in the process relations with ministries of health were strengthened.
- TDR's name has good brand recognition, although it may not reflect the entire scope of our work. However, it was never intended to change with each change of strategy.
- The SDG3 Global Action Plan's Accelerator 5 is dominated by R&D voices. There is a need to raise the voice of implementation research in this context, and TDR can use this to promote its position and some key activities it is conducting, such as the role of social innovation to enhance access and delivery. Innovation is not only about new things, it is also about using existing tools in better ways, which can bring us faster towards the SDG targets than spending a long time searching for new tools.

- Expanding transdisciplinary and multisectoral approaches is being done in numerous projects. The operational research in antimicrobial resistance (AMR) project that was recently initiated is an example of this, AMR being at the interface between food, agriculture and human health. Another field in which TDR invested heavily in previous years is transdisciplinary research on increasing population resilience to the effects of environmental change and vector borne diseases, that brought together experts and communities from many fields, including public health, animal health, education, agriculture and environment.
- Through the postgraduate training scheme TDR is funding, universities are able to train additional people on topics that are strategic to TDR, such as implementation research, alongside the main fields universities already cover. The same is applicable to TDR's regional training centres, which develop and disseminate research good practice courses in parallel with their core activities as research and education institutions. Our contribution strengthens these institutions' capacity and builds a capacity pool in TDR's strategic areas of interest.
- Elevating TDR's profile in policy shaping; this may require a strategy, which should lead to TDR being invited to strategic discussions on research policy and agenda at global level. Dr Reeder's new role as Director of WHO's Research for Health Department may help raise TDR's voice and better influence WHO's voice in this arena.
- Important to keep supporting the entire spectrum of research, including promoting social science research to improve gender and socioeconomic equity.

#### Decision

- **Approved the 2018 Annual Report.**

#### Recommendations

- **Welcomes and supports the appointment of Director TDR to take on the dual roles of Director TDR and Director of the new WHO Research for Health Department.**
- **Seeks reassurance that the change will have no impact on TDR's budget and workplan, that the two roles are kept separate and WHO will finance the research division elements of the Director's time. Requested that any potential conflicts of interests are resolved as they arise.**
- **Requested that the risks and opportunities at strategic, programmatic and governance levels for TDR are assessed, and that the arrangement is evaluated in a year's time.**

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

Professor Debra Jackson, 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 JCB41. She touched upon topics ranging from the funding of TDR, to strategic alliances, to the importance of maintaining TDR as a special programme through the WHO transformation period.

**Discussion points**

- JCB thanked Professor Jackson for her 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)**

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

**Key messages**

- At its meeting in 2019, STAC reviewed several reports, including those from the scientific working groups (SWGs) and WHO technical departments regarding their collaborative work with TDR. At their meeting the STAC:
  - Endorsed the 2018 Results Report and Risk Management Report.
  - Reviewed the financial management report to ensure alignment with TDR's mandate.
  - Endorsed the Programme Budget and Workplan 2020-2021.
- TDR has taken seriously its leadership role in gender and equity and achieved significant milestones in 2018.
- Good progress was made on KPIs (key performance indicators) in the three areas of technical performance and core values.
- There is an ongoing concern regarding the potential impact that the WHO mobility policy may have on TDR.
- Exploring TDR's involvement in novel digital health technologies and AI (artificial intelligence) in health.
- Exploring use of MOOCs to reach hard-to-reach communities and researchers.
- Continue to move towards multisectoral rather than disease-specific approaches.
- Recommended prioritization for the higher budget scenario to expand work on onchocerciasis and visceral leishmaniasis elimination, multisectoral and integrated approaches in research.
- Expanding the use of TDR Global.

**Discussion points**

- JCB thanked the STAC and its Chair for their work during the past year.
- Prioritization of visceral leishmaniasis and onchocerciasis elimination is based on the fact that this is a niche where TDR has done a lot of work and, as diseases get closer to elimination phase, a last push is needed to provide evidence and finish the work.
- Discussed the challenges for some countries to access online courses and the possibility of providing electronic or paper-based courses. Electronic systems can be accessed more easily via mobile technology rather than paper in remote areas.

- TDR works with partners in multisectoral research collaboration in areas such as gender research, population resilience to climate change, etc. Multisectoral approaches are not new to TDR.
- STAC's role is essential in prioritizing TDR's work. TDR's strategy guides the directions. TDR's portfolio follows the strategy and is not influenced by the interests of private donors. Only designated funds that can be raised to fund TDR's priorities are accepted, otherwise the funding is turned down.
- Country needs are taken into consideration at the initial stage of project design and planning. Important to continue discussions with countries to take into account elements such as stability, security and outbreaks that can lead to disruption in projects.
- A framework for cross-sectoral approaches in malaria received positive feedback. Generic frameworks may be valuable, making it feasible to be applied to other diseases and phases (e.g. control or elimination).

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

#### **Decision**

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

## **4. Programme performance overview**

Dr Beatrice Halpaap, TDR Portfolio and Programme Manager, presented an overview of the Programme performance achieved in 2018, including: technical achievements; application of TDR's core values; and management performance.

### ***Key messages***

- The TDR Performance Framework guides monitoring and evaluation at Programme, work area and project level.
- We measure and report performance in three areas: technical achievements, core values (equity, sustainability, etc.), and managerial performance. Each year we publish the TDR Results Report that shows and explains in detail the progress made on Programme-level Key Performance Indicators.
- At 31 December 2018, all 27 expected results were on track, with no delays foreseen.
- Outcomes reported show countries that adopted TDR tools, solutions and strategies, and also global or regional stakeholders that used TDR tools and reports to inform their policy. A total of 24 new outcomes were identified in 2018, described in detail in the Results Report.
- TDR's results chain is aligned with WHO's GPW13, the strategic plans of other TDR co-sponsors and the global action plan towards SDG3, and other SDGs.
- External audit in October/November 2018 confirmed the soundness of TDR's controls, processes and operating model. Implemented all the recommendations for improvement.
- Risk management: Three risks closed out in 2018. Of the nine remaining risks, four are fully under control, four show minor issues and one (impact of WHO staff mobility on TDR) shows major issues.

- Equity indicators (socioeconomic and gender) show good progress. In 2018, 83% of contracts went to DEC institutions and 73% of first authors of TDR-supported publications were from DEC institutions. 45% of funds went to women and 44% of first authors were women.

### ***Discussion points***

- We measure what we achieve, but also how we work (equity, quality, sustainability, partnerships, etc.). Detailed technical achievements are explained in each team's annual report and counted and summarized in the Results Report.
- The roles of STAC and SWGs were further explained: STAC oversees technical prioritization and provides scientific direction over the entire portfolio, while scientific working groups made up of independent experts are advising and reviewing the quality of our work on an ongoing basis.
- TDR has a thorough approach to facilitating results uptake. We include the end users in the design and planning phases of our projects for increased buy-in. We plan the uptake at strategic and operational levels and monitor progress against milestones.
- Regarding socioeconomic equity: 73% of authors of TDR-supported publications are from DEC institutions (low- and middle-income); the percentage is increasing as more Principal Investigators (PIs) are coming from DEC institutions. We now measure last authors as well. A suggestion was made to also measure corresponding authors, since they also have a key role in engaging with correspondents.
- WHO's staff mobility policy represents a major risk to TDR being capable of fulfilling its mission. TDR as a special function needs an exemption from this policy.
- TDR monitors the number of tools / solutions / strategies produced as well as those that are being adopted / used, giving a clear picture of outcomes and also the denominator (outputs). To identify impact on policy requires constant monitoring, which is not an easy task.

### **Decisions**

- **Approved the 2018 TDR Results Report.**
- **Approved the 2018 TDR Risk Management Report.**

### **Recommendations**

- **Recommended that TDR consider analysing the proportion of corresponding authors from disease endemic countries, in addition to the current first authors and last authors, of TDR supported publications.**
- **Recommended to further raise TDR's profile within the research related accelerator plan of the SDG3 Global Action Plan by promoting implementation research.**

## Item 5. Financial management report 2018 and outlook 2019-2021

Dr Halpaap presented the financial management report for 2018 and the outlook 2019-2021, looking at financial performance in the context of the WHO's biennial 2018-2019 financial cycle, and subsequently moving to the 2019-2021 outlook.

### **Key messages**

- Thanked the Acting Comptroller, Jane Stewart, and her staff for their strong support to TDR.
- Funds utilized at 31 December 2018 represented 41% of the US\$ 40 million scenario approved by the JCB. Detailed data on implementation at team level and split by UD/DF was presented.
- Current forecast for funds available in 2018-2019 stands at US\$ 46.5 million. Presented the UD and DF funding sources as forecast.
- The additional funds, above US\$ 40 million, allowed scaling up of activities towards the higher budget and workplan scenario approved by the JCB. This raised the implementation target substantially for TDR activities.
- Regarding TDR's results-based management cycle, Dr Halpaap presented a comparison between the current timeframe and an alternative timeframe that would condense governance meetings during the period of January to March each year. The JCB will be asked to decide during a later session on their preferred option.
- The current conservative income forecast for 2020-2021 shows income at US\$ 40 million, of which US\$ 28 million is UD and US\$ 12 million DF. This corresponds with the US\$ 40 million starting budget scenario for 2020-2021.
- Over the period 2016-2021, the overall income trend shows signs of stabilization. UD funds still point slightly lower, with DF picking up.
- Analysis of the revenue trend 2014-2021 found that contributions varied somewhat from the anticipated income as a result of unexpected reductions both in the size of some contributions and as a result of exchange rate variations which affected the US dollar value of otherwise stable contribution levels.
- The two budget scenarios for 2020-2021 were presented, with the split between operations and operations support, between activities and salaries and disaggregated by UD and DF. The percentage of funds going to operations would be between 79% and 83% for the proposed scenarios. Distribution by strategic work area was presented.

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

- The JCB expressed thanks to Dr Halpaap for her very clear report.
- Commendable to show contributions of smaller donors; important to keep addressing this category and expand it.
- The UD:DF ratio of 75%:25% is considered optimal to fill the funding gaps in workplans. TDR is applying full cost recovery from DF grants, i.e. salaries, operations support and administrative costs, and DF funds are only accepted if they finance the approved workplan.

### **Decisions**

- **Approved the financial management report 2018 and outlook 2019-2021.**

## Item 6. Update from TDR co-sponsors

### *Key messages*

- On behalf of UNICEF, Professor Debra Jackson, Senior Health Specialist and Officer in Charge, Implementation Research and Delivery Science Unit, Health Section, mentioned:
  - Engagement at response and programme levels in areas such as vector control, outbreaks, broader disease control, antimicrobial resistance, etc. Requires more support in research done in the context of outbreaks and humanitarian emergencies.
  - Important role for implementation research (IR), promoting local capacity.
  - Presented examples of projects in countries, including their challenges and successes.
  - UNICEF IR links to TDR IR: co-sponsoring the Global Conference on Implementation Science; work on IR for UHC in Ethiopia, India and Nepal; engagement with the GFF/USAID Implementation Research Coalition; plans to develop a roster of consultants in IR; collaboration on AMR IR.
- 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 steps taken to implement the MoU between UNDP and WHO, and also mentioned:
  - Three keys areas of collaboration between UNDP and WHO: UHC, health emergencies and essential services in vulnerable settings, and health challenges arising from climate and environmental changes.
  - UNDP's collaboration with TDR, PATH and WHO in the Access and Delivery Partnership (ADP) funded by the GHIT Fund: working across the value chain of access and delivery for UHC and population health impact.
  - Scale-up phase of the ADP project included four additional countries: India, Malawi, Senegal and Thailand.
  - ADP built capacity for IR in countries and helped countries identify priorities and strengthen safety monitoring.
  - First global dialogue on financing, equitable access and delivery and country preparedness took place.
- On behalf of WHO, Dr Swaminathan mentioned items related both to the Organization and more specifically to the new Science Division:
  - The two overarching goals of the Science Division are to make sure that WHO is ahead of the curve in terms of new science, technology and innovations (like innovation in genomics, use of AI and big data) and to ensure that we are harnessing these for public health while at the same time identifying the risks that some of these technologies could cause. The other area is to promote research, innovation and evidence-based policies while ensuring that everything WHO produces is of the highest standard.
  - The Department of Quality Assurance of Norms and Standards, one of the new departments within the Science Division, will ensure that everything produced by WHO as global goods, or with WHO's logo, goes through a quality assurance process. It will be a cross-cutting function from end-to-end from assessing the need for a proposed new publication (which are referred to as global public goods), prioritising production and planning ahead for the next biennium so that we know what is in the pipeline. The development of guidelines will be much more transparent and inclusive as they impact many people globally.
  - The Research for Health Department will perform several functions. One of those is horizon scanning or forecasting, to see what new technologies and new products are anticipated, and what the gaps are. Another function will be to work on research methods and tools, similar to the training modules and tools for implementation research that have been developed. It will also work towards common protocols and harmonizing regulatory requirements, particularly to assist at times of outbreaks. Global health ethics and governance will be another function of this department and will have to review its role and the ways of working in partnership with countries.
  - The Digital Health Department was set up to address demands from WHO Member States to provide more guidance on the regulations of digital tools and technologies – a strategy will be developed and presented to the next World Health Assembly.

**Discussion points**

- The JCB thanked the co-sponsors for their updates.
- Improved coordination on guidelines will reduce duplication and waste and will standardize the level of evidence to be used in guidelines. Aiming to reduce the turnover time for guidelines from 2 years to 9 months.
- TDR has a lot to share with the new departments, which can learn from our experience, and together create a knowledge platform that can be used more broadly across WHO.

**Item 7. Programme budget and workplan**

Dr Reeder presented the proposed Programme budget and workplan for 2020-2021 for discussion and approval by the JCB. In line with TDR's model and with the JCB approved budget levels of US\$ 40 million and US\$ 50 million, two budget and workplan scenarios with clear deliverables and costs were prepared, reviewed by external scientific working groups, STAC and the Standing Committee. Providing good and clear value for money is at the core of this budget.

**Key messages**

- Revenue forecasted for 2020-2021 is estimated conservatively and is in line with the US\$ 40 million budget scenario. At this point, US\$ 3.7 million is secured and US\$ 36.3 million is forecast, similar to previous biennia.
- The income trend seems to have stabilized. We will continue to advocate with our donors to increase their core fund contributions, while at the same time bringing in higher DF to support activities.
- The two budget scenarios were presented, with a split by UD/DF, by activities vs staff costs and operations vs operations support. TDR's working model is very efficient. Any further increase in UD revenue above the US\$ 40 million level will be solely used for funding activities.
- The anticipated decrease in UD income will be compensated by an expected reduction in staff costs and by an increase in DF funding. Overall, activities will receive an even higher proportion of funds than in 2018-2019.
- The prioritization process behind TDR's workplan involves many stakeholders and steps. Among these, consultations with countries, WHO regions and departments, co-sponsors, internal consultations, all bringing innovative ideas that are then prioritized by the external scientific working groups and overseen by STAC.
- TDR's workplan was presented, including expected results with success indicators and their summary by strategic work area and expenditure type. Each work area's workplan and budget was presented with a UD/DF split and the two budget scenario levels. Research for implementation, Research capacity strengthening and Global engagement, each receive a substantial share of UD funding.
- In WHO's Proposed Programme Budget 2020-2021, special programmes are listed as a separate budget line, outside WHO's base budget, to acknowledge their higher specificity, flexibility and autonomy under the auspices of their respective Boards.

**Discussion points**

- Explaining the increase in UD funding in 2018-2019 as compared to initial forecast: some countries provided additional funding; the exchange rate favoured TDR this time.
- Difficult to measure and express quantitatively the return on investment from research capacity

strengthening. Aside from scientific productivity and publications, there is an opportunity for WHO or other UN agencies to utilize the skills of PhD or MSc trainees and for countries to conduct research that addresses their own priorities.

- Genetic engineering in vector control is one area where TDR has expertise, however, we now do research on other vector control technologies. The Science Division will facilitate dialogue with countries to allay their fears and concerns regarding novel technologies.

#### **Decision**

- **Approved the TDR Programme Budget and Workplan for the 2020-2021 biennium.**

## **Item 8. Summary of decisions and recommendations**

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

## **Item 9. Moderated technical session and Q&A**

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

Dr Muhammad Homayoon Manochehr, Senior Advisor, General Directorate of Policy and Planning (GDPP) at the Ministry of Public Health in Kabul, Afghanistan, and a trainee of TDR's postgraduate training scheme in implementation research, presented on translating evidence to policy in Afghanistan to improve health care access in remote areas.

Professor Paul Gwakisa, Department of Microbiology, Parasitology and Biotechnology at the Sokoine University of Agriculture in Morogoro, the United Republic of Tanzania, presented on predicting vulnerability and improving resilience of the Maasai communities by mapping the location of tsetse flies, which has helped farmers avoid sleeping sickness in the Maasai steppe ecosystem of Tanzania.

### ***Discussion points***

- JCB thanked the presenters for the very interesting session, providing practical examples on achievements that had an impact on policy and practice in their countries.
- Implementation research in TB was key to understanding why some vulnerable groups avoided being tested and diagnosed with TB, so that they do not face deportation or stigma.
- A novel approach was proposed for remote communities in Afghanistan that lacked access to medical care: family health houses.
- The one-health approach has an important visibility in Tanzania, and zoonoses are concerns of national interest. In this context, TDR's project helped the country gather evidence and pilot new tools that can help local communities that contributed to the research.
- Multisectoral research is essential to prevent resurgence of trypanosomiasis and other zoonoses, given the interface between humans and animals, and their changing environment.
- Early engagement with local government helped a lot with policy change in the targeted area in Tanzania.
- The study helped build strong links with the community by conducting communications in the local language, providing an opportunity for communication channels to remain open for future interactions.

## Item 10. WHO Science Division: Research entities working together

Presented by Dr Ian Askew, Director Reproductive Health and Research, including HRP; Dr Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research; and Dr Garry Aslanyan, Manager, TDR Partnerships and Governance.

### **Key messages**

- Collaboration has intensified between the three research entities with several joint projects in research, capacity strengthening and advocacy.
- HRP, the Alliance and TDR collaborated on numerous initiatives, such as: developing a joint theory of change for capacity strengthening in implementation research, promoting and advocating for implementation research, joint small grants for research on Zika outbreaks in the Americas, embedding research for SDGs, country-led research for Universal Health Coverage, etc.
- Joint activities and results were presented and discussed, as well as challenges to implementation.

### **Discussion points**

- The three programmes were commended for working together and for their results.

## Item 11. Communications: Getting the right information to the right people

Presented by Dr Garry Aslanyan, Manager, Partnerships and Governance, and Ms Makiko Kitamura, Communications Officer.

### **Key messages**

- Presented some aspects from the TDR strategic communications review that interviewed 48 informants among key stakeholders.
- Dominant themes confirmed strong awareness of TDR research capacity strengthening history, a need to further emphasize the shift towards implementation research and alignment with the SDG targets, among others.
- Building new visual identities for TDR's strategic work areas.
- Showcasing research for implementation through multimedia and visual storytelling.
- Reshaped e-newsletter format to make it more appealing.
- Invited suggestions on: the type of communications that are most useful to JCB members to communicate about TDR and make us more visible; and a theme for TDR's 2019 Annual Report.

### **Discussion points**

- Local institutions should be encouraged to discuss with their government the activities done in collaboration with TDR, if this is likely to increase TDR's visibility and the project's chances for success.
- Explore placing donor logos on TDR products in places that are more visible to promote donor recognition.
- Explore a more strategic approach to communication, such as DNDi's way of approaching donors to publicize their important achievements through press releases. Consider sending governments brief communications with highlights of achievements, 2-3 times a year.

- Cross-sectoral collaborations could be a communication theme as related to TDR contributing to the 2030 SDG agenda.
- TDR to join some fora where strategic decisions are made on research capacity strengthening, R&D agenda and other areas where TDR has an edge.
- Make broader use of “national information sheets” or “country profiles”, to approach countries with more targeted information, to attract potential funders or to encourage them to participate in TDR’s governance.
- Continue to showcase the unique position of TDR, alongside the achievements, to encourage governments to continue funding TDR.
- Arrange side events during WHA for increased visibility.
- Sustained dialogue with TDR’s cosponsors to have TDR featured on their website, in their news, etc.
- Give implementation research a more human face through stories and concrete examples of how it has improved programmes in countries.

#### Recommendations

- **Further improve the visibility of TDR funders in its products.**
- **Consider targeted country-based advocacy and communication efforts, using tools such as country information sheets, highlights of achievements.**
- **Continue reiterating the unique added value of TDR within the overall health research architecture.**

## Item 12. TDR Governance

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

#### **Key messages**

- Dr Aslanyan presented the proposed changes to STAC membership.
- The new members will bring their key areas of expertise, while aspects of geographical representation, socioeconomic and gender equity have been taken into consideration.

#### Decision

- **Approved the proposed membership of STAC.**

## 2. Updates from the informal meetings of resource contributors and disease endemic country representatives

### *Discussion points*

- TDR contributing sustainability in countries through embedding research in the health systems.
- Emergency interventions – may want to consider to a greater extent research evidence for decision-making.
- UNICEF is testing a model similar to SORT IT in Bangladesh.
- TDR has not directly contributed to the Ebola response in 2019 but did train a team of researchers from the Democratic Republic of the Congo in 2018 on conducting research during outbreaks such as this one.

## Item 13. Date and place of JCB43 and JCB44

### *Discussion points*

- Following a proposal by the JCB in 2018 for the Standing committee to discuss its recommendation to consider a different time of year for future meetings, and following consultation with colleagues in the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) to possibly align the dates of the JCB with their Policy and Coordination Committee (PCC), it was decided that the JCB would remain in June.

### Decisions

- **Dates of future JCB sessions are:**

JCB43 will be held from Wed. 17 to Thu. 18 June 2020 (briefing session Tue. 16 June)

JCB44 will be held from Wed. 16 to Thu. 17 June 2021 (briefing session Tue. 15 June)

Both meetings will be held in Geneva.

## Item 14. Summary of decisions and recommendations

### *Key messages*

- The Rapporteur presented the decisions and key recommendations of JCB42 which were noted with thanks by the Board.

## Item 15. 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 expressed his gratitude to the Permanent Secretary, Ministry of Health, Zambia, for allowing him to complete his tenure as Chair of the Board, having recently completed his contract as Director of the Tropical Diseases Research Centre in Zambia.
- The Chair further thanked the Vice-Chair, the Rapporteur, the Secretariat, the invited presenters, the interpreters, operators and delegates for a productive meeting.

### III. Full list of decisions and recommendations

#### Decisions

1. Appointed Dr Ning Xiao (representative of China) as Vice-Chair for the next two years.
2. Appointed Dr Teresa Soop (representative of Sweden) as Rapporteur for JCB42.
3. Adopted the agenda of JCB42.
4. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
5. Approved the 2018 Annual Report.
6. Endorsed the report of the Standing Committee.
7. Endorsed the report by Chair STAC.
8. Approved the 2018 TDR Results Report.
9. Approved the 2018 TDR Risk Management Report.
10. Approved the financial management report 2018 and outlook 2019-2021.
11. Approved the Programme Budget and Workplan for the 2020-2021 biennium.
12. Approved the proposed membership of STAC.
13. Dates of future JCB sessions are:
  - JCB43 will be held from Wed. 17 to Thu. 18 June 2020 (briefing session Tue. 16 June)
  - JCB44 will be held from Wed. 16 to Thu. 17 June 2021 (briefing session Tue. 15 June)
 Both meetings will be held in Geneva

#### Recommendations

1. Welcomes and supports the appointment of Director TDR to take on the dual roles of Director TDR and Director of the new WHO Research for Health Department.
2. Seeks reassurance that the change will have no impact on TDR's budget and workplan, that the two roles are kept separate and WHO will finance the research division elements of the Director's time. Requested that any potential conflicts of interests are resolved as they arise.
3. Requested that the risks and opportunities at strategic, programmatic and governance levels for TDR are assessed, and that the arrangement is evaluated in a year's time.
4. Recommended that TDR consider analysing the proportion of corresponding authors from disease endemic countries, in addition to the current first authors and last authors, of TDR supported publications.
5. Recommended to further raise TDR's profile within the research related accelerator plan of the SDG3 Global Action Plan by promoting implementation research.
6. Further improve the visibility of TDR funders in its products.
7. Consider targeted country-based advocacy and communication efforts, using tools such as country information sheets, highlights of achievements.
8. Continue reiterating the unique added value of TDR within the overall health research architecture.

## **IV Annexes**

## Annex 1 – Agenda

Tuesday, 25 June 2019			
Time	Agenda item	Action / Information	Reference Documents
07:00-08:45	<b>BADGE COLLECTION FROM MAIN BUILDING RECEPTION (MUST BE REGISTERED IN INDICO)</b>		
09:00-09:15	<b>1. Opening of the Board</b> <i>Dr Modest Mulenga, Chair of JCB</i> <i>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Dr John Reeder, Director TDR</i>		
09:15-09:30	<b>2. Statutory business</b> <i>In accordance with the TDR Memorandum of Understanding, the Vice-Chair of JCB will be elected for a two-year term of office.</i> 2.1 Election of the Vice-Chair; appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests	<b>Election of Vice-Chair from among the JCB members</b>  <b>Appointment of Rapporteur</b>  <b>Adoption of agenda</b>	Draft Agenda TDR/JCB42/19.1/Rev1 Draft Annotated Agenda TDR/JCB42/19.1a
09:30-09:45	<b>3. Report by the Chair of the Joint Coordinating Board, including any decisions between sessions</b> <i>Dr Modest Mulenga, Chair of JCB40 and 41, will report on his activities as Chair since the forty-first session</i>	<b>Information</b>	Report of JCB41, June 2018 TDR/JCB41/18.3
09:45-10:45	<b>4. Progress since JCB41</b> 4.1 Director's report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB41 and the TDR Director's report.</i>	<b>Information and endorsement</b>	TDR 2018 Annual Report  Follow-up to the JCB41 decisions and recommendations TDR/JCB42/19.4
<b>JCB photo (on the stairs outside the EB room)</b>			
10:45-11:15	<b>COFFEE BREAK</b>		
11:15-11:25	<b>4.2 Report of the Standing Committee</b> <i>Professor Debra Jackson, UNICEF, will report on the Standing Committee's activities since JCB41.</i>	<b>Information</b>	Standing Committee 104 & 105 decisions and recommendations TDR/SC104/18.3 TDR/SC105/19.3
11:25-11:35	<b>4.3 Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC)</b> <i>Professor Charles Mgone, Chair of STAC, will present the STAC report.</i>	<b>Information and endorsement of STAC report</b>	Report of STAC41 TDR/STAC41/19.3
11:35-12:00	<b>4.4 Programme performance overview</b> <ul style="list-style-type: none"> <li>Key performance indicators 2018</li> <li>Risk management</li> </ul> <i>Dr Beatrice Halpaap, TDR Programme and Portfolio Manager, will present this item.</i>	<b>Information and endorsement</b>	2018 TDR Results Report TDR/STRA/19.3 TDR Risk Management Report, 2018 TDR/JCB42/19.5
12:00-14:00	<b>LUNCH BREAK</b>		

Tuesday, 25 June 2019 (continued)			
Time	Agenda item	Action / Information	Reference Documents
14:00-15:00	<b>5. Financial management report 2018 and outlook 2019-2021</b> <ul style="list-style-type: none"> <li>Financial report 2018</li> <li>Outlook 2019-2021 and Programme budget scenario levels for 2020-2021</li> </ul> <i>Dr Halpaap will present the financial report certified by the WHO Comptroller, the financial outlook 2019-2021 and the financial statement.</i>	Information and endorsement	TDR financial management report 2018 and outlook 2019-2021 TDR/JCB42/19.6 TDR certified financial statement for the year ended 31 December 2018 TDR/JCB42/19.7
15:00-15:30	COFFEE BREAK		
15:30-16:15	<b>6. Update from TDR co-sponsors</b> <ul style="list-style-type: none"> <li>6.1 UNICEF – <i>Professor Debra Jackson</i></li> <li>6.2 UNDP – <i>Dr Tenu Avafia</i></li> <li>6.3 World Bank -</li> <li>6.4 WHO - <i>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator, will provide an overview of the new WHO organigram, including the Science Division and transformation process.</i></li> </ul>	Information	
16:15-16:45	<b>7. Programme budget and workplan 2020-2021</b> <i>Dr Reeder will present the Programme budget and workplan for 2020-2021.</i>	Endorsement	TDR Programme Budget and Workplan for the 2020-2021 Biennium TDR/JCB42/19.8
16:45-17:00	<b>8. 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	
17:15-19:00	JCB RECEPTION (WINTER GARDEN) MAIN BUILDING CAFETERIA		

Wednesday, 26 June 2019			
Time	Agenda item	Action / Information	Reference Documents
09:00-09:45	<b>Meeting of TDR resource contributors (Indian Room – next to the Executive Board Room)</b> Chaired by the RC representatives on the JCB, Dr Sue Kinn (United Kingdom) and Professor Hannah Akuffo (Sweden)		
09:50-10:30	<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 Babatunde Salako (Nigeria) <i>Interpretation will be provided in English, French and Spanish.</i>		
10:30-11:00	<b>COFFEE BREAK</b>		
11:00-12:30	<b>9. Moderated technical session and Q&amp;A</b>  <i>Dr Garry Aslanyan, Manager, Partnerships and Governance, will moderate this session.</i>  <u>Overview and background</u>  Predicting vulnerability and improving resilience of the Maasai communities by mapping the location of tsetse flies, which has helped farmers avoid sleeping sickness in the Maasai steppe ecosystem of Tanzania. <i>Presented by Professor Paul Gwakisa, Department of Microbiology, Parasitology and Biotechnology at the Sokoine University of Agriculture in Morogoro, Tanzania</i>  Translating evidence to policy in Afghanistan to improve health care access in remote areas thorough gaining capacity in postgraduate training. <i>Presented by Dr Muhammad Homayoon Manochehr, Senior Advisor, General Directorate of Policy and Planning (GDPP) at the Ministry of Public Health in Kabul, Afghanistan</i>	Information	
12:30-14:00	<b>LUNCH BREAK</b>		
14:00-14:45	<b>10. WHO Science Division: Research entities working together</b>  <i>A representative from each of the research entities will present under this item.</i>	Information	
14:45-15:15	<b>11. Communications: Getting the right information to the right people</b>  <i>Dr Garry Aslanyan, Manager, Partnerships and Governance, and Ms Makiko Kitamura, Communications Officer.</i>	Information	

Wednesday, 26 June 2019 (continued)			
Time	Agenda item	Action / Information	Reference Documents
15:15-15:45	COFFEE BREAK		
15:45-16:15	<b>12. TDR Governance</b>  12.1 Membership of the Scientific and Technical Advisory Committee (STAC)  <i>Dr Garry Aslanyan will present this item.</i>	Endorsement	Proposed STAC Membership TDR/JCB42/19.9
	12.2 Updates from the informal meetings of resource contributors and disease endemic country representatives		
	<b>No end of term vacancies will occur on the JCB on 1 January 2020 and therefore no election is required under any paragraph of the MOU.</b>		Note on the membership of the JCB TDR/JCB42/19.10 Refer to the information documents for the current list of JCB membership
16:15-16:30	<b>13. Date and place of JCB43 and JCB44</b>  <i>Confirmation of the dates of JCB43 in 2020 and JCB44 in 2021. Both meetings will be held in Geneva.</i>	Decision	
16:30-16:45	<b>14. 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	
16:45-17:00	<b>15. Closing Session</b>  Any other business  Concluding remarks <ul style="list-style-type: none"> <li>TDR Special Programme Coordinator</li> <li>Chair JCB</li> </ul>		

## Annex 2 – List of participants

### MEMBERS

#### Belgium

Dr Ignace RONSE

Expert en santé publique, Direction Thématique, Direction Générale de la Coopération au Développement, Bruxelles

#### Burkina Faso

Dr Brice Wilfried BICABA

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

#### China

Dr Xiao Ning

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

#### Democratic Republic of the Congo

Not able to attend.

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

Dr Bernard PÉCOUL

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

Ms Joelle TANGUY

External Affairs Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland

#### Ecuador

Dr. Ronald CEDEÑO VEGA

Director Nacional de Estrategias de Prevención y Control, Ministerio de Salud Pública, Quito

Ms Marcela RIVADENEIRA

First Secretary, Mission permanente de la République de l'Equateur auprès de l'Office des Nations Unies à Genève et des autres Organisations internationales ayant leur siège en Suisse

#### Egypt

Dr Ayat HAGGAG

Undersecretary of Endemic Diseases, Ministry of Health and Population, Cairo

## Georgia

Ms Gvantsa CHANTURIA

Head, Virology and Molecular Biology Department, LEPL National Center for Disease Control and Public Health,  
Tbilisi

## INDEPTH Network

Professor Oche Mansur OCHE

Executive Director, INDEPTH Network, Accra, Ghana

## Japan

Not able to attend.

## Luxembourg and Germany 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 Jürgen MAY

Co-chair Board, Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany

## Malaysia

Not able to attend.

## Mexico

Ms Samira FIERRO SEDAS

Advisor, Permanent Mission of Mexico to the United Nations Office at Geneva and other International  
Organizations having their Headquarters in Switzerland

## Myanmar

Professor ZAW THAN HTUN

Director General, Department of Medical Research, Ministry of Health and Sports, Nay Pyi Taw

## Nigeria

Professor Babatunde SALAKO

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

Mr Godwin BROOKS

Head, Research and Knowledge Management Division/TDR Desk Officer, Department of Health Planning,  
Research & Statistics, Federal Ministry of Health, Garki - Abuja

## Panama and Spain Constituency

**Dr Juan Miguel PASCALE**

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**Dr Tomás LÓPEZ-PEÑA ORDOÑEZ**

Jefe de Área de la Subdirección General de Programas Internacionales de Investigación y Relaciones Institucionales | Head of Health Research for Development, Instituto de Salud Carlos III | National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid, Spain

**Mr Martín REMON MIRANZO**

Conseiller, Mission permanente de l'Espagne auprès de l'Office des Nations Unies à Genève et d'autres Organisations internationales en Suisse

**Mr Eduard GRAU NOGUER**

Colaborador (asuntos de sanidad), Mission permanente de l'Espagne auprès de l'Office des Nations Unies à Genève et d'autres Organisations internationales en Suisse

## Peru

**Dr. Ronnie GAVILÁN CHÁVEZ**

Director Ejecutivo de Enfermedades Transmisibles, Centro Nacional de Salud Pública del Instituto Nacional de Salud, Lima

## Philippines

**Dr Celia CARLOS**

OIC-Director IV, Research Institute for Tropical Medicine, Department of Health, Manila

## Sri Lanka

**Dr Sunil DE ALWIS**

Additional Secretary (Medical Services), Ministry of Health and Indigenous Medicine, Colombo

## Sweden

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**Dr Teresa SOOP**

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

## Switzerland and Norway Constituency

**Dr Alexander SCHULZE**

Head, Division Global Programme Health, Federal Department of Foreign Affairs, Swiss Agency for Development and Cooperation, Global Cooperation Domain, Bern, Switzerland

## **Thailand and India Constituency**

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

**Dr Chander SHEKHAR**

Scientist G & Head, Innovation & Translational Research, Child Health, Indian Council of Medical Research, New Delhi, India

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

**Dr Amy BLOOM**

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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## **Zambia**

**Dr Modest MULENGA**

Former Director, Tropical Diseases Research Centre, Ndola

## **CO-SPONSORS**

### **United Nations Children's Fund**

**Professor Debra JACKSON**

Senior Health Specialist, Officer in Charge, Implementation Research & Delivery Science Unit, Health Section, United Nations Children's Fund (UNICEF), New York, USA

### **United Nations Development Programme**

**Dr Tenu AVAFIA**

Team Leader: Human Rights, Law and Treatment Access, HIV, Health and Development Group, United Nations Development Programme (UNDP), New York, USA

### **World Bank**

Not able to attend.

## OTHER PARTICIPANTS

### Chair of the TDR Scientific and Technical Advisory Committee

Professor Charles MGONE

Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, Tanzania

### Technical presenters

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### World Health Organization

#### Headquarters, Geneva, Switzerland

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Dr Abdul GHAFAR

Executive Director, Alliance for Health Policy and Systems Research

Ms Charlotte HOGG

Head, Awards, Revenue and Donor Reporting

Dr Mubashar SHEIKH

Director, Office of the Assistant Director-General for Universal Health Coverage / Communicable and Noncommunicable Diseases

Dr Francesco BRANCA

Director, Nutrition for Health and Development, representing Dr Naoko Yamamoto, Assistant Director-General for UHC/Division of Healthier Populations

#### Special Programme Staff

##### Director's Office

Dr John REEDER

Director

Dr Garry ASLANYAN

Manager, Partnerships and Governance

Ms Maki KITAMURA

Communications Officer

Mr Rob TERRY

### Administrative Support to the JCB

Ms Christine COZE

Ms Elisabetta DESSI

Ms Izabela SUDER-DAYAO

### Portfolio and Planning Management

Dr Beatrice HALPAAP  
Portfolio and Programme Manager

Ms Caroline EASTER

Ms Annabel FRANCOIS

Ms Mary MAIER

Dr Mihai MIHUT

Ms Priyanka SHRESTHA (Global Engagement)

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Dr Dermot MAHER  
Coordinator

Ms Najoua KACHOURI ABOUDI

Dr Edward KAMAU

Dr Pascal LAUNOIS

Dr Olumide OGUNDAHUNSI

Ms Flora RUTAHAKANA

Dr Mahnaz VAHEDI

### Intervention and Implementation Research

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Dr Annette KUESEL

Mr Abdul MASOUDI

Dr Corinne MERLE

Ms Michelle VILLASOL

Dr Rony ZACHARIAH

### Vectors, Environment and Society

Dr Florence FOUQUE  
Team Leader

Dr Mariam OTMANI DEL BARRIO

Mr Daniel HOLLIES

Dr Bernadette RAMIREZ

Dr Qingxia ZHONG

## OBSERVERS

### Greece

Mrs Vasiliki KARAOULI

Director General of Public Health & Quality of Life, Hellenic Ministry of Health, Athens

### Italy

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Senior Officer, Ministry of Health, Directorate General of Health Prevention, Office V (Prevention of Communicable Diseases and International Prophylaxis), Roma

### Mozambique

Dr Francelina ROMAO

Health Counsellor, Permanent Mission of the Republic of Mozambique to the United Nations Office and other International Organizations in Geneva

## **Russian Federation**

**Dr Vladimir GUSHCHIN**

Head of Laboratory for the mechanisms of population variability of pathogenic microorganisms, National Research Centre for Epidemiology and Microbiology, Ministry of Health of the Russian Federation, Moscow

## **United Arab Emirates**

**Mr Abdulrahman AL OWAIS**

Minister of Health and Prevention, Ministry of Health and Prevention, Sharjah

**Mr Hussain ALRAND**

Assistant Under Secretary, Ministry of Health and Prevention, Sharjah

## **Bill & Melinda Gates Foundation**

**Dr Thy PHAM**

Senior Program Officer, Global Health Strategy, Planning and Management, Bill & Melinda Gates Foundation, Seattle, USA

## **Institut Pasteur**

**Dr Nadia KHELEF**

Senior Advisor for Global Affairs, Institut Pasteur, Paris, France

## **Instituto de Higiene e Medicina Tropical (IHMT)**

**Professor Paulo FERRINHO**

Director, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisbon, Portugal

## **PATH**

**Mr Philippe GUINOT**

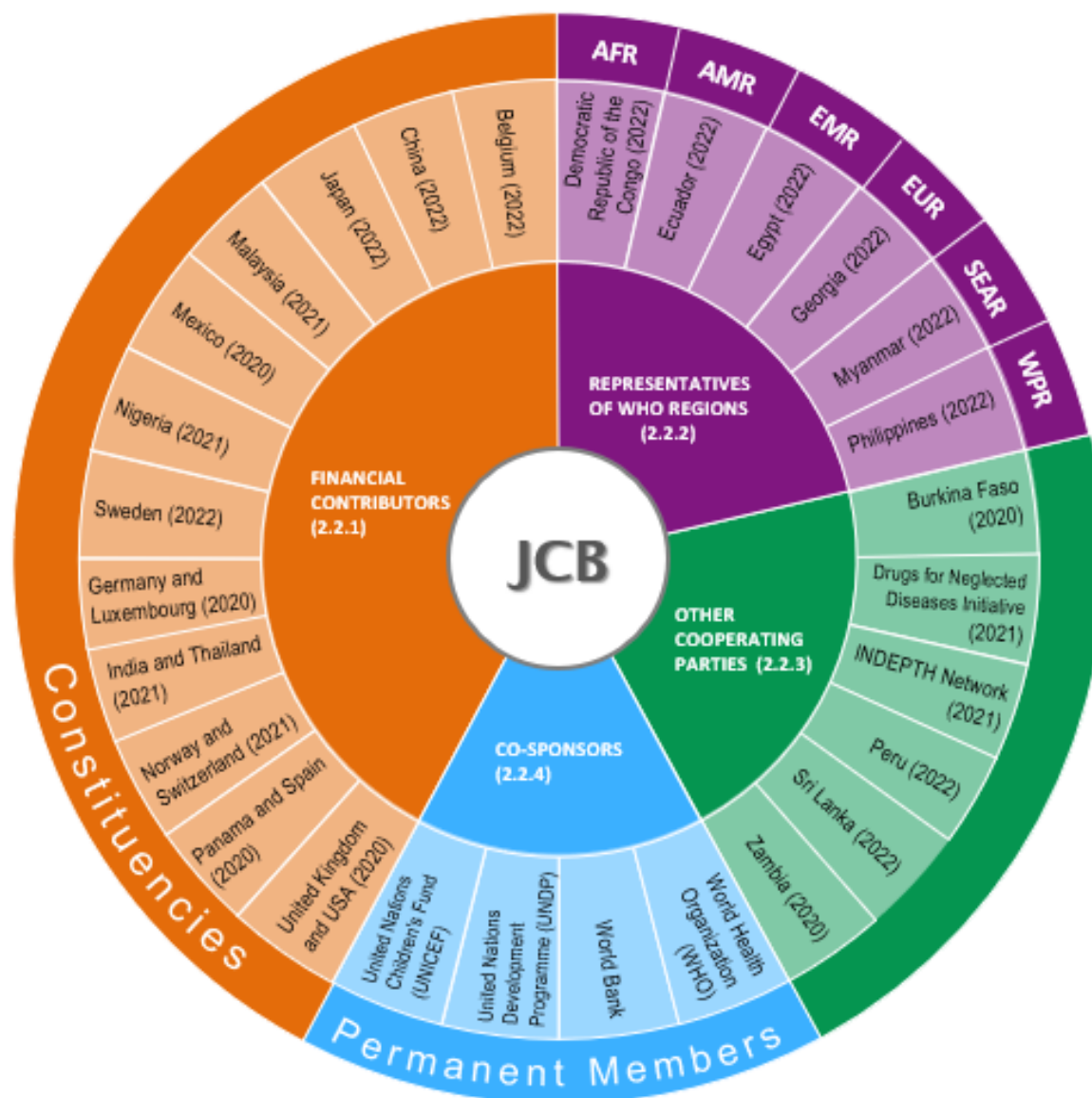
Director, Europe & West Africa, PATH, Geneva, Switzerland

## **The COHRED Group (Council on Health Research for Development)**

**Mr Janis LAZDINS**

The COHRED Group, Geneva, Switzerland

## Annex 3 – JCB membership from 1 January 2020



*Note that there has been no change to the membership since 1 January 2019.*

## Annex 4 – STAC membership from 1 January 2020

<i><b>Term of Office</b></i> (until 31 December)	
<b>(Chair) Professor Charles MGONE</b> , Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, Tanzania	<b>2014-2020</b>
<b>Dr Ayat ABUAGLA</b> , Trinity Centre for Global Health, Trinity College Dublin, The University of Dublin, Dublin, Ireland	<b>2017-2020</b>
<b>Professor Afif BEN SALAH</b> , Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Manama, Kingdom of Bahrain	<b>2018-2020</b>
<b>Dr Catherina BOEHME</b> , Chief Executive Officer, FIND Diagnostics, Campus Biotech, Geneva, Switzerland	<b>2020-2021</b>
<b>Professor Claudia CHAMAS</b> , Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	<b>2016-2021</b>
<b>Professor Sónia DIAS</b> , Associate Professor, International Public Health, Institute of Hygiene and Tropical Medicine, Lisbon, Portugal	<b>2016-2021</b>
<b>Dr Sara Irène EYANGO</b> , Directeur Scientifique, Centre Pasteur du Cameroun, Laboratoire National de Référence et de Santé Publique   Ministère de la Santé Publique, Yaoundé, Cameroon	<b>2016-2021</b>
<b>Dr Subhash HIRA</b> , Professor of Public Health and Senior Advisor, Public Health Foundation of India, New Delhi, India	<b>2017-2020</b>
<b>Professor Catherine (Sassy) MOLYNEUX</b> , Senior Scientist, Health Systems Research Ethics Department, KEMRI- Wellcome Trust Research Programme, Kilifi, Kenya	<b>2020-2021</b>
<b>Dr Alwyn MWINGA</b> , Executive Director, Zambart, Lusaka, Zambia	<b>2020-2021</b>
<b>Dr Shagufta PERVEEN</b> , Senior Instructor, Health System and Policy Research Group, Department of Community Health Sciences, The Aga Khan University, Karachi, Pakistan	<b>2018-2021</b>
<b>Professor Bertie SQUIRE</b> , Professor of Clinical Tropical Medicine, Liverpool School of Tropical Medicine (LSTM)   Consultant Physician, Tropical & Infectious Disease Unit, Royal Liverpool University Hospital, Centre for Applied Health Research and Delivery, Liverpool, United Kingdom	<b>2017-2020</b>
<b>Professor Xiao-Nong ZHOU</b> , Director, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, Shanghai, People's Republic of China	<b>2014-2020</b>