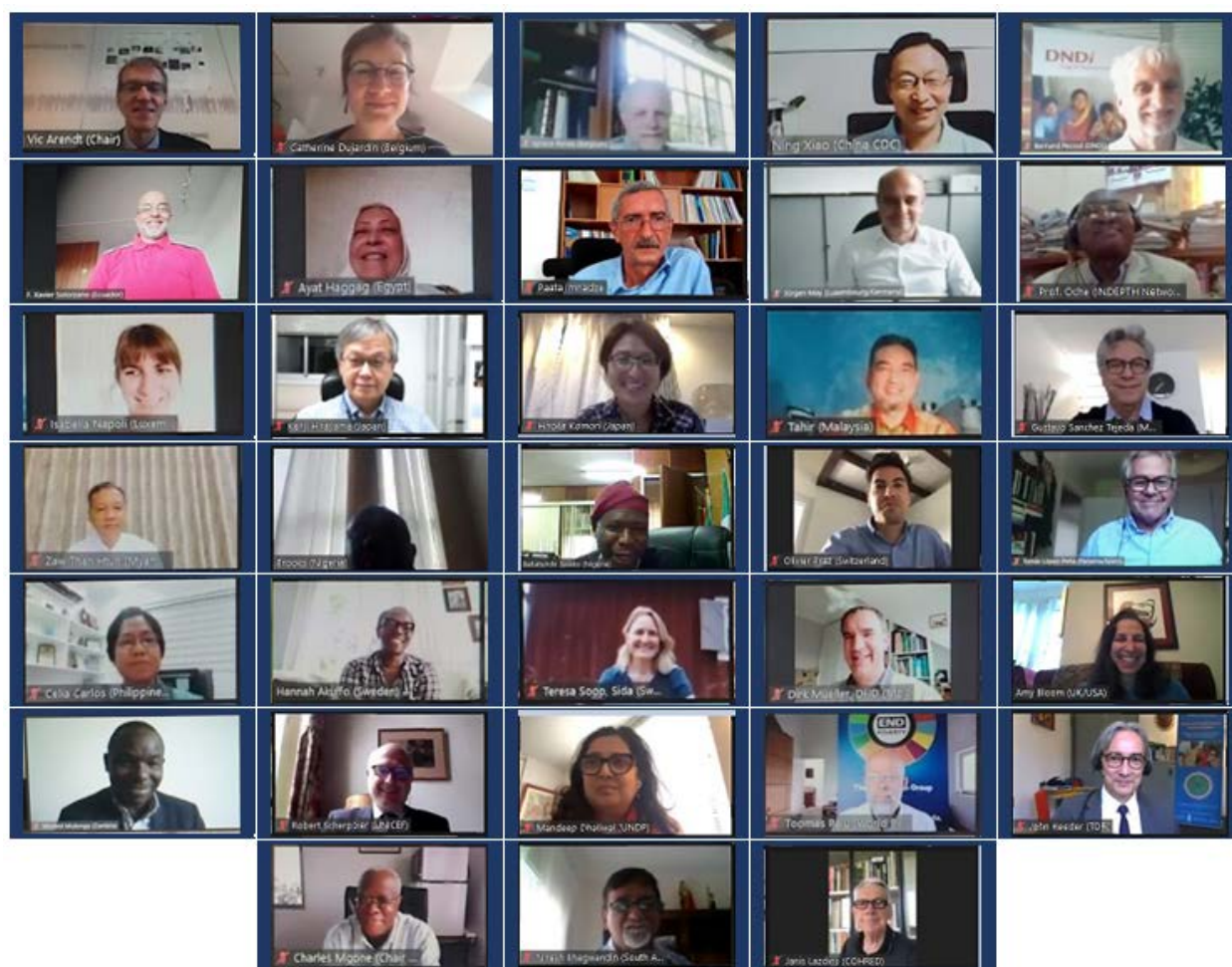


REPORT OF THE FORTY-THIRD SESSION OF THE JOINT COORDINATING BOARD

Virtual
17—18 June 2020



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Table of Contents

I. Introduction	2
II. Summary of proceedings.....	2
Item 1. Opening of the Board	2
Item 2. Statutory business	3
1. <i>Appointment of the Chair and rapporteur</i>	3
2. <i>Adoption of the Agenda</i>	4
3. <i>Declarations of interests</i>	4
Item 3. Decisions between sessions of the Board	4
Item 4. Director's report	5
Item 5. Financial management report 2018-2019 and outlook 2020-2023	8
Item 6. Report of the Standing Committee	10
Item 7. Report by the Chair, TDR Scientific and Technical Advisory Committee (STAC)	11
Item 8. Programme performance overview	12
Item 9. Update from TDR co-sponsors.....	15
Item 10. Date and place of JCB44 and JCB45	18
Item 11. Closing session	19
III. Full list of decisions and recommendations	20
IV. Annexes.....	21
Annex 1 – Agenda	22
Annex 2 – List of participants	24
Annex 3 – JCB membership from 1 January 2021.....	31

I. Introduction

As a result of travel restrictions due to the COVID-19 pandemic, the Forty-third 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 virtually on 17 and 18 June 2020. The session was chaired by Dr Vic Arendt of Luxembourg, and was attended by all JCB members except the Democratic Republic of the Congo. Representatives of several governments and organizations also attended the session as observers (see Annex 2).

Although the usual two day meeting was reduced to a total of a little under four hours, members and observers were given an opportunity to submit questions and comments either through an online survey system ahead of time or via the chat in the meeting platform. Deliberations of JCB43 focused on TDR's achievements since JCB42 and plans from 2020 onwards, with important decisions taken including approval of the 2019 reports - the Results Report, the Risk Management Report and the Financial Management Report - as well as the budget ceiling for the two 2022-2023 scenarios, which enables the process of preparing the Programme Budget and Workplan for the next biennium to begin.

II. Summary of proceedings

Item 1. Opening of the Board

Key messages

- In his opening remarks, **Dr Garry Aslanyan, TDR Partnerships and Governance Manager**, reminded participants of the rules of procedure for this first virtual session of the Board, before giving the floor to the TDR Special Programme Coordinator.
- **Dr Soumya Swaminathan**, WHO Chief Scientist and TDR Special Programme Coordinator, welcomed the delegates on behalf of the Director-General of the World Health Organization (WHO) and thanked members for their decision to convene virtually this year in order to continue the important governance business that allows TDR to continue its work uninterrupted.
- Dr Swaminathan mentioned the successful virtual meetings of the Scientific and Technical Advisory Committee in March, as well as the Standing Committee in April, both of which she attended.
- As the Chief Scientist of WHO, Dr Swaminathan gave an update on TDR and the Science Division, believing that the WHO transformation has worked well for the Division and the research entities (the reasons for setting up the Division and the way it is structured were mentioned last year).
- The three research entities¹ are now hosted together and have opportunities to interact and work together much more than before, including engaging in capacity building efforts and contributing to research policy. TDR Director John Reeder continues in his second role as Director of the WHO Research for Health Department. This role focuses on pulling together the different threads of research running across the Organization and giving more corporate attention to strategic and policy aspects of research, for example the Research Prioritization Framework.
- The work done by TDR in countries over many years to strengthen research capacity and engaging in implementation research efforts is now paying dividends, even as countries are trying to grapple with the COVID-19 pandemic and its impact on health systems.

¹ TDR: UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
AHPSR: Alliance for Health Policy and Systems Research
HRP: UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

- The Science Division keeps WHO ahead of the curve in terms of new science, technology and innovations, harnessing science for public health, and identifying potential risks of new technologies (ethical, social, legal and regulatory aspects) which countries need to deal with, while promoting the highest standards of research, innovation and evidence-based policies.
- Items relating to WHO have been moved to **Agenda Item 9, Co-sponsor updates**.

Item 2. Statutory business

1. Appointment of the Chair and rapporteur

As the **outgoing Chair, Professor Modest Mulenga of Zambia**, was not able to connect for the opening, Dr Aslanyan mentioned the procedure that had been followed to appoint the new Chair, as well as the rapporteur for JCB43.

At its meeting in April, the Standing Committee recommended nominating **Dr Vic Arendt, the representative of the Government of Luxembourg**, as Chair of the Board for the next three years. In the current situation, to avoid technical issues of proposing and seconding, the Government of Zambia moved to propose Dr Arendt. The nomination was seconded by the Government of Sweden. It was assumed that the JCB would agree to this proposal and Dr Arendt proceeded to act as Chair.

Dr Vic Arendt, incoming Chair, thanked the Board for his nomination, which he considers a privilege and an honour for Luxembourg. He then expressed his appreciation and thanks to the outgoing Chair, mentioning that Professor Mulenga was expected to join later to make his farewell address.

Dr Arendt also reminded the Board that **Dr Xiao Ning, the representative of the Government of the People's Republic of China**, continues to be the **Vice-Chair of the Board** and thanked him for his support to TDR during the past year.

Dr Arendt also mentioned that **Mr Godwin Brooks, representative of the Government of Nigeria**, kindly agreed to act as **Rapporteur for JCB43**.

Decisions

- **Appointed Dr Vic Arendt (representative of Luxembourg) as Chair for the next three years.**
- **Appointed Mr Godwin Brooks (representative of Nigeria) as Rapporteur for JCB43.**

In his **farewell address** at the beginning of Day 2, **Professor Mulenga** began by thanking the Secretariat for their hard work preparing for the meeting. He also thanked the JCB for the support that they have given to the Programme. Professor Mulenga congratulated the incoming Chair and thanked previous Chairs for their work, as well as the Standing Committee for their work behind the scenes to ensure that the Programme runs smoothly. He mentioned the changes during his tenure, including the transformation of TDR with its new strategic plan, the financial stability and the mainstreaming of approaches such as gender-sensitive research. He is thankful to the secretariat for listening to the voice of small island nations who have been benefiting directly from the Programme. Professor Mulenga went on to thank the Zambian Minister of Health, through the Permanent Secretary, for allowing him to continue as Chair JCB once he had left his official job as Director of the Tropical Disease Research Centre.

2. Adoption of the Agenda

The Draft Agenda of JCB43 was circulated to JCB members and observers in February and the Draft Annotated Agenda was made available on the JCB web page two weeks prior to the commencement of the session. No comments were received.

Decision

- **Adopted the agenda of JCB43.**

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. Decisions between sessions of the Board

Key messages

Dr Garry Aslanyan reminded JCB members of the email poll carried out in early May. Given the global situation as a result of COVID-19, JCB members agreed to the following two items:

1. **JCB43 to be convened virtually** on the dates previously agreed; and
2. **Membership elections to be postponed until 2021.** The membership term of those members due to end on 31 December 2020 has therefore been extended by one year (refer to the table below for the members concerned). The legal justification for this approach from WHO is linked to the exceptional circumstances and the inability to ensure secure elections. Members whose term is ending in 2020 will be invited to submit an application in 2021 for renewal of their membership from 1 January 2022. Refer to **Annex 3** for the list of members beginning 1 January 2021.

Membership category	Memberships due to expire on 31 December 2020
2.2.1 (4 members)	Mexico Germany & Luxembourg constituency Panama & Spain constituency United Kingdom & USA constituency
2.2.3 (2 members)	Burkina Faso Zambia

As the JCB agreed to these two items in writing, no further action is required.

Item 4. 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 Unit Head, Research for Implementation.

Key messages

- Referred delegates to the **2019 Annual Report**, which was developed in time for STAC in March and has since been distributed and used as an advocacy tool.
- Some of the **key achievements of the three areas** of Research for implementation, Research capacity strengthening and Global engagement include:
 - the Massive Open Online Course is now reaching thousands of researchers in 116 countries and is available in English, French and Spanish;
 - production of a training course on the ethics of implementation research developed with the WHO Health Ethics and Governance Unit;
 - a guidance on the use of Sterile Insect Technology (SIT) released;
 - operational research for a package of short drug regimens for drug resistant tuberculosis being implemented;
 - tackling antimicrobial resistance is being studied across 36 different studies in seven countries
 - work done on gender-based analysis in vector-borne diseases results in a guidance document on promoting gender-sensitive research, which is also being integrated into MPH courses;
 - the Early Warning and Response System (EWARS) for Dengue Outbreaks Operational Guide now part of the national surveillance programme in Mexico and being piloted in Colombia, India, Sri Lanka and Thailand;
 - small grants leveraged US\$2 million to support 77 research grants in five WHO regions;
 - completion of the Health Product Profile Directory (HPPD), now being integrated into the WHO R&D end-to-end process;
 - the Social Innovation in Health Initiative (SIHI) has gone from strength to strength, allowing us to start stepping back, facilitate if necessary, and watch the hubs develop on their own;
 - a TDR Global project piloting research crowdfunding brought researchers together with mentors to encourage different ways of getting support for their ideas;
- The **UNICEF and UNDP "Big Think Challenge"** is an example of a project that closely aligns SIHI with two of our co-sponsors. The project, which is based around informal healthcare delivery at small pharmacies, won second prize in the innovation challenge and is a demonstration of us working together with two of our co-sponsors but also of the quality of work coming through this stream and its international competitiveness.

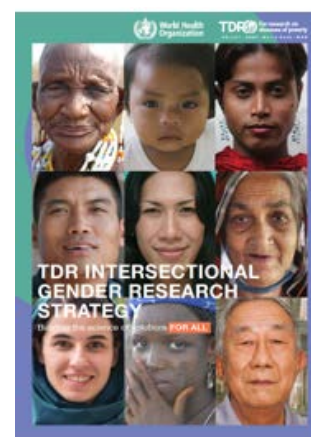


- **A brief overview of the finances** included:

- Good estimation of the 2018-2019 budget of between US\$ 40-50 million. Lower spending on support costs and staff allowed an increase in operational undesignated funds; designated funds also increased.
- Approved budget for 2020-2021 of between US\$ 40-50 million based on the same model. Began the biennium using the US\$ 40 million scenario and a portfolio review in September will determine whether we move to the higher scenario.
- The same two scenarios are being proposed for 2022-2023.

- **Promoting gender-responsive interventions for infectious diseases.**

TDR's increased work in this area is in response to a request from the JCB, STAC and the Standing Committee for us to be at the forefront of promoting gender equity and gender responsiveness in research. The recently released TDR Intersectional Gender Research Strategy highlights the principles of equality, diversity and inclusiveness across the research spectrum. A toolkit will follow to assist in incorporating this kind of analysis into research and an online course on gender-based analysis is also being created. We address both the way that research is done and the topic of research, as well as the disaggregation of data.



- Great improvement in the **number of contracts awarded to women** by TDR in 2019 compared to 2012. Analysis has also shown the difference between the amounts as well as the number of contracts. In the beginning, as the number of contracts awarded to women rose, the amount still stayed down. What we see now, however, are very similar figures between men and women.

- **Personnel changes.** We welcomed Dr Abraham Aseffa as Unit Head of the Research for Implementation team. We also bid farewell to two senior staff: Olumide Ogundahunsi and Christine Halleux, and wish them well in their new positions.

- **TDR reorganization.** The proposed reorganization to simplify the structure of TDR, held up during the reorganization and transformation of WHO, has now been formally passed, with the structure of TDR now concentrating around three units, Research Capacity Strengthening, Research for Implementation and the Programme Innovation and Management Unit.

- **TDR and the COVID-19 response.**

- TDR is not an emergency response organization and should not turn its core business towards emergency response, however we do need to be aware of where we can assist or build capacity for situations such as the current COVID-19 response.
- We remain in close touch with our grantees and institutions and we are working with them to ensure things are running well. Financial implementation remains on target.
- A recent survey of trainees from three TDR training schemes (SORT IT, Postgraduate training and the CRDF) determined that of the 700 respondents, around 60% are involved in the COVID-19 response. The results show that although the training was not on emergency response, around 400 of the trainees were directly employed in the COVID-19 response. Around 80% said they were equipped with the skills required as a result of their TDR training, reinforcing our assertion that building solid research capacity within countries as a long term goal equips them to deal with emergencies such as this, as well as with routine public health implementation.

- We joined the COVID-19 Clinical Research Coalition, a number of different institutions interested in supporting clinical research and trials, with DNDi as one of the founders, which aims to accelerate research on COVID-19 in resource-limited settings. We are currently involved in a data sharing working group, assisting with training courses on good clinical practice for the WHO Solidarity trial and ensuring that countries have the capacity to be able to fully participate in these large trials.
- In response to requests from the 27 countries of the West African Research Network and Central African Research Network for TB research, TDR is working with them to assess and mitigate the impact of COVID-19 on TB in that region. The Strategic Development Fund allowed us to fund 11 projects in countries in the region, looking at ways of continuing to provide TB services, including trying digital technologies to overcome issues of access due to quarantine related restrictions and looking at how we can enhance community engagement.
- One of the collateral damages of such an epidemic is that people are not treated properly for some of the existing public health problems such as malaria, TB and HIV, so it is important to identify strategies and produce evidence that would support health systems to maintain essential services.

Discussion points on the Director's report

- JCB thanked Dr Reeder for his interesting and enlightening presentation, which showed in the example of COVID-19 how building research capacity in-house gives broad potential for it to be applied to many different diseases, but also to prevention, social innovation, community involvement, work on the environment, climate change, etc.
- Congratulated TDR on its achievements, in all the different areas, especially given these difficult times.
- Welcomed the launch of the Intersectional Gender Research Strategy as an important tool for the future. Pleased with the focus on gender-sensitive research which is very important and is something that does not always receive enough attention from donors.
- Two tangible results are supporting the R&D priority setting. The first is the portfolio to impact (P2I) tool. Pleased to see that some product development partnerships (PDPs) have taken it up in orienting and priority setting and that WHO is using it as a public global health good. The second is related to the health product profile directory (HPPD). Products profiled today focus mainly on HIV, TB and malaria. Requested elaboration on the TDR and WHO strategy to promote the HPPD, as well as extending it to use on neglected tropical diseases.
- The key objective of the Research for Implementation Unit is to make the link between research and implementation. Requested some examples, based on last year's portfolio and concrete translation of evidence into effective policy and information. Examples are EWARS, which started to be utilized in Mexico, while also being piloted in several other countries; improved TB, HIV and paediatric care in several countries, as well as vector control interventions.
- Asked what TDR thinks the key is to the broader effect of its training, responded that within the training courses we concentrate not on making people absolute specialists, it's about equipping professionals in countries with good, solid research skills which are flexible and transferable. JCB members found that this work done by TDR is of strategic importance and builds important country assets.

Item 5. Financial management report 2018-2019 and outlook 2020-2023

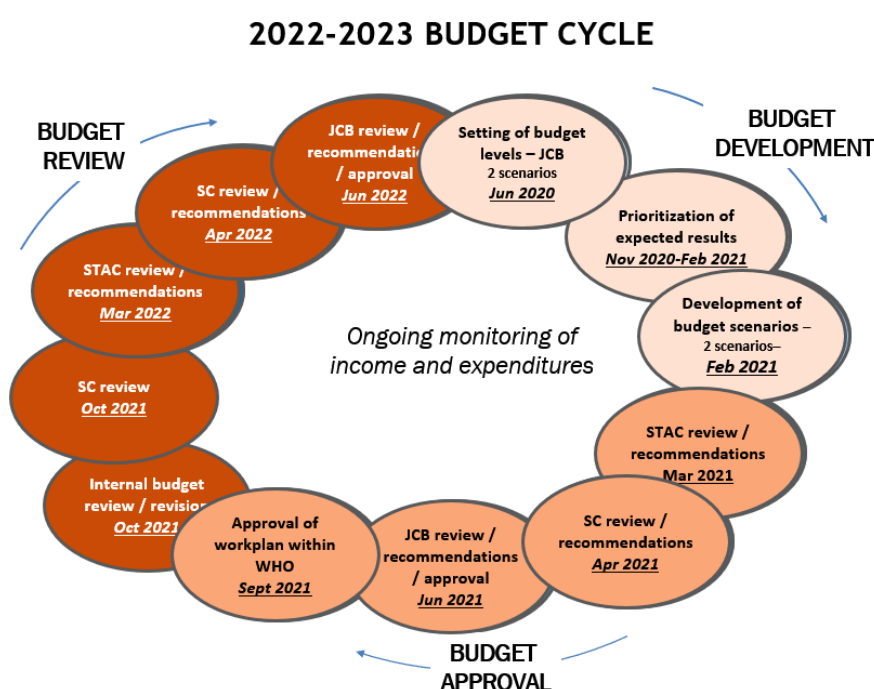
Dr Beatrice Halpaap, Unit Head, Programme Innovation and Management, presented the financial management report for 2018-2019 and the outlook 2020-2023, looking at financial performance in the context of WHO's biennial 2018-2019 financial cycle, and subsequently moving to the 2020-2023 outlook.

Key messages

- Dr Halpaap began by thanking the WHO Comptroller and her team who were once again a great support in the preparation of the financial report and certification.
- Explained that TDR income is made of: core or undesignated funds (UD) and funding for specific projects (designated funding-DF). Explained that for the past several biennia, the budget and workplan includes two scenarios approved by JCB. The lower one is always used to begin the biennium, to mitigate the uncertainty of funding and, as funding becomes more secure, implementation moves towards the higher level scenario.
- Funds available for the **2018-2019 biennium**, including carry-over, were US\$ 50.7 million. Following the usual monitoring and reviews in 2018, in January 2019 we moved to the higher budget scenario, reallocated funds and revised planned costs. This reporting is against the revised planned costs.
- Utilized funds refers to contracts issued, expenditure and other encumbrances, allowing us to track funding committed. US\$ 37.2 million of the US\$ 45.9 million planned costs were utilized, with operations activities funded by undesignated funds at 89% implementation of funds utilized. Utilization of designated funds was delayed due to a timing issue as contracts expected to be issued in December were signed the following January; donors of those funds did not have an issue with this minor delay.
- Savings totalling US\$ 4 million for the biennium in staff costs were due to three reasons: vacant positions (the gap between the departure of the retired Team Leader for IIR and the recruitment of the new unit head; the communications officer position being vacant for some time); lower salary costs than WHO standard costs used for budgeting, which depends on staff personal benefits, depending on their personal situation, and the reduction in UN professional staff costs due to a cost of living adjustment (following a successful appeal, the amounts deducted from staff were reimbursed by WHO).
- Summary of funds utilized by work area: IIR - 85%, VES - 82%, RCS - 80%, GE - 89%. SDF² - 64%.
- **The budget and workplan for the current biennium 2020-2021** were approved by the JCB in 2019 - US\$ 40 million and US\$ 50 million scenarios, with a split of undesignated 75% / designated 25%.
- Analysis of the **implication of exchange rate trends** of the four main currencies in which TDR receives funding (British Pounds, Swedish Kroner, Euros and Swiss Francs) shows a significant difference in some cases, i.e. the difference between £10 million received in 2012-13 and 2020 is roughly US\$ 4 million less in 2020. We have also seen a decrease in the amounts received in other currencies. This uncertainty is integrated into our forecasting, which is very conservative.
- Appreciative that TDR continues to receive regular funding from a number of low- and middle-income countries, some of whom have been financing TDR for many years.
- In the context of COVID-19 we are being very conservative.

² Strategic Development Fund: At the discretion of the Director, the fund allows provision of seed funding to new opportunities during the biennium that were not possible to be planned at the time of budget development.

- The Standing Committee agreed that US\$ 3.5 – US\$ 4.5 million of the undesignated funding available, which includes the staff cost savings, be used to strengthen the working capital for liabilities. The working capital provides liability for salary costs (usually two years in advance), which is as per WHO's good practice and was begun at the request of the Comptroller. The current working capital is at US\$ of 8 million (about one year). Adding another US\$ 3-4 million will provide a good base and be considered good management for the future of the Programme.
- One fifth into the biennium, financial implementation is on track. Finances and implementation are monitored each month. During the COVID-19 situation, managers have kept in contact with their grantees to see if any delays are expected and whether a contingency plan is required. If necessary, adjustments will be made following the Portfolio Review meeting in September.
- **Planning for the 2022-2023 biennium**, requires endorsement at the next JCB of the Programme Budget and Workplan. For this the budget scenario levels need to already have been endorsed. The figure below provides a detailed overview of our budget cycle for the next biennium.



- The Standing Committee agreed to the budget scenarios proposed at the same level as 2020-21: US\$ 40 million (with a split of US\$ 28 million undesignated and US\$ 12 million of designated) and US\$ 50 million (with a split of US\$ 34 million undesignated and US\$ 16 million designated).
- Our realigned structure will allow us to move forward to contribute to the Sustainable Development Goals and to WHO's Global Action Plan, as well as to co-sponsors' strategic plans. We are turning issues into opportunities and finding innovative ways to work during the pandemic, strengthening partnerships and managing risks while enhancing our fundraising efforts.



Discussion points on the financial report

- JCB thanked Dr Halpaap for her presentation.
- Written questions on reimbursement by WHO of personnel costs and cash outflow and carry-over were primarily responded to during the presentation.
- An additional written question referred to the possible discontinuation of further support to WHO by the United States Government, how this risk has been included in the lower budget scenario and whether this would affect TDR. This situation is not considered a high risk as no undesignated funding is received from the United States, only designated funds for specific projects which means that if there is no funding, the work will be discontinued without liability for TDR.
- In response to a question on risk management in terms of funding and programming, TDR monitors carefully and follows up regularly with donors for confirmation of their contributions. Although our donors may not be in a position to confirm, we try to have as much certainty as possible. Currently about 60% of the budget for 2020-21 is confirmed, but some agreements are conditional. Ideally, non-conditional, multi-year agreements give us the most flexibility.
- Commented that the TDR financial situation is rather complex, which will assure the continuation of work in the years to come. Impressed to see the impact that changes in the exchange rate have on the overall budget and asked whether there is a related risk mitigation policy or strategy. In response, it was mentioned that it is not only the exchange rate that can cause problems but also any drop in historical funding. These are addressed in several ways but it is having the two budget scenarios that gives us the flexibility to adjust accordingly. WHO also provides hedging, allowing us to hedge against high amount, multi-year agreements.
- Asked whether a cut in donor contributions is anticipated due to a possible global recession and financial implications that go with COVID-19, responded that the flexibility of the two budget scenarios should allow for limited reductions.

Decisions

- **Endorsed the financial management report 2018-2019 and outlook 2020-2023.**
- **Endorsed the certified financial statement for the year ended 31 December 2019.**
- **Approved the two budget scenario levels for the 2022-2023 biennium.**

Item 6. Report of the Standing Committee

The reports of the previous two Standing Committee meetings were shared in advance with participants. No specific questions or comments were received on these reports.

Chair JCB thanked the Standing Committee for its work between JCB sessions and the commitment of members to TDR. The Standing Committee meetings also help to strengthen the interactions and collaborations between the Programme and the related activities of the co-sponsors and to develop and extend projects and activities, which is a very important role of the meetings.

Item 7. 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 virtual meeting in 2020, STAC reviewed several reports, including those from the scientific working groups (SWGs). At their meeting the STAC:
 - Endorsed the 2019 Results Report and 2019 Risk Management Report; and
 - Reviewed the financial implementation for TDR activities.
- STAC welcomed two new members, Dr Catharina Boehme, CEO of FIND Diagnostics in Geneva, and Professor Sassy Molyneux from KEMRI-Wellcome Trust in Kenya.
- Welcomed the establishment of a training course on ethics for implementation research.
- Highlighted the work with IAEA on SIT (the sterile insect technique), the development of a health product profile directory and the robust partnerships and collaboration with WHO departments, as well as external agencies, through global engagement, which has led to the raising of nearly US\$ 2 million.
- Noted the rise in the number of contracts and grants awarded to women and suggested that TDR review and analyse the reasons behind this success.
- Although TDR is already engaged in digital innovation and mobile application technology, recommended working with the WHO Digital Technology team to explore augmenting the role of digital technology in TDR activities.
- Concerning the relationship with the WHO Science Division and Director TDR's dual role, having reviewed this, STAC considers it a healthy situation that benefits mutually both WHO and TDR and is happy to confirm that this is going very well.
- STAC feels that the current COVID-19 situation should not change TDR's direction, although TDR should be aware that it could influence the Programme's productivity, particularly where possible diversion of field human resources or donor funding is concerned. Advised TDR to monitor this carefully and to include it in the risk registry, with appropriate mitigation measures to guard against such a negative impact.
- Suggested taking the opportunity of the COVID-19 pandemic to strengthen distance learning models.

Discussion points

- Thanked Professor Mgone for his clear and comprehensive presentation and thanked STAC members for their invaluable advice and support to TDR

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

Decision

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

Item 8. Programme performance overview

Dr Beatrice Halpaap presented an overview of the Programme performance achieved in 2019, including technical achievements, application of TDR's core values and management performance.

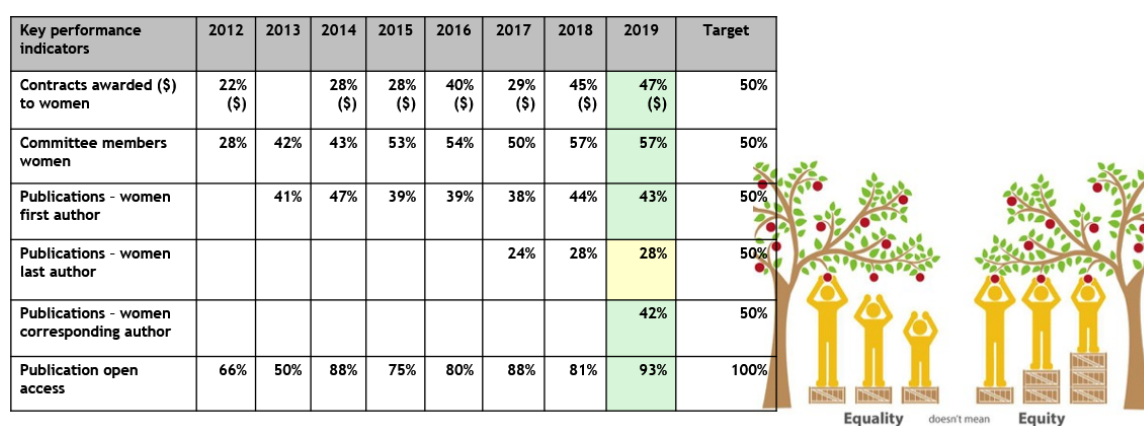
Key messages

- The **TDR Performance Framework** guides monitoring and evaluation at Programme, work area and project level. Revised in 2018, the Framework allows us to monitor and measure implementation of our strategy and how the strategy is contributing to the WHO triple billion targets, the Global Action Plan for SDG3³ and, in general to all Sustainable Development Goals.
- The Framework's 26 key performance indicators, developed in consultation with stakeholders, help us to measure what we do, the technical results, and how we do it, management performance and the application of core values. Each year the measurement of these indicators is compiled in the **TDR Results Report**.
- Performance is measured to demonstrate the impact of our work and to know what works, what doesn't, how we work and how we position ourselves, allowing us to improve our performance.
- TDR has developed 24 expected results that show how we will implement the strategy. These expected results are also in the **Programme Budget and Workplan**, with clear targets and allocated funding. Outcomes are also monitored according to indicators, such as when innovative knowledge or new and improved solutions and tools developed through TDR support are applied by disease endemic countries. Another indicator looks at the number of instances when tools and reports are used by global and regional stakeholders or major funding agencies to inform policy or practice.
- Our strategy contributes very much to the work of WHO and to SDG3, as well as other SDGs mentioned in the Report.
- **Management systems** have been put in place to manage in a systematic way, anticipate issues and be able to transform them into opportunities. The results based management and the Performance Framework have been useful, as have the risk management register and mitigation plans and the staff career development programme.
- The **grant and project management system** that has been developed over the past several years is in the final development and testing phase and is expected to be launched this year.
- One of the **core values** being applied is very close to the purpose and the heart of TDR: leadership of disease endemic countries. The figure below shows how things have evolved in this area.

Disease endemic country leadership	Key performance indicators	2012	2013	2014	2015	2016	2017	2018	2019	Target
	Contracts awarded (\$)	70%	75%	70%	78%	82%	74%	83%	74%	75%
		(\$2.8 / \$4.1m)	(\$3.7 / \$4.9m)	(\$5.4 / 7.7m)	(13.5 / 17.3m)	(\$9.1 / 11.1m)	(\$9.4 / 12.6m)	(\$6.4 / 7.7m)	(\$ 9.1 / 12.2m)	
	TDR committee members	59%	69%	71%	71%	72%	78%	68%	70%	60%
	Publications (1 st author)	65%	68%	67%	63%	73%	73%	73%	85%	67%
	Publications (last author)						56%	60%	63%	67%
	Publications (corresponding author)								83%	67%

³ Ensure healthy lives and promote wellbeing for all at all ages

- 85% of first authors of publications supported by TDR and 63% of last authors are from low- and middle-income countries. The corresponding authors' measurement was added last year following a request by JCB, and it shows that 83% of these authors came from disease endemic countries in 2019.
- Provided an update on **risk management**, which is at the core of our management performance. Four risks are being mitigated and are fully controlled, while five are being mitigated and have some issues and are being monitored: the WHO transformation and its impact on the special programmes is being well mitigated and watched carefully. The lack of visibility potential within collaborations and partnerships has also been addressed and systematized so that we make sure TDR gets appropriate credit. Anticipating global health emergencies is the new risk that was added this year, and is the one that needs the most attention today. One risk is being mitigated but has major issues: the WHO staff mobility policy.
- Looking at the application of core values shows that we now have improved equity. 47% of contracts awarded were to women and 57% of our committee members are women. The number of women as first author of TDR supported publications is closer to the target, however, last author female authorship remains low, something that we need to investigate. See the figure below for more information on the numbers.



- Further analysis of indicators shows the strengths as well as areas to be worked on. Looking at integration of disease endemic country leadership and gender equity: for publications, 35% of first authors of TDR-supported publications are women from disease endemic countries, 34% are corresponding authors and 19% last authors.
- In 2014, WHO established an Open Access Policy. As there is usually a delay of several years between the work being done and publication, we are pleased to see that this year the numbers continue to increase and, at 93%, are getting closer to the target of 100%.
- TDR's strategy is focused on leveraging and engaging through partnerships. We estimate that during 2018-19 around US\$ 54 million was leveraged, which means that for every dollar invested, around \$1.50 was leveraged. In terms of people, with only 30 staff in TDR, we are really leveraging and mobilizing, with over 990 collaborators in the field, a great multiplication of effort.
- Technical implementation goes hand-in-hand with financial implementation and demonstrates that 2018-19 was a great biennium for TDR. A lot of the things implemented contribute to implementation of our strategy, which is in turn contributing to co-sponsors' strategic plans, the results framework and the Global Action Plan on health related SDGs.

Discussion points

- JCB thanked Dr Halpaap for her comprehensive presentation.
- **Strengthening country preparedness for disease outbreaks.** Discussed the extent to which countries could benefit from experiences and lessons learnt in disease outbreak control and surveillance in relation to the current COVID-19 pandemic and the potential role for TDR. As already done with our alumni, we could ask questions such as did the alumni feel there were skills they didn't have that they could have applied. This information could help with the way TDR conducts its training. Look for specific areas that require research skills building; TDR should be looking for gaps that it can fill.
- **Risk 19 – Anticipating global health emergency events (new).** With the environment, lifestyles, human and animal close contact, and other social determinants constantly changing, and considering that Ebola, bird flu and COVID-19 are similar public health emergency events that have occurred in recent years, suggested that TDR consider the long term need to support the research to build resilience to such events.
- **Risk 16 – Impact of WHO staff mobility policy on TDR.** The question of staff mobility has been discussed for several years now with WHO. It would not be advantageous to TDR to be part of the mobility scheme as we have staff recruited who have very specific skills. One of the advantages of the Science Division and TDR coming together with HRP and The Alliance is clearly showing what is different about special programmes and partnerships, for example the specialized personnel, or our budget ceilings no longer being restricted by WHO. Although the risk of staff mobility cannot be downgraded until a clear answer has been received from WHO, it is no higher than before.

Decisions

- **Endorsed the 2019 TDR Results Report.**
- **Endorsed the 2019 TDR Risk Management Report.**

Item 9. Update from TDR co-sponsors

Key messages

- On behalf of UNICEF, Dr Robert Scherpbier, Senior Health Specialist, Implementation Research & Delivery Science Unit, Health Section, gave an overview of joint collaborations, including:
 - Although not funding TDR directly, UNICEF has co-funded some activities, including the global conference on implementation science in Dhaka, Bangladesh, in June 2019.
 - Engaged with a global financing facility at the World Bank, WHO and USAID in a coalition on implementation science and research to develop a theory of change and a handbook for decision-makers at primary health care level.
 - Working on an overview of implementation research guidelines and training courses in an attempt to harmonize implementation research guidance for countries and to develop a roster of individual and institutional consultants in implementation research.
 - Would like to strengthen collaboration with TDR, in particular on reinforcing our roster with SORT IT graduates and TDR research hubs.
 - Consultations are planned at the end of June and on 22 July with an initial focus on COVID-19, will serve as an exemplar and entry point for a broader discussion on implementation research in primary health care.
 - Together with the University of North Carolina at Chapel Hill and the Lancet, UNICEF is preparing for a Lancet Commission on implementation in global health.
 - UNICEF would like to strengthen its collaboration on implementation science and research with TDR, with a focus on integrating implementation research into routine programming, bringing together guidance at country level, such as through joint funding applications with the Global Fund and GAVI and through joint research capacity strengthening activities.
 - Built on existing theories of change for research capacity strengthening by TDR, HRP and the Alliance, and drawing on stakeholder interviews conducted in collaboration with USAID, UNICEF's theory of change aims to give guidance. Joint interests include antimicrobial resistance, immunization, humanitarian context and private sector healthcare. The theory of change was developed for institutionalizing implementation science and research at country level across five pillars: governance, funding, capacity development, review and planning and information management systems.



- Working with GAVI and the Global Fund to include implementation research into proposal development.

- *Through ESSENCE, TDR has years of knowledge and experience on how to work with funders for research. We would like to strengthen our collaboration in that regard.*
- *TDR also leads the way in research capacity strengthening. Rather than duplicating that work, we see collaboration for joint trading opportunities and guidance. Our vision is that the handbook and the mapping of guidance, training and local experts will help promote an integrated approach to implementation science and research at country level.*
- *Reviews of country progress happen regularly, but less often this process is used to identify systematically structural health system barriers as an entry point for implementation research. By using good country examples and strengthening country platforms, we hope to change this.*
- *Current timelines of surveys do not favour programme change processes to happen more frequently than once every three to five years. Our team working on Digital Health Solutions is working towards near real time monitoring. Implementation research is seen as a solution for more frequent programme changes based on evidence.*
- *Overall, working across these five pillars, we aim to institutionalize implementation science and research at country level.*
- Joint collaboration on the 'Big Think' Challenge. UNICEF, UNDP and TDR have been working together to address childhood infectious diseases since 1974. A private sector partnership for treating childhood pneumonia, diarrhoea and malaria has been ongoing since 2010.
- The private sector provides treatment for two thirds of sick children in low- and middle-income countries. However, global efforts to improve treatment of childhood illnesses using Integrated Community Case Management (iCCM) or Integrated Management of Childhood Illnesses (IMCI) at community level have focused primarily on the public sector. TDR, UNDP and UNICEF have recently joined forces to support scale-up of private health sector partnerships to expand iCCM and IMCI.
- Thanked Dr Reeder and his TDR colleagues for the organization of this virtual Joint Coordinating Board meeting, and for the excellent collaboration in the past years.
- On behalf of UNDP, Dr Mandeep Dhaliwal, Director: HIV, Health and Development Group, Bureau for Policy and Programme Support, gave an overview of joint collaborations, including:
 - Collaboration through the Access and Delivery Partnership (ADP) which continues to gain momentum. In 2019 the partners, UNDP, TDR, WHO and PATH, added two new programme countries: Burkina Faso and Bhutan to the existing seven countries: Ghana, India, Indonesia, Malawi Senegal, Tanzania and Thailand. In light of COVID-19, ADP partners will be investing more in digital platforms to both strengthen the capacity of governments in programme countries and to foster south-south learning and cooperation.
 - ADP and TDR jointly developed and launched a discussion paper on the gender dimensions of NTDs at the annual meeting of the American Society of Tropical Medicine and Hygiene in 2019.
 - A global webinar marked the first World NTD day on 30 January this year, with over 600 participants from over 70 countries participating.



- Collaborating on the Uniting Efforts for Innovation, Access and Delivery (UE) platform, which is co-convened by ADP partners, the Government of Japan and the GHIT Fund. Technical meetings have to date focused on equitable access and delivery, looking specifically at concrete ways to integrate access and delivery considerations into the R&D process from the early stage onwards, and another focusing on financing, looking at strategies to increase funding and investment for access and delivery.
- Four knowledge products commissioned which will be useful for global health generally and NTDs, as well as for the COVID-19 response.
- Exchanging information on strategies to improve financing for access to health technologies. Knowledge products discussed during a global dialogue earlier this year; hoping to launch on a rolling basis in the coming months.
- The “Big Think” Challenge, previously mentioned by Dr Scherpbier from UNICEF, are the kinds of exciting innovations that you get through collaboration between the co-sponsors of TDR.
- Thanked John, Garry and TDR for the strong collaboration.
- On behalf of the World Bank, Dr Toomas Palu, Adviser, Global Coordination, Health, Nutrition and Population, gave an overview of joint collaborations, including:
 - New management with Muhammad Pate appointed as Global Director, Health, Nutrition and Population (and Director of Global Financial Facility for Women, Children and Adolescents (GFF)).
 - Currently in the process of refreshing the Global Health Strategy which will shape future opportunities for TDR collaboration.
 - Fully consumed by the COVID-19 response, with the fast track facility having mobilized US\$ 3.6 billion in 70 countries for emergency health response, part of a bigger effort that has reached US\$ 12.5 billion to date (the Bank’s commitment is US\$ 160 billion). Although not delivering directly, funds need to be used effectively by countries.
 - Started looking post-COVID, or beyond the emergency response, to the three Rs: Response, Restructure and Recovery, including basic preparedness and public health and surveillance capacities, a perfect connecting point with TDR investments.
 - Common areas of interest and collaboration are the handbook on implementation research and the theory of change, previously mentioned by Dr Scherpbier. These now need to be taken to country level and we could work with TDR to support development of policy reforms, implementation agendas and capacity. Another is capacity building in public health research and building back better. GFF recently updated their investment case guidance which now includes implementation research. This should open opportunities to work with TDR’s country capacities.
 - Thanked John, Garry and the team for effectively pushing the agenda forward.
- On behalf of WHO, Dr Swaminathan mentioned items related both to the Organization and more specifically to the Science Division’s role in the COVID-19 response, including:
 - Establishing a Publication Review Committee with staff from across the Organization that looks at all publications generated for COVID, including a good quality assurance process which is important, even in an emergency, to ensure that anything WHO puts out as part of its normative work meets the minimum basic quality standards; a tough job as science is evolving all the time.
 - Clinical (Solidarity) trials which are currently enrolling in over 20 countries for therapeutics; we are also preparing for vaccine trials.
 - The ACT accelerator (Access to COVID-19 Tools-ACT Accelerator) was launched at the end of April by the WHO Director-General, bringing together major players and partners globally to accelerate the research and development into new vaccines, therapeutics and diagnostics, and to ensure that these are available for people around the world in a fair and equitable manner.

- The library team provides a daily update on new COVID-19 publications, around 500. This is not just a repository of global publications; evidence syntheses looking at what the critical updates are that need to be fed up to COVID-19 scientists and experts are being carried out constantly.
- For WHO guidelines, we are planning a move towards a living guidance approach, using computable guidelines where elements can be updated as and when new data becomes available.
- Many networks have been created on the research side. A Research Forum earlier this year brought together over 400 scientists, academics and researchers to talk about COVID-19 and research priorities that resulted in a roadmap being developed. An online meeting to discuss knowledge on COVID, what we know, what knowledge we've gained and gaps, will take place 1-2 July 2020.
- Some of the areas not covered in the Forum include implementation research, health systems research, how primary health care systems are adapting to this pandemic, what needs to be done to strengthen health systems to be prepared not only to respond now to the current pandemic, but how do we prepare ourselves for this kind of event, which has taken everybody by surprise, from both high- and low-income countries.
- For the Digital Health and Innovation Department, digital health is really coming to the fore in this pandemic since everything is being done at a distance, so how do we best use these new tools? A clearing house for digital platforms is being developed to showcase what's been done, including best practices, in order to learn from each other. With this comes a lot of ethical issues which the Research for Health Department is involved in, including work on ethics and ethical guidelines around things like contact tracing and proximity trackers to mobile phones and apps, but also around human challenge studies, for example, for new vaccines and fair allocation of products when they become available, particularly vaccines but also drugs.

Discussion points

- The JCB thanked the co-sponsors for their updates.
- The presentations illustrated well the interactions and ongoing very active and possible future collaborations between TDR and the related programmes of the co-sponsors. These collaborations have progressed a lot over the last couple of years, which is very encouraging, and we now really feel the interactions with the co-sponsors. JCB questioned how we could reactivate collaboration several years ago and it now seems that it is very active.

Item 10. Date and place of JCB44 and JCB45

Decisions

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

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

JCB45 will be held from Wed. 15 to Thu. 16 June 2022 (briefing session Tue. 14 June)

Both meetings will be held in Geneva.

Item 11. Closing session

Concluding remarks

- In his closing remarks, Dr Arendt congratulated the Board on a productive meeting and thanked members and observers for their support to TDR.
- The COVID-19 pandemic has brought WHO and health systems in most countries under extreme stress. Many of those present have been involved at different levels and TDR has shown how effectively it is contributing to the fight against COVID-19 in several ways. Firstly through the work of a number of TDR scientists assisting WHO in activities such as preparing protocols, running good clinical practice training courses for research teams in countries, reviewing the vast literature on COVID-19 to constitute the reference collection of relevant articles, and many other activities. And secondly, of the alumni supported or trained in courses such as SORT IT, postgraduate courses and fellowship programmes, over 60% of these have participated in COVID-19 activities in their countries in many different aspects. This shows that the acquisition of generic capacities in implementation research for health can be directly applied to new situations and emerging diseases.
- Meanwhile, while SARS-CoV-2 is a tremendous global threat, we have to remember that other infectious diseases disproportionately affecting vulnerable populations continue to kill millions each year, and that TDR's mission is to build research capacity in implementation research to fight all of these diseases, from antimicrobial resistance to emerging diseases, new conditions linked to climate change and environment, population growth and others.
- He asked all of the JCB members, as ambassadors of TDR in their countries and organizations, to lobby for continued support to the Programme, especially in these times when resources may become scarce and choices need to be made.
- TDR activities have to go on and be expanded. The challenges are huge, far beyond a single pathogen, however scary it may be, and we need to ensure that individual or national interests are not placed above global health and the values of humanity and the United Nations. We need to fight for One Health.
- The Chair concluded that the meeting achieved its objectives and thanked members and observers for their active participation in this first ever online JCB meeting and reminded participants that recommendations would be integrated into the report based on the notes taken by the Secretariat in collaboration with the Chair, the Vice-Chair and the rapporteur.
- The Chair further thanked the Vice-Chair, the Rapporteur, the Secretariat, the interpreters, operators and delegates for a productive meeting.

III. Full list of decisions and recommendations

Decisions

1. Appointed Dr Vic Arendt (representative of Luxembourg) as Chair for the next three years.
2. Appointed Mr Godwin Brooks (representative of Nigeria) as Rapporteur for JCB43.
3. Adopted the agenda of JCB43.
4. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
5. Endorsed the financial management report 2018-2019 and outlook 2020-2023.
6. Endorsed the certified financial statement for the year ended 31 December 2019.
7. Approved the two budget scenario levels for the 2022-2023 biennium.
8. Endorsed the report by Chair STAC.
9. Endorsed the 2019 TDR Results Report.
10. Endorsed the 2019 TDR Risk Management Report.
11. Dates of future JCB sessions are:
 - JCB44 will be held from Wed. 16 to Thu. 17 June 2021 (briefing session Tue. 15 June)
 - JCB45 will be held from Wed. 15 to Thu. 16 June 2022 (briefing session Tue. 14 June)
 - Both meetings will be held in Geneva

Recommendations

1. JCB recommends that the secretariat and JCB members continue to promote TDR's unique value and role in global health research, particularly in research capacity strengthening and disease surveillance, and looking for gaps in training that it can fill, to help countries' resilience to health emergencies and ultimately strengthening country health systems.
2. Recommended that the secretariat enhances its communications to clearly articulate demonstrated impact of TDR's activities in support of COVID-19 during the pandemic.
3. Recommended that the secretariat stay in contact with the Programme's contributors to assess any impact the current COVID-19 pandemic may have on future funding.
4. JCB recommends that the secretariat continue to engage with WHO to address the high risk to TDR, as a specialized programme, of the potential application of WHO's mobility policy.

IV. Annexes

Annex 1 – Agenda

Wednesday, 17 June 2020 (13:00 – 15:00 CET)			
Time	Agenda item	Action / Information	Reference Documents
13:00	1. Opening of the Board <i>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Professor Modest Mulenga, Outgoing Chair of JCB</i>		
13:15	2. Statutory business <i>In accordance with the TDR Memorandum of Understanding, the Chair of JCB will be elected for a three-year term of office.</i> 2.1 Appointment of the Chair and Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests	Appointment of Chair from among the JCB members Appointment of Rapporteur Adoption of agenda	Draft Annotated Agenda TDR/JCB43/20.1a
13:25	3. Decisions between sessions of the Board <i>Dr Garry Aslanyan, TDR Partnerships and Governance Manager, will present this item.</i>	Information	Report of JCB42, June 2019 TDR/JCB42/19.3
13:30	4. Director's report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB42 and the TDR Director's report, including information on TDR's involvement in the COVID-19 pandemic.</i>	Information and endorsement	TDR 2019 Annual Report Follow-up to the JCB42 decisions and recommendations TDR/JCB43/20.4
14:15	5. Financial report 2018-2019 and outlook 2020-2023 <i>Dr Beatrice Halpaap, Unit Head, TDR Programme Innovation and Management, will present this item.</i>	Information and endorsement	TDR financial report 2018-2019 and outlook 2020-2023 TDR/JCB43/20.5 TDR certified financial statement for the year ended 31 December 2019 TDR/JCB43/20.6
15:00	End of day 1		

Thursday, 18 June 2020 (13:00 – 14:45 CET)

Time	Agenda item	Action / Information	Reference Documents
13:00	6. Report of the Standing Committee <i>A summary of the Standing Committee's activities since JCB42 will be available in advance of the JCB session.*</i>	Information	Standing Committee decisions and recommendations TDR/SC106/19.3 TDR/SC107/20.3
13:15	7. Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC) <i>A summary of STAC's report will be available in advance of the JCB session.*</i>	Information and endorsement of STAC report	Report of STAC42 TDR/STAC42/20.3
13:30	8. Programme performance overview <ul style="list-style-type: none"> ▪ Key performance indicators 2019 ▪ Risk management <i>Dr Beatrice Halpaap will present this item.</i>	Information and endorsement	2019 TDR Results Report TDR/STRA/20.2 TDR Risk Management Report, 2019 TDR/JCB43/20.7
14:00	9. Update from TDR co-sponsors <ul style="list-style-type: none"> 9.1 UNICEF – <i>Dr Robert Scherpbier</i> 9.2 UNDP – <i>Ms Mandeep Dhaliwal</i> 9.3 World Bank – <i>Dr Toomas Palu</i> 9.4 WHO - <i>Dr Soumya Swaminathan</i> 	Information	
14:30	10. Date and place of JCB44 and JCB45 <i>Confirmation of the dates and place of JCB44 in 2021 and JCB45 in 2022.</i>	Decision	
14:35	11. Closing Session Any other business and concluding remarks <ul style="list-style-type: none"> ▪ Chair JCB 		
14:45	End of the meeting		

Annex 2 – List of participants

Members

Belgium	<p>Ms Catherine DUJARDIN Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Bruxelles</p> <p>Dr Ignace RONSE Expert en santé publique, Direction Thématique, Direction Générale de la Coopération au Développement, Bruxelles</p>
Burkina Faso	<p>Dr Brice Wilfried BICABA Directeur de la protection de la santé de la population, Ministère de la santé, Ouagadougou</p>
China	<p>Dr Ning XIAO Deputy Director, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC), Shanghai</p>
Democratic Republic of the Congo	Not able to attend
Drugs for Neglected Diseases initiative (DNDi)	<p>Dr Bernard PÉCOUL Executive Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland</p>
Ecuador	<p>Dr. Francisco Xavier SOLÓRZANO SALAZAR Vice Minister of Health Viceministro de Gobernanza y Vigilancia de la Salud, Ministerio de Salud Pública, Quito</p> <p>Sr. Juan Diego STACEY Conseiller, 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, Genève</p>
Egypt	<p>Dr Ayat HAGGAG Special Advisor to the Minister for Neglected Tropical Diseases, Ministry of Health and Population, Cairo</p>
Georgia	<p>Dr Paata IMNADZE Deputy Director General, LEPL National Center for Disease Control and Public Health, Tbilisi</p> <p>Ms Gvantsa CHANTURIA Head, Virology and Molecular Biology Department, LEPL National Center for Disease Control and Public Health, Tbilisi</p> <p>Ms Ekaterine KHOSITASHVILI Permanent Mission of Georgia to the United Nations Office and other International Organizations at Geneva</p>

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Comptroller

Special Programme Staff**Director's Office**

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Mr Robert TERRY
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**Research Capacity
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	Ms Debora PEDRAZZOLI
	Ms Vanessa VERONESE
	Dr Qingxia ZHONG

Other participants

Chair, TDR Scientific and Technical Advisory Committee (STAC)	Professor Charles MGONE Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, Tanzania
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Observers

France	M. Benjamin DUCLOS Stagiaire santé/travail, Mission permanente de la France auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées ayant leur siège en Suisse, Genève
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Kazakhstan	Mr Baurzhan ZHUSSUPOV Deputy Director, K - National Center for Public Health, Nur-Sultan
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South Africa	Dr Niresh BHAGWANDIN Executive Manager: Strategic Research Initiatives, South African Medical Research Council, Cape Town
Bill & Melinda Gates Foundation	Dr Thy PHAM Senior Program Officer, Global Health Strategy, Planning and Management, Bill & Melinda Gates Foundation, Seattle, WA, USA
Institut Pasteur	Dr Nadia KHELEF Senior Advisor for Global Affairs, Institut Pasteur, Paris, France
Instituto de Higiene e Medicina Tropical (IHMT)	Professeur Paulo FERRINHO Professor Catedrático, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisbon, Portugal
Medicines for Malaria Venture (MMV)	Dr Silvia FERAZZI Director, Advocacy, Medicines for Malaria Venture, Geneva, Switzerland
Palestine	Mr Ibrahim KHRAISHI Permanent Observer Mission of the State of Palestine to the United Nations Office and other international organizations in Geneva
PATH	Mr Philippe GUINOT Senior Director of Country Programs, Global Health Programs, PATH, Geneva, Switzerland
Sightsavers	Dr Philip DOWNS NTD Technical Director, Sightsavers, Chippenham, United Kingdom Ms Susan D'SOUZA Sightsavers, Haywards Heath, United Kingdom
The COHRED Group (Council on Health Research for Development)	Dr Carel IJSSELMUIDEN Executive Director, The COHRED Group, Geneva, Switzerland Mr Janis LAZDINS The COHRED Group, Geneva, Switzerland
United Nations Environment Programme (UNEP)	Mr Pierre QUIBLIER Programme Officer, UNEP Chemicals and Waste Branch, Division of Technology, Industry and Economics, Geneva, Switzerland
United Nations Educational, Scientific and Cultural Organization (UNESCO)	Mr Ahmed FAHMI Programme Specialist, Natural Science Sector/PCB – 1.123, U.N.E.S.C.O., Paris, France

Annex 3 – JCB membership from 1 January 2021



Note that memberships due to end on 31 December 2020 were extended by one year due to the COVID-19 pandemic and the virtual JCB43.