REPORT OF THE FORTY-FOURTH SESSION OF THE

JOINT COORDINATING BOARD

Virtual
16—17 June 2021
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I. Introduction

As a result of travel restrictions due to the COVID-19 pandemic, the Forty-fourth 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 16 and 17 June 2021. The session was chaired by Dr Vic Arendt of Luxembourg, and was attended by most JCB members. 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 over 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 JCB44 focused on TDR’s achievements since JCB43 and plans from 2021 onwards, with important decisions taken including approval of the 2020 reports including the Results Report, the Risk Management Report and the Financial Management Report, as well as the Programme Budget and Workplan for the 2022–2023 biennium.

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 second 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 them for attending the second virtual JCB to continue the important governance business that allows TDR to continue its work uninterrupted.

- Dr Swaminathan gave an update on TDR and the Science Division, mentioning:
  - The importance of virtual meetings during the past 18 months, allowing for efficient working and continuity of departments and programmes;
  - The need to look carefully at future convenings and whether they should take place virtually or in-person and finding the most efficient way of doing things and how we can contribute to reducing the impact on the environment; and
  - That each of us needs to think about flying less, organizing less in-person meetings, being more time and resource efficient and using virtual platforms and technology as much as possible.

- Dr Swaminathan mentioned the successful virtual meetings of the Scientific and Technical Advisory Committee (STAC) in March, as well as the Standing Committee in April, both of which she attended. The meetings went smoothly and reflect the strength of TDR’s governance and its key role in the nature of the Programme. She went on to thank the Standing Committee members as well as the members of STAC, who have continued to support TDR over this difficult period.

- Dr Swaminathan went on to mention her involvement in WHO’s response to the global COVID-19 pandemic and the Science Division’s work with the Emergencies Programme in many areas, including the development of norms and standards and guidelines on how to do things quickly and responsibly, while at the same time being evidence-based as far as possible, transparent in the way we produce guidelines, being responsive and able to update the recommendations as soon as new evidence becomes available. A number of new approaches have been piloted, including a living guidelines approach.
• Gratifying to see some of the benefits of the work done by TDR over many years in helping to strengthen research capacity in countries and build capacity both of institutions and individual researchers, particularly around operational and implementation research. Many of the people trained by TDR have played important roles in research on the global pandemic in their own countries, demonstrating the value of TDR’s working model and the importance of investing in countries and in individuals to build resilience of their health systems.

• Mentioned the need for more research, especially around the delivery of health services, the success of the SORT IT programmes and the need to learn from such experiences how to do better surveillance.

• With TDR’s networks and the online courses that have been developed, TDR can contribute to other initiatives such as those of the Emergencies Programme, in addressing gaps in knowledge that research needs to fill.

• Dr Swaminathan mentioned other areas where she is currently involved and where TDR has contributed, such as the R&D Blueprint, setting up platform trials such as the Solidarity platform trial, and other studies such as the Unity Studies on sero-epidemiology.

• Having seen how important science and research have been in the response to COVID-19, and following reports around the time of the World Health Assembly, it is likely that the Science Division, and particularly the initiatives developed by TDR, will play an important role in strengthening WHO’s response to future pandemics. G7 countries have a 100 day mission to find a solution to deal with future pandemics. They have identified many areas where WHO needs to develop proposals on how to do R&D in the midst of a pandemic, and linking access to medicines and vaccines with the investments that are being made in R&D. TDR’s Social Innovation in Health Initiative has huge scope in helping to scale up innovations.

• Dr Swaminathan congratulated TDR staff and thanked them for their hard work. She also mentioned that Dr Reeder would present on her behalf during the co-sponsor update.

• Dr Swaminathan reminded the Board that, as TDR’s Special Programme Coordinator, it is her responsibility to see that any questions the Board may have are addressed and advice is taken forward.

Item 2. Statutory business

1. Appointment of the Vice-Chair and Rapporteur

JCB Chair, Dr Vic Arendt, informed the Board that a Vice-Chair and Rapporteur had been nominated by the Standing Committee. Dr Arendt congratulated Dr Tahir Bin Aris (Malaysia) on his appointment as Vice-Chair for the next two years and thanked Professor Oche Mansur Oche (INDEPTH Network) for kindly agreeing to act as Rapporteur of JCB44.

Dr Arendt also thanked Professor Xiao Ning (People’s Republic of China), the outgoing Vice-Chair, for his commitment and support during his tenure.

The Chair mentioned the briefing session on Monday, which was open to all JCB members and observers, as well as the informal meetings of the resource contributor and disease endemic country groups that were held on Tuesday.

The Chair also welcomed Pasteur International Network association (PINa), Paris, France, as the newest observer of the Board.
2. Adoption of the Agenda

The Draft Agenda of JCB44 was circulated to JCB members and observers in February, and the Draft Annotated Agenda was made available on the JCB SharePoint one month prior to the commencement of the session. No comments were received.

**Decision**
- **Adopted the agenda of JCB44.**

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.**

Following the statutory business, Chair JCB went on to mention the two JCB technical sessions that had been held since the last Board meeting, the first in October 2020 and the second in May 2021. Sessions were well attended and would normally form part of the agenda of a face-to-face JCB meeting.

Chair JCB also mentioned the three meetings of the Standing Committee that had been held since the last JCB and that reports from these meetings were available on the SharePoint, as well as two meetings with the Chair of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) Programme Coordinating Board to discuss issues such as research collaboration between the programmes, WHO’s mobility policy, collaboration with co-sponsors and resource mobilization.

**Item 3. Director’s report**

Dr John Reeder, Director TDR, presented an overview of the Programme’s achievements during the past year, plans for 2021–2023 and relevant updates on specific items such as personnel changes.

**Key messages**
- Referred delegates to the **2020 Annual Report**, which was developed in time for STAC in March and has since been distributed and used as an advocacy tool.
- Mentioned that since the previous Board meeting the majority of staff continue teleworking. Despite this challenging situation, and in some cases because of it, TDR has managed some incredible achievements, and has been able to step forward and play a role in the COVID-19 pandemic.
Dr Reeder thanked TDR staff for their flexible and innovative work during the past year that has kept the Programme on track and is making a significant contribution.

Some of the key achievements of the three areas of Research for Implementation, Research Capacity Strengthening and Global engagement include:

- Working with our networks to support implementation research to mitigate the impact of COVID-19 on TB and malaria control in Africa by supporting national TB programmes in West and Central Africa.
- New toolkits developed to support country-led implementation research both for scaling up digital technologies for TB care and to support researchers to incorporate intersectional gender analysis into research.
- Vector control through a multisectoral and One Health approach. The global directory of medical entomology courses has been launched in an endeavour to attract young aspiring researchers to fill the void that will soon exist given the ageing population of those currently working in the field of entomology and vector control.
- Operational research through the SORT IT approach to accelerate universal health coverage. Courses have gone entirely virtual and are showing great success. Stretching into the area of virtual platforms and digital realities will allow us to expand our reach.

- Working with partners to adapt training programmes (Postgraduate Training scheme, Clinical Research and Development Fellowships and Regional Training Centres) to the pandemic, by adopting virtual trainings to ensure continuation of master’s programmes, switching to remote ways of working with fellows and disseminating Massive Open Online Courses.
- Responses to surveys taken by several hundred TDR trainees from the past few years show that the training provided by TDR gave the majority of the trainees the skills to redeploy into the COVID response. The results show overwhelmingly that training for a pandemic does not begin at the beginning of the pandemic, it begins with training already received in TB, malaria, NTDs and a whole range of other areas.
- Capacity development improved through multilingualism of training programmes, including opportunities for French-speaking researchers through inclusion of a university in Senegal in the Postgraduate Training Scheme and the MOOC on implementation research, which is already available in English, French and Spanish and is currently being translated into Arabic, Chinese and Russian, to benefit a much wider population.

- The proportion of applications from women for the Clinical Research and Development Fellowship Scheme almost doubled (from 23% to 58.5%) following a concerted effort to understand and address the restrictions and challenges being faced by women.
- The Small Grants Scheme awarded 48 research grants throughout the six WHO regions, primarily on priority issues around the COVID response.
- TDR Global initiative on innovative financing for research led to a successful crowdfunding campaign.
- Joined the COVID-19 Clinical Research Coalition to contribute to the data sharing agenda, an area in which TDR has much experience.

- The Social Innovation in Health Initiative (SIHI) is going from strength to strength, currently engaging with WHO’s Health Emergencies Programme to see how they can better interact with the community. The initiative is leveraging $1.40 for every $1.00 invested.

- Launched in 2020 and aligned with TDR’s intersectional gender research strategy, the toolkit for incorporating intersectional gender analysis in research on infectious diseases of poverty strengthens the capacity of health researchers to apply an intersectional gender approach. The toolkit is presented in an interactive web-based format, a first for TDR.

- TDR’s new podcast, Global Health Matters, is providing us with an opportunity to engage with the wider community, joining the debate on global health. To date, three episodes have been completed and the series is getting very good uptake.

• TDR and the COVID-19 response

- Continuing to track TDR trainees and fellows’ engagement in the response and the impact.

- Collaborating with the Global Outbreak Alert and Response Network (GOARN) to implement a SORT IT programme on tackling public health emergencies in the WHO South-East Asia region.

- Regional small grants have been awarded in Eastern Europe focusing on TB and COVID-19 and in the Eastern Mediterranean on implementation research on the International Health Regulations.

- Working with WHO’s Health Ethics and Governance team; a survey of ethics review committees has been commissioned in Africa and Asia to identify challenges encountered as a result of the pandemic.

- Supporting a study on the impact of COVID-19 on visceral leishmaniasis elimination in Bangladesh and Nepal.

- Supporting a clinical data platform which curates data on COVID-19 from 55 countries, jointly with the Infectious Diseases Data Observatory (IDDO) and the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC).

• Dr Reeder also presented some of the priorities for each of the strategic priority areas for the remainder of 2021. The full presentation is available on the JCB SharePoint.

• A brief overview of the finances included:

- As a consequence of a reduction in the United Kingdom’s ODA (Official Development Assistance) and the need for UK FCDO (Foreign, Commonwealth & Development Office) to respond to this decrease, TDR has seen a drop of US$ 2 million in 2021 income, and will have a potential drop in funding from the United Kingdom of around US$ 4 million over the next biennium (2022–2023). Thanks to our strong management systems, conservative income forecasting and using caution when scaling up the 2020–2021 revised planned costs beyond the US$ 40 million budget, the reduction will not affect any of the work already planned in 2021.

- Despite COVID, implementation at 30 April 2021 was at a reasonable rate of around 60%. Given the reduction in forecast funding going into 2022, rather than pushing to implement at 100%, any carry-over will be used to help fill the funding gap.

- A Contingency Plan was developed to mitigate the income level risk for 2022-2023; it was endorsed by the Standing Committee and discussed in detail under Item 6. Programme Budget and Workplan.

• Personnel changes. We will bid farewell to two senior staff this year: Dr Beatrice Halpaap, Head of the Programme Innovation and Management Unit (PIM), and Dr Dermot Maher, Head of the Research Capacity Strengthening Unit (RCS), and wish them both well in their future endeavours. Dr Michael Mihut will act as Unit Head of PIM and Dr Pascal Launois will act as Unit Head of RCS, until each of the positions is filled.
• **TDR on the move.** Over the next few months TDR will be packing up and moving to the newly built B building, located just behind the main (A) building. During renovation of the main building over the next four years, given that most departments only have between 40% and 60% of the number of desks needed for their staff, WHO’s teleworking policy will continue. TDR’s move to the B building will bring most of the Science Division together in one location, allowing us to associate and collaborate much more closely with our colleagues.

• **TDR Global Certificate of Appreciation to Professor Hannah Akuffo, representative of Sweden.** As she prepares to retire from Sida, Dr Reeder took the opportunity of her attendance at this, her last JCB, to thank Professor Akuffo for her strong support to TDR over the past 30 years. Professor Akuffo thanked Dr Reeder and all TDR staff, for the opportunity to “grow up” in TDR through learning how things are done and said she is extremely pleased to have been able to give something back.

**Discussion points on the Director’s report**

• Chair JCB thanked Dr Reeder for his interesting and enlightening presentation. Echoing the sentiments of Dr Reeder, he thanked Professor Akuffo for her strong support to TDR and wished her joy and fulfilment in her retirement.

• JCB congratulated TDR on its achievements and the results accomplished in 2020.

• JCB is pleased that gender is playing such an important role in TDR’s portfolio and that gender equity is mainstreamed in the programme and has maintained a positive trend in the past year. JCB considers TDR to be a leader in this important dimension.

• Asked about the possibility of training on COVID-19, particularly for those in Africa where rollout of vaccines is much slower than in other regions, Dr Reeder responded that working with the Health Emergencies Programme is allowing us to identify where gaps exist and to think about how we can adapt our training platforms to include core skills that are necessary for redeployment.

• Asked which of our past investments have allowed TDR to respond to the pandemic in terms of implementation research and the structures in place in countries to allow them to better prepare for future pandemics, Dr Reeder responded that we would be identifying which of our training vehicles could be adapted by countries into their own priorities which would also be resilient enough to be adapted into emergency situations. Learning from the COVID-19 pandemic and the leaps forward that have been made working with virtual platforms and digital technologies will help us target this new area as we develop our next strategy for 2024–2029.

• The two-level budget and workplan scenario model used by TDR since 2012 continues to prove its value, allowing us to swiftly respond to changing income levels, adjusting plans and implementation in line with forecast income.
Item 4. Report by the Chair, TDR Scientific and Technical Advisory Committee

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

Key messages

- At its virtual meeting in 2021, STAC reviewed several reports, including those from the scientific working groups (SWGs). At their meeting the STAC reviewed and made recommendations on:
  - the 2020 Results Report and 2020 Risk Management Report; and
  - financial implementation for TDR’s activities.
- STAC welcomed three new members, Professor Mirkuzie Kerie, Senior Research Adviser at the Federal Ministry of Health in Ethiopia; Dr Caroline Lynch, Regional Adviser for Medicines for Malaria Venture in Thailand; and Dr Emelda Okiro, Head of the Population Health Unit of the KEMRI/Wellcome Trust Collaborative Programme in Kenya. Dr Catherina Boeheme has left her position on STAC after joining WHO.
- STAC congratulated the Programme on its extraordinary achievements during the past year and was pleased to note that TDR has adapted well to working under the current conditions, managing to deliver results and transform training approaches to adapt to the new health emergency conditions.
- TDR’s efforts in capacity development have proven to be very effective in the fight against COVID when looking at the impact on diseases such as tuberculosis and malaria.
- Noted with great satisfaction the acceleration of universal coverage through SORT IT, as well as the approach which has been taken by TDR through online training courses.
- Welcomed TDR’s flexibility in adapting during the pandemic by engaging in supporting COVID-19 initiatives, providing virtual capacity building opportunities and engaging globally with key partners.
- Reiterated that the guidelines and templates that are already in place should be made more widely available.

Discussion points

- JCB 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.

Item 5. Programme performance overview

Dr Beatrice Halpaap, Unit Head, Programme Innovation and Management, gave a brief introduction, explaining that the item would be split into two presentations; the first an overview of TDR’s performance, the second covering finances. Dr Halpaap took the opportunity to refer to her imminent departure from TDR, mentioning that a strong transition plan has been developed, mainly based on the robust and resilient financial management systems and processes that are already in place.

Dr Michael Mihut, Programme, Monitoring and Evaluation Officer, presented key performance indicators and the risk management report for 2020.

Key messages

- TDR’s Performance Framework was developed to be used in parallel with the Strategy 2018–2023. It guides TDR on how to plan, monitor and assess progress towards achieving the strategic goals, as well as how TDR contributes to the global health impact. The Framework is complemented by annual Results Reports.
The 26 key performance indicators cover three main areas: technical achievements, application of core values and management performance. Monitoring and lessons learned on these indicators are used both for accountability and continuous improvement and learning. All but one of the 23 expected results were on track at the end of 2020 and the status of each expected result can be found in Annex 2 of the Results Report.

The two key performance indicators (KPIs) that measure outcomes are: 1) the number and evidence of instances when innovative knowledge or new or improved solutions or tools are developed with TDR support and applied in disease endemic countries (DECs); and 2) the number and evidence of instances when tools and reports are used to inform policy and/or practice of global or regional stakeholders or major funding agencies.

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For the first KPI, five solutions, tools or strategies began to be used by a large number of countries in 2020. For the second, there were four that are being used at the global or regional level by various institutions and organizations, including WHO. Progress is evaluated by the number of instances a tool is used. Full information on these outcomes, including in which countries tools are being applied or a change of policy being made to accommodate them, is available in the Results Report.

The vast majority of TDR funded contracts and grants go to disease endemic countries, and this is one of our strategic focuses. The values that we achieved in 2020 show good trends for these indicators. We are pleased that the percentage of external advisors from disease endemic countries in 2020 remained at 70%, the same level as in 2019. For TDR-supported publications, we saw an impressive 81% of first authors and a continuously increasing percentage of last authors originating from DECs.

In 2020 there was a total of 214 first authors of TDR-supported publications, predominantly from DECs (81%). The proportion of women from disease endemic countries as first author is significant at 35%.

Regarding the policy of both TDR and WHO requiring grantees to publish in open access, 93% of TDR-supported publications in 2020 were in line with this policy. The 15 cases where authors chose to publish in non-open access will be investigated in an endeavour to find a solution to resolve any issues that may be blocking them.

This map provides a more graphic representation of countries and territories where our trainees, grantees and contract recipients originated from in 2020. It shows not only the spread of TDR training and capacity strengthening, but also our research activities and global engagement.

1 Low- and middle-income countries that have a burden of diseases where TDR works in the field.
The proportion of grants and contracts awarded to women in 2020 (49%) is constantly increasing, and we have almost reached the target which was seen as idealistic 10 years ago when it was set at 50%. The number of women on our advisory committees also continues to increase, which at 60% is well above the target. The percentage of women first authors of TDR-funded publications has increased to 45% and women last authors, although increasing, at 30% is well below the target of 50%.

Three KPIs that reflect management performance (the percentage of staff workplans and performance reviews, the proportion of expected results on track and the proportion of significant risk management action plans on track) are all above target. Having strong and sound management systems in place allows us to respond immediately with a contingency plan in an unexpected situation such as a decrease in contribution. Those systems include accurate income forecasting, planning and monitoring processes, resulting in data being available in real time.

Ten risks were open at the end of 2020, six of which are being mitigated and are fully controlled. Risk 8 - Information and project management systems, is proposed for closure following the launch in 2020 of the eTDR online platform for managing projects and grants, which includes a component for calls for proposal submissions and managing projects with the principal investigators online. eTDR is being fully utilized and satisfies all of the requirements and concerns that led to the creation of this risk.

Of the risks that are fully controlled: Risk 1 - Portfolio alignment with strategy and proposed direction – STAC and the SWGs are closely involved in the process of developing next biennium workplans, ensuring that we stay focused on our strategy; and Risk 17 - TDR 2018–2023 strategy implementation – indicators show that we are on track and in some cases doing better than expected.

Three risks are being closely monitored: Risk 2 - Income level – reference is made to this risk under Item 6; Risk 12 - Impact of WHO transformation on WHO Special Programmes – Director TDR’s dual role as Director of the WHO Research for Health Department has been an opportunity for TDR, adding value to our portfolio and our position in WHO and the wider global health landscape. A change to further centralise WHO’s fundraising activities may have a negative impact on our future income. Risk 19 - Anticipating global health emergency events – TDR has taken advantage of the constraints of the current pandemic to build new or develop existing online platforms as we shift towards more digital work. Given their success, most of these will be continued as they have proven to be valuable tools that improve the value for money of our activities.

One risk that is being mitigated and has potential major issues is Risk 16 - Impact of WHO staff mobility policy. We continue to wait to see how WHO decides to roll this out and will keep the Board and the Standing Committee informed, particularly in the event we need support to promote TDR’s stability in this direction.

Before handing the floor to Dr Halpaap, Chair JCB took the opportunity to thank the Comptroller and his team for their continuing support to TDR.


• Thanked the Comptroller and Director of Finance, Mr George Kyriacou, and his team for helping put together the financial reports presented to the Board for approval.

• Gave an overview of the Programme budget scenarios approved for the 2020–2021 biennium. TDR works on a double budget scenario, which for the current biennium is US$ 40 million for the lower scenario and US$ 50 for the higher scenario. We usually begin a biennium at the lower scenario level with the possibility of scaling up as funds become available. Moving to the higher budget scenario would not require a change to the human resources or operational support already in place, it would simply require scaling up what has already been planned.

• Following JCB approval of the two budget scenarios for the current biennium, in January 2020 we began implementation of the lower scenario. The forecast income in January 2021 ranged from US$ 46.5 million to US$ 49.7 million, due to the normal uncertainty of actual funding and exchange
rates. Although it seemed that funding would be available, as recommended by the JCB, we were cautious not to use all of the available funding right away, particularly as we were in the midst of the COVID pandemic and some funding uncertainty.

- Workplans were revised to a level of US$ 44 million in February 2021, following the biannual portfolio review. A large part of the increase in funding available came from designated funds that could be implemented without any risk. There was also an increase in activities funded by undesignated funding as a result of savings in staff costs.

- Implementation is going well, despite COVID-19. Figures show that 41% (US$ 17.8 million) of the budget had been utilized (either spent or committed through contracts) by the end of 2020 and 59% (US$ 26 million) by the end of April 2021. We are confident that implementation of the workplan will move forward this year.

- The forecast income and planned costs were reviewed following the news from the United Kingdom that their 2021 contribution would be reduced by 60%. As the amount of undesignated funds available for the 2020–2021 biennium was already sufficient for the US$ 44 million budget, the reduction will not affect implementation of the workplans for the current biennium. In addition, due to several factors, we expect to have around US$ 2 million carry-over going into the 2022–2023 biennium.

The governance budget review timeline above shows the steps required and the stage we are up to with regard to development and approval of the Programme Budget and Workplan 2022–2023. This is presented in more detail under Item 6.

- Splitting the 2022–2023 budget scenarios by operations and staff shows that around 80% of our budget is going to operations.

- It is important to keep in mind the potential impact of foreign exchange rates on contributions. In the examples presented, in 2012 GBP 10 million was equivalent to almost US$ 16 million. The same amount in 2020 had reduced to around US$ 13 million. SEK 80 million was equivalent to almost US$ 12 million in 2012 and had reduced to a little over US$ 8 million in 2020. Although some currencies, such as the Swiss franc, remain reasonably stable, these possible fluctuations must be taken into consideration when planning our budgets.

- Taking into consideration a possible funding gap in the 2022–2023 biennium, the revenue forecast for undesignated funding has been reduced accordingly, from US$ 28 million to US$ 24 million. We are currently addressing this through fundraising efforts. Although for the next biennium it is expected that carry-over will be available, a contingency plan has been developed which could be considered a third budget scenario. This is presented in more detail under Item 6.
• TDR is moving forward by adjusting to the pandemic situation, turning issues into opportunities, transition planning, working through partnerships, managing risks and fundraising.

Discussion points
• JCB thanked Dr Mihut and Dr Halpaap for their complete and precise presentations. Chair JCB also thanked Dr Halpaap for her outstanding work at TDR and, on behalf of the Board, wished her luck and successful continuation of her life and career.
• The Board congratulated TDR on the excellent work done during the past year, despite the restrictions of the COVID-19 pandemic.

Specific to key performance indicators and risk management
• Appreciated the comprehensive overview of performance and risks.
• Pleased to see that gender equity in the number of grants awarded to women and women first authors of TDR-funded publications maintained a positive trend.
• Welcomed TDR’s progression towards planned targets.
• Pleased with TDR’s achievements on interventions against NTDs to help support hard to reach communities and ensure universal health coverage.
• Referring to the indicators on technologies and the global directory of medical entomology courses to attract young researchers mentioned in the Director’s report, stressed the need to do more to encourage governments to recruit more entomologists or technicians in the areas of vector control and vector-borne diseases.
• Risk 9 - Communication of TDR’s unique value and contribution, mentions several actions to assure the visibility of TDR. Asked how resource contributors can assist in this, it was suggested that TDR provide relevant facts/insights for partners to explore sharing in their communications and vice versa so that contributors are also given visibility by TDR in specific circumstances.
• Asked whether Risk 16 - Impact of WHO staff mobility policy, should be considered a threat or a risk, Dr Reeder responded that a mitigation plan has been put in place following consultations between TDR and HRP (TDR’s sister organization), which includes a joint approach to the Director-General by Chair JCB and the Chair of HRP’s Programme Coordination Committee. Any support by JCB members, with guidance from the Secretariat as necessary, would always be welcomed and greatly appreciated.
• The Secretariat will follow up on these points which were not responded to during the session:
  - JCB asked whether it would be possible to get a more granular picture of the geographic scope of TDR’s activities in sub-Saharan Africa, including the programmes and outcomes implemented and their impact by country.
  - JCB asked whether the Secretariat has already engaged in discussions with potential new donors and whether new project proposals have been identified to diversify revenue sources.

Specific to the financial report

- Responding to the reduction in funding from the United Kingdom, Dr Dirk Mueller reiterated that the reduction results from a reduction in the UK’s official development assistance from the 0.7% of GDP committed to before the pandemic. He stressed that the cut in funding in no way reflects the enormous achievements of TDR, which the UK considers an important player in all that the Programme has been doing.

Decisions

- Endorsed the 2020 TDR Results Report.
- Endorsed the certified financial statement for the year ended 31 December 2020.

Recommendations

- To assure visibility, TDR to provide relevant facts/insights for partners to explore sharing in their communications and vice versa so that contributors are also given visibility by TDR in specific circumstances.
- TDR should continue to promote and advocate for governments to recruit more entomologists or technicians in the areas of vector control and vector-borne diseases.

Item 6. Programme budget and workplan 2022–2023

Dr John Reeder presented the 2022–2023 programme budget and the contingency plan.

Key messages

- The programme budget and workplan development cycle begins with setting the budget scenario levels in 2020 and leads to final approval by the Board in 2023, with many steps, reviews, consultations, prioritizations and revisions in between. Priorities in the workplan are sculpted quite widely to keep them current and relevant. To do this requires engagement with a wide range of stakeholders and advisers.

- The two-level budget scenario system is a useful tool as it sets the initial budget based on a conservative estimate. Although the biennium begins at the lower budget level, the workplan for the biennium is approved at both budget scenario levels, which means that as additional money comes in, scaling up workplan activities is possible without the need to revert back to our governing bodies. See Item 5b for more information on the financial outlook.
• In line with TDR’s results-based management, Director TDR listed the Expected Results in each of the three Strategic Priority Areas, together with their cost (in the US$ 40 million and the US$ 50 million scenarios). The deliverables for each expected result, as well as their success indicators and targets, are described in detail in Annex 1 of the 2022–2023 Programme Budget and Workplan document.

• Following the news of a reduction in funding from the United Kingdom, although the US$ 40 million budget scenario for the 2022–2023 biennium is likely to be feasible, a contingency plan (similar to a third budget scenario) has been set at the level of US$ 36 million. Although we anticipate being able to absorb the drop in funding for the 2022–2023 biennium, in the event it is not possible, reductions will be made in specific areas of the operations workplan and in personnel costs (including freezing some vacant positions), to ensure the least possible impact on results and Programme sustainability. We are currently exploring other fundraising options to compensate for the income cuts.

• Dr Reeder took the opportunity to thank TDR staff for their cooperation and responsiveness in coming up with solutions that could be offered to the Standing Committee and to the JCB.

**Discussion points**

• JCB thanked Dr Reeder for his presentation.

• Welcomed the contingency plan and congratulated TDR on its rapid response.

• Remarked that there will be more competition for funding due to potential budget cuts, which will put more pressure on TDR’s fundraising efforts. The likelihood that the contingency plan will need to be put into place should not be discounted, and TDR should intensify its fundraising efforts using the results achieved so far to raise the profile of the programme and showcase TDR’s contribution and work on building capacity for good clinical practices during clinical trials.

• Responding to a question as to whether a better option for the contingency plan for 2022–2023 would be to scale back in one particular area, Dr Reeder said that this would effectively stop a project or projects midstream that have already begun. Any discussion on prioritization and whether some activities should be sunset would be held with STAC during the 2024–2025 budget development process.

• Asked about TDR’s good practices and lessons learnt with regards to its contribution to the COVID-19 response that could be built on, such as preparedness and response research and implementation work that could be showcased, Dr Reeder agreed that this opportunity is ideal for TDR to demonstrate how useful investment in TDR activities is in terms of global health security.

• Responding to a question as to whether TDR could fundraise through the WHO Foundation, Dr Aslanyan responded that he and Dr Reeder are planning to speak to the Foundation.

**Decision**

• **Endorsed the Programme Budget 2022–2023 and the contingency plan.**
Item 7. Update from TDR co-sponsors

**Key messages**

- **On behalf of UNICEF,** Dr Robert Scherpbier, Senior Health Specialist, Implementation Research & Delivery Science Unit, gave an overview of UNICEF’s current work and joint collaborations, including:
  - Recent leadership and structural changes in UNICEF, including the appointment of Dr Aboubacar Kampo as Associate Director of Health.
  - Development of a Strategic Plan 2022–2025 and Knowledge Management Strategy 2020–2022, both of which provide an opportunity for innovation and evidence and knowledge management as change strategies, which are complementary to TDR’s results chain.
  - The move of the implementation research team to the health systems strengthening unit should position implementation research even more as a motor for primary health care development and health systems strengthening.
  - UNICEF’s theory of change shows some of the important change strategies that include evidence and knowledge management, innovation and partnership and engagement. The focus on country level work and trying to improve access to inclusive and equitable essential supplies and services and data and evidence based decision-making, is done through these change strategies.
  - One of the lessons learned following a review of implementation research projects that were commissioned between 2015 and 2020, is that wide stakeholder involvement with policy-makers, researchers and communities from the start, is seen as a condition for the success of the project. There is still a struggle with the uptake of implementation research into routine programmes, with some of the barriers including lack of political will and challenges with implementation and financing of the research.
  - UNICEF believes that implementation research can help the transition from typical to ideal uptake. Delivery system change, legislation and policy change and accountability, monitoring and implementation research and delivery science each play an important role.
  - Several examples were given of UNICEF’s collaboration with TDR and other partners on implementation science and research. One of these is the development of a website with GAVI and TDR that will be a knowledge management website for implementation research, with the aim of developing a repository of current and future projects where countries would have direct access to the results of the research.
  - A virtual conference will be organized at the end of the year, with support from TDR, which will focus on implementation research advocacy. A roadmap and a longer term plan for UNICEF and other agencies to work together on implementation research will be developed.

- **On behalf of UNDP,** Dr Mandeep Dhaliwal, Director, HIV, Health and Development Group, Bureau for Policy and Programme Support, gave an overview of UNDP’s current work and joint collaborations, including:
  - The Access and Delivery Partnership, the mainstay of UNDP’s collaboration with TDR, has been going from strength to strength and the COVID-19 pandemic has highlighted the importance of the partnership model. The potential role that TDR could play in pandemic preparedness in terms of building sustainable and resilient systems for health, ensure equitable access to essential medicines, vaccines and diagnostic tools, will be discussed by UNDP and ADP.
  - Although COVID has made our job harder, we have transitioned well through digital platforms to continue to support ADP countries to strengthen the policies, capacities and systems needed to ensure that medicines, vaccines and diagnostics reach people who need them.
  - The four core partners are well positioned to provide support to countries across the value chain of enabling legal and policy frameworks, implementation research, regulatory approval, procurement supply chain, strengthening and ultimately service delivery and patient safety monitoring.
An integrated model increases the opportunities for the uptake of implementation research, as shown in the ADP value chain. With the change in the way we are working due to COVID and the trend in acceleration of digitalization in countries, digital technology is expected to become more and more important in the years to come.

Digital tools enabled leveraging multi-sectoral country platforms in the nine ADP focus countries. The priorities in 2021 for responding to evolving country needs include national responses to COVID-19, continuing to support TB, malaria and NTDs disease control, moving ahead more aggressively on digital health and public-private sector collaboration for child health. TB, malaria and NTDs have not gone away, they are going backwards. In terms of resource mobilization and we need to think about what we can do and how we can use existing models and partnerships to regain the ground lost during the pandemic.

One of the features of the ADP partnership is the South-South learning and regional cooperation. The initiatives from this knowledge exchange have reached more than 46 countries.

The online community was created to facilitate collaboration, knowledge sharing between the focus countries, strong partnerships with the African Union Development Agency and NEPAD on the work of the African Union Model Law on Medical Products Regulation, which has been critical during COVID, as well evidence based policy-making, transfer of technology and strengthening vaccine distribution systems in Asia.

Uniting Efforts for Innovation, Access and Delivery is a global platform coordinated by the Government of Japan, ADP and the GHIT Fund. It is currently looking at innovative and sustainable financing strategies, working closely with the WHO NTD Department on developing tools for national investment cases for prioritized and sustainable funding, and then looking at how countries can be helped to really work on target product profiles and planning early for access and delivery in the R&D phase.

On behalf of the World Bank, Dr Toomas Palu, Adviser, Global Coordination, Health, Nutrition and Population, gave an overview of the Bank’s current work and joint collaborations, including:

- The pandemic has been the number one priority, with US$ 127 billion already committed to countries across all sectors. Health response initially received more than US$ 6 billion, and more recently an additional US$ 3 billion for pro-vaccine support in 32 countries.

- The Bank is pleased to see how TDR investments into research capacity have been proving useful in country responses to the pandemic, while support from the World Bank provides governments with funding for research in outbreak settings.

- World Bank operations often involve operational research as part of the ongoing evaluation process. Countries where research capacity has been built are expected to be engaged in these operations, which support government priorities and are not freestanding projects. Discussions are ongoing with TDR concerning the regional disease surveillance enhancement programme in West and Central Africa, which began during the Ebola epidemic. The programme does not support research per se, but rather the underlying infrastructure such as laboratory capacity that can be used for operational research, and partnerships with regional organizations.

- The World Bank is finalizing its strategy refresh for global health,
nutrition and population practice with three strategic priorities emerging. The first is high quality health care for all, which builds on redesigned and fit-for-purpose primary healthcare systems, strengthening public health to really strengthen public health functions, and investing in health beyond health care. All of these areas could provide opportunities to collaborate with TDR, for example the redesigned or updated design primary healthcare systems and digital technologies.

- The successor to the current Global Director, Dr Muhammad Ali Pate, who is returning to Harvard, is expected to be announced soon.

- On behalf of WHO, representing Dr Swaminathan who was unable to join the session, Dr John Reeder, wearing his hat as Director of WHO’s Research for Health Department, mentioned items related to both the Organization and more specifically to the Science Division’s role in the COVID-19 response, including:
  - As part of the transformation process, making WHO more fit for purpose and recognized as a leader in science and research and technology is critical. The Science Division was established to bring together expertise that was splintered across the Organization. We have been working together for the past 18 months and are currently in the process of formalizing the strategy for the Division, which will be shared with Member States soon.
  - The vision of the Science Division is Harnessing the power of science and innovation to support Member States in achieving the health-related SDGs and emergency preparedness and response (“bringing the best of science to health”), which is not that far removed from TDR’s vision. The mission of the Science Division is not to be doing the science and the research, but providing leadership and coordination and making sure that science, evidence, innovation and digital solutions are all applied to improve health and working towards the 13th WHO Global Programme of Work. This works on the underlying principles of joint ownership and accountability with countries and alignment with country needs.
  - The Science Division includes three WHO departments and three research entities based at WHO. This is the first time that the two special programmes and the Alliance have been grouped together, bringing its own challenges as each of these entities has their own strategy and are governed by a board. A huge advantage of this arrangement is that TDR is able to directly translate its work into the mainstream of WHO work and to improving health as part of the Triple Billion targets.
  - The Science Division is a cross-cutting core function, allowing us to work across the Organization to ensure that WHO stays ahead of the curve on science as a leader rather than a reactor in the global health debate. Consolidating all of its assets has put WHO in a unique position of really having a voice with power. The move to the Science Division has been very positive for the engagement of TDR with WHO. TDR is seen as an asset and it is being considered how our expertise can assist in driving WHO’s vision, as well as our own strategy.
  - The top three goals for the Division are: Goal 1. Forward looking and prioritized global health research; Goal 2. Timely and evidence driven norms and standards updated in "real time"; and Goal 3. Adoption and scale-up of innovation and digital health.
  - TDR is well represented and well acknowledged in the strategy, which is a fantastic opportunity for the Programme and the other research entities to have them articulated, where they could fit and where they could be most effective and best aligned with WHO. We can now see where we can help make a difference with our WHO colleagues.

**Discussion points**

- The JCB thanked the presenters for the updates on their work and collaboration with TDR and the news and transformations that are taking place in each of their agencies.
Item 8. TDR Governance

Dr Garry Aslanyan, TDR Partnerships and Governance Manager, presented this item.

1. Selection of eight members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding

As outlined in the Note on the Membership of the Joint Coordinating Board (TDR/JCB44/21.10), and following consultation with WHO’s Legal Department, although it was unclear at the time whether a face-to-face meeting would be held, we decided to follow the usual process of calling for membership applications to fill the eight seats under paragraph 2.2.1 and four seats under paragraph 2.2.3 that were due to end on 31 December 2021.

Given that there were seven applications under paragraph 2.2.1 and four applications under paragraph 2.2.3, the Standing Committee recommended exceptional departure from the secret ballot vote and that those who had applied or reapplied should be elected by acclamation, with one seat under paragraph 2.2.1 remaining vacant.

Decision: Election by acclamation (4-year terms beginning 1 January 2022)

- Resource contributors agreed to re-elect for membership by acclamation under paragraph 2.2.1 of the MOU the governments of:
  - (1) Malaysia
  - (2) Mexico
  - (3) Switzerland*
  - (4) Germany and Luxembourg Constituency
  - (5) India and Thailand Constituency
  - (6) Panama and Spain Constituency
  - (7) United Kingdom of Great Britain and Northern Ireland and the United States of America Constituency
  - (8) Vacant

* the Government of Switzerland was formerly a member of a Constituency with the Government of Norway (2009-2021)

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

Decision: Election by acclamation (4-year terms beginning 1 January 2022)

- JCB agreed to elect for membership by acclamation under paragraph 2.2.3 of the MOU the following cooperating parties:
  - (1) Burkina Faso (re-elected)
  - (2) Drugs for Neglected Diseases initiative (re-elected)
  - (3) FIOCRUZ (elected)
  - (4) Zambia (re-elected)
3. Seventh External Review of the Programme

**Key messages**

External reviews are commissioned by the JCB as and when needed, and are usually done to help develop a new strategy for the Programme. The most recent one helped to develop the current strategy that runs until the end of 2023. In addition to helping us with strategy development, external reviews are a way for us to improve the performance of the Programme. The seventh external review will guide us in the development of the next six year strategy (2024–2029). The six year cycle is linked to the biennial programme and budget cycles of WHO, with each strategy covering three budget cycles.

The timeline below shows the steps involved from the development of terms of reference for the review, to the start of strategy implementation.

The scope of the review is to look at TDR’s strategic priority areas and the current Programme structure and future directions, including: Focus on research for implementation; Research capacity strengthening; Global engagement; TDR’s revised structure at the end of the WHO transformation process; and informing future directions 2024–2029.

More detailed information is available in the Draft Terms of Reference of the Planned External Review (TDR/JCB44/21.11), including the types of questions to be addressed. For this and other guidance, we consulted WHO’s Evaluation Unit. State of the art evaluation approaches covering relevance, effectiveness, efficiency, impact, sustainability and quality of science, will be incorporated.

The criteria used in the assessment of bidders will include the overall track record of the company or consultant, their experience, expertise, how fast they can do things, availability, what kind of methodology or approach they are proposing and how they will achieve the objectives of the terms of reference, as well as cost. Value for money of this type of exercise is one of the most important elements.

**Discussion points**

- Confirmed that TDR beneficiaries, postgraduates/grantees and research institutions would be included in the consultations.
- Concerning the list of potential bidders to be contacted, the current list for the most part is the same as the one used for the previous external review, following consultation with the Standing Committee. Additional names of those to be invited to bid would be welcomed. The Secretariat will screen the proposed bids and the Standing Committee will make the final selection.
- With no intention of influencing the process, it was mentioned that one of the firms on the list had recently carried out evaluations for HRP and The Alliance, and that there could be a benefit in the same organization doing the evaluation for TDR in order to make linkages and compare lessons learned with the other research entities.
- JCB proposed including a specific item on demographic evaluation of the TDR Secretariat, e.g. evaluation of staff diversity, gender balance, etc.
Decision

• Endorsed the Terms of Reference of the Seventh External Review.

Recommendation

• A specific item on demographic evaluation of the TDR Secretariat, e.g. staff diversity, gender balance, etc. should be included in the 7th External Review of the Programme.

4. Confirmation from the resource contributor and disease endemic country groups of the name of the representative to serve as a member of the Standing Committee for a period of two years

As neither group was able to select a new representative from among those present at the informal meetings, the current representatives, Professor Hannah Akuffo (resource contributors) and Professor Babatunde Salako (disease endemic countries), agreed to contact their respective group members to find a replacement in advance of the next Standing Committee meeting in November.

5. Membership of the Scientific and Technical Advisory Committee

According to the Memorandum of Understanding, the membership of STAC is proposed by the Secretariat in consultation with the Standing Committee for endorsement by the JCB. A summary list of the 14 proposed members from 1 January 2022 was presented and the full document, including CVs and their area(s) of expertise was made available in advance of the meeting.

The new members were selected from among those who responded to last year’s call, ensuring good gender balance, representation across WHO regions and that both function and cross-cutting areas are covered.

Decision

• Approved the proposed membership of STAC from 1 January 2022.

Item 9. Date and place of JCB45 and JCB46

Decision

• Dates of future JCB sessions are:
  JCB45 will be held from Wed. 15 to Thu. 16 June 2022 (briefing session Tue. 14 June)
  JCB46 will be held from Wed. 14 to Thu. 15 June 2023 (briefing session Tue. 13 June)
Both meetings will be held in Geneva.
Item 10. 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.

- We have learnt many lessons during the COVID-19 pandemic as it has impacted all aspects of our lives. Infectious diseases had gone out of fashion and the focus had shifted progressively towards non-transmissible diseases, but COVID has reminded us that infectious diseases remain a global threat. Since 2020 we are all living in a disease endemic country, something that TDR may wish to consider when using this terminology.

- Encouraged members and observers to support the WHO COVID-19 Technology Access Pool by pressuring their governments to temporarily suspend patents on vaccines, and to use tools such as compulsory licensing and wider technology transfer to manufacturers in low-income countries to produce the billions of doses of vaccines needed to curb the pandemic.

- The impact of environment and climate change on infectious diseases and pathogens like Ebola or coronaviruses passing from animals to humans more easily because of changes in their habitat, deforestation and rising temperatures, the geographic distribution of vectors and the pathogens they carry has changed. TDR has contributed enormously to studying these phenomena and setting up early warning systems for epidemics, and this is just one example among many others.

- TDR has adapted quickly with new tools such as the implementation research for digital technology and TB toolkit and the use of virtual platforms for delivering remotely facilitated SORT IT courses.

- Complimented Dr Reeder and the entire team for the amount and quality of work done, for the innovative solutions, for showing how TDR trainees use their acquired capacities in training at TDR in the fight against COVID, how TDR is going to support the countries for the rollout of COVID vaccines, inclusion of gender equity in all aspects of the programme and the extension of training into Francophone West African countries, just some of the important aspects to be reminded of.

- The research needed to find innovative ways and tools to efficiently intervene against new and old infectious diseases requires funding. Members and observers were urged to act as ambassadors of TDR in their countries and with their partners in other countries or other potential funders to advertise the importance and the efficiency of the work done by the Programme, thereby assisting TDR to pursue and expand its activities and training programmes.

- The Chair concluded that the meeting achieved its objectives and thanked members and observers for their active participation in this online JCB meeting, reminding 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 Tahir Bin Aris (representative of Malaysia) as Vice-Chair for the next two years.
2. Appointed Professor Oche Mansur Oche (representative of INDEPTH Network) as Rapporteur for JCB44.
3. Adopted the agenda of JCB44.
4. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
5. Endorsed the 2020 TDR Results Report.
8. Endorsed the certified financial statement for the year ended 31 December 2020.
9. Elections by acclamation (4-year terms beginning 1 January 2022):
   Resource contributors selected for membership under paragraph 2.2.1 of the MOU the governments of:
   - Malaysia
   - Mexico
   - Switzerland*
   - Germany and Luxembourg
   - India and Thailand Constituency
   - Panama and Spain Constituency
   - United Kingdom of Great Britain and Northern Ireland and the United States of America Constituency

   * The Government of Switzerland was formerly a member of a Constituency with the Government of Norway (2009-2021)

   One seat remains vacant.

   JCB selected for membership under paragraph 2.2.3 of the MOU the cooperating parties of:
   - Burkina Faso
   - Drugs for Neglected Diseases initiative
   - FIOCRUZ
   - Zambia

10. Endorsed the Terms of Reference of the Seventh External Review, with the proviso that a specific item on demographic evaluation of TDR be included.
11. Approved the proposed membership of STAC from 1 January 2022.
12. Dates of future JCB sessions are:
   - JCB45 will be held from Wed. 15 to Thu. 16 June 2022 (briefing session Tue. 14 June)
   - JCB46 will be held from Wed. 14 to Thu. 15 June 2023 (briefing session Tue. 13 June)
   - Both meetings will be held in Geneva

Recommendations
1. To assure visibility, TDR to provide relevant facts/insights for partners to explore sharing in their communications and vice versa so that contributors are also given visibility by TDR in specific circumstances.
2. TDR should continue to promote and advocate for governments to recruit more entomologists or technicians in the areas of vector control and vector-borne diseases.
3. A specific item on demographic evaluation of the TDR Secretariat, e.g. staff diversity, gender balance, etc. should be included in the 7th External Review of the Programme.
IV. Annexes
# Annex 1 – Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda item</th>
<th>Action/Information</th>
<th>Reference Documents</th>
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<tbody>
<tr>
<td>13:00</td>
<td><strong>1. Opening of the Board</strong></td>
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<td><em>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator</em></td>
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<td><em>Dr Vic Arendt, Chair of JCB</em></td>
<td>Appointment of</td>
<td>Draft Annotated Agenda</td>
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<td>Vice-Chair from</td>
<td>TDR/JCB44/21.1a</td>
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<td>Appointment of Rapporteur</td>
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<td>Adoption of agenda</td>
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<td><strong>2. Statutory business</strong></td>
<td>Appointment of</td>
<td>Draft Annotated Agenda</td>
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<td><em>In accordance with the TDR Memorandum of Understanding, the Vice-Chair of JCB will be elected for a two-year term of office.</em></td>
<td>Rapporteur</td>
<td>TDR/JCB44/21.2a</td>
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<td>2.1 Appointment of the Vice-Chair and Rapporteur</td>
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<td><strong>3. Director’s Report and follow-up on JCB43 recommendations</strong></td>
<td>Information</td>
<td>TDR 2020 Annual Report</td>
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<td></td>
<td><em>Including an update on TDR’s activities, key achievements and involvement in the COVID-19 pandemic.</em></td>
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<td>TDR/JCB43/20.3</td>
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<td><em>Dr John Reeder will present this item.</em></td>
<td>Information</td>
<td>Follow-up to the JCB43 decisions</td>
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<td>14:05</td>
<td><strong>4. Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC)</strong></td>
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<td>Report of STAC43</td>
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<td><em>Professor Charles Mgone will present this item.</em></td>
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<td>TDR/STAC43/21.3</td>
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<td><strong>5. Programme performance overview</strong></td>
<td>Endorsement</td>
<td>TDR financial management report</td>
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<td><em>Key performance indicators 2020</em></td>
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<td>2020 and outlook 2021-2023</td>
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<td><em>Risk management</em></td>
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<td>TDR/JCB44/21.6</td>
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<td><em>Financial report 2020</em></td>
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<td>Certified Financial Statement for the</td>
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<td><em>Outlook 2021-2023 and Programme budget scenario levels for 2022-2023</em></td>
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<td><em>Dr Michael Mihut, Programme Planning, Monitoring and Evaluation Officer, will present the key performance indicators and the risk management report for 2020.</em></td>
<td>Endorsement</td>
<td>TDR/JCB44/21.7</td>
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<td><em>Dr Beatrice Halpaap, Unit Head, TDR Programme Innovation and Management, will present the financial report 2020 and the financial outlook 2021-2023.</em></td>
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<td>2020 TDR Results Report</td>
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<td>Information</td>
<td>TDR Risk Management Report, 2020</td>
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<td>TDR/JCB44/21.8</td>
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<tr>
<td></td>
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<td>Information</td>
<td>TDR Performance Framework</td>
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<td>2018-2023 TDR/STRA/18.2</td>
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<td></td>
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<td>Information</td>
<td>Portfolio of Expected Results:</td>
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<tr>
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<td></td>
<td>2020-2021 progress and plans for</td>
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<td></td>
<td></td>
<td>2022-2023 (STAC43)</td>
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<td>Information</td>
<td>TDR Expected Results Operational Plans</td>
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<td>2020-2021 TDR/STAC42/20.9</td>
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<tr>
<td>15:00</td>
<td><strong>End of day 1</strong></td>
<td></td>
<td></td>
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<tr>
<td>Time</td>
<td>Agenda item</td>
<td>Action/Information</td>
<td>Reference Documents</td>
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<tr>
<td>13:00</td>
<td><strong>6. Programme budget and workplan 2022-2023</strong></td>
<td>Endorsement</td>
<td>TDR Programme Budget and Workplan for the 2022-2023 Biennium</td>
</tr>
<tr>
<td></td>
<td>Dr John Reeder will present the 2022-2023 programme budget and the contingency plan.</td>
<td></td>
<td>TDR/JCB44/21.9</td>
</tr>
<tr>
<td>13:30</td>
<td><strong>7. Update from TDR co-sponsors</strong></td>
<td>Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ UNICEF – Dr Robert Scherpier</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ UNDP – Ms Mandeep Dhaliwal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ World Bank – Dr Toomas Palu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ WHO - Dr Soumya Swaminathan</td>
<td></td>
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<tr>
<td>14:00</td>
<td><strong>8. TDR Governance</strong></td>
<td>Endorsement</td>
<td>Note on the membership of the JCB</td>
</tr>
<tr>
<td></td>
<td>8.1 Selection of eight members of the JCB according to Paragraph 2.2.1 of the TDR Memorandum of Understanding</td>
<td>Information</td>
<td>JCB membership wheel</td>
</tr>
<tr>
<td></td>
<td>8.2 Selection of four members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding</td>
<td>Information</td>
<td>TDR/JCB44/INFDOC/21.1</td>
</tr>
<tr>
<td></td>
<td>Dr Garry Aslanyan, Partnerships and Governance Manager, will present this item.</td>
<td></td>
<td>TDR/CP/78.5/Rev.2013/rev1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Refer to additional background documentation for the current list of JCB membership</td>
</tr>
<tr>
<td></td>
<td>8.3 Seventh External Review of the Programme</td>
<td>Endorsement</td>
<td>Draft Terms of Reference for the Seventh External Review of TDR</td>
</tr>
<tr>
<td></td>
<td>Dr Garry Aslanyan will present this item.</td>
<td></td>
<td>TDR/JCB44/21.11</td>
</tr>
<tr>
<td></td>
<td>8.4 Confirmation from the resource contributor and disease endemic country groups of the name of the representative to serve as a member of the Standing Committee for a period of two years.</td>
<td>Information</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>8.5 Membership of the Scientific and Technical Advisory Committee</td>
<td>Endorsement</td>
<td>STAC membership from 1 Jan. 2022</td>
</tr>
<tr>
<td></td>
<td>Dr Garry Aslanyan will present this item.</td>
<td></td>
<td>TDR/JCB44/21.12</td>
</tr>
<tr>
<td>14:30</td>
<td><strong>9. Date and place of JCB45 and JCB46</strong></td>
<td>Decision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Confirmation of the dates and place of JCB45 in 2022 and JCB46 in 2023.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:35</td>
<td><strong>10. Closing Session</strong></td>
<td></td>
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<tr>
<td></td>
<td>Any other business and concluding remarks</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>▪ Any other business</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Concluding remarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:45</td>
<td><strong>End of the meeting</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 2 – List of participants

### Members

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Monsieur Pieter VERMAERKE</td>
<td>Conseiller (Santé et Environnement), Mission permanente de la Belgique auprès de l’Office des Nations Unies et des Institutions spécialisées à Genève</td>
</tr>
<tr>
<td></td>
<td>Monsieur Hannes DEKEYSER</td>
<td>Attaché, Direction-Générale Coopération au Développement et Aide humanitaire, Bureau Santé, Bruxelles</td>
</tr>
<tr>
<td></td>
<td>Dr Epco HASKER</td>
<td>Department of Public Health, Mycobacterial Diseases and NTDs, Institute of Tropical Medicine, Antwerp</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Dr Seydou OUATTARA</td>
<td>Ministère de la Santé, Ouagadougou</td>
</tr>
<tr>
<td>China</td>
<td>Professor XIAO Ning</td>
<td>Deputy Director, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC), Shanghai</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Dr Yuma SYLVAIN</td>
<td>Secrétaire général à la Santé, Kinshasa Gombé</td>
</tr>
<tr>
<td>Drugs for Neglected Diseases initiative (DNDi)</td>
<td>Dr Bernard PÉCOUL</td>
<td>Executive Director, DNDi, Geneva, Switzerland</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Dr. Raul PEREZ</td>
<td>Undersecretary for Surveillance, Ministerio de Salud Pública, Quito</td>
</tr>
<tr>
<td>Egypt</td>
<td>Dr Noha HASSAN</td>
<td>Public Health Consultant, Preventive Medicine Sector, Ministry of Health and Population, Cairo</td>
</tr>
<tr>
<td>Georgia</td>
<td>Ms Gvantsa CHANTURIA</td>
<td>Head, Virology and Molecular Biology Department, LEPL National Center for Disease Control and Public Health, Tbilisi</td>
</tr>
<tr>
<td>Germany and Luxembourg Constituency</td>
<td>Dr Vic ARENDT</td>
<td>Consultant, Ministère des Affaires étrangères et Européennes, Luxembourg</td>
</tr>
<tr>
<td></td>
<td>Madame Stefanie AFONSO</td>
<td>Attachée action humanitaire, agent de la coopération, Mission Permanente du Grand-Duché de Luxembourg auprès de l’Office des Nations Unies et des autres Organisations internationales à Genève</td>
</tr>
</tbody>
</table>
Dr Ulrike BUßHOFF  
Senior Scientific Officer, German Federal Ministry of Education and Research (BMBF), Bonn

Dr Daniel EIBACH  
Desk Officer, Division 102, Pandemic Prevention, One Health, Animal Health, Biodiversity, Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, Berlin

Madame Clarisse GEIER  
Desk ONU et agences spécialisées, Direction de la coopération au développement et de l’action humanitaire, Ministère des Affaires étrangères et Européennes, Luxembourg

Professor Jürgen MAY  
Co-chair Board, Bernhard Nocht Institute for Tropical Medicine, Hamburg

Dr Isabella NAPOLI  
German Federal Ministry of Education and Research (BMBF), Bonn

Ms Judith SOENTGEN  
Counsellor, Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva

INDEPTH Network  
Professor Oche Mansur OCHE  
Executive Director, INDEPTH Network, Sokoto, Nigeria

India and Thailand Constituency  
Dr Phathai SINGKHAM  
Director, Division of Innovation and Research, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Dr Darin AREECHOKCHAI  
Deputy Director, Division of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Dr Prayuth SUDATHIP  
Public Health Technical Officer, Senior Professional Level, Division of Vector Borne Diseases, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Mr Pawit KATAKOT  
Public Health Technical Officer, Senior Professional Level, Division of Innovation and Research, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Mr Dechakom YONGYUEN  
Public Health Technical Officer, Practitioner Level, Division of Innovation and Research, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Dr Sujeet Kumar SINGH  
Director, National Centre for Disease Control, Delhi, India
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>Dr Saki NAKAMURA</td>
<td>Office of Global Health Cooperation, International Affairs Division, Ministry of Health, Labour and Welfare, Tokyo</td>
</tr>
<tr>
<td></td>
<td>Dr Kenji HIRAYAMA</td>
<td>Dean, Institute of Tropical Medicine, Nagasaki University, Nagasaki City</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Dr Tahir BIN ARIS</td>
<td>Director, Institute for Medical Research, Shah Alam, Selangor</td>
</tr>
<tr>
<td></td>
<td>Dr Nazni BINTI WASI AHMAD</td>
<td>Senior Research Officer, Research in the field of Medical Entomology, Institute for Medical Research, Shah Alam, Selangor</td>
</tr>
<tr>
<td>Mexico</td>
<td>Dr. Gustavo SÁNCHEZ TEJEDA</td>
<td>Director of National Programmes of Vector-Transmissible Diseases (Director del Programa de Enfermedades Transmitidas por Vectores), Centro Nacional de Programas Preventivos y Control de Enfermedades/ Secretaría de Salud de México, Ciudad de México</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Dr Zaw Than Htun ZAW THAN HTUN</td>
<td>Director General, Department of Medical Research, Ministry of Health and Sports, Nay Pyi Taw</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Professor Babatunde SALAKO</td>
<td>Director General, Nigerian Institute for Medical Research (NIMR), Federal Ministry of Health, Yaba - Lagos</td>
</tr>
<tr>
<td></td>
<td>Mr Godwin BROOKS</td>
<td>Head, Research and Knowledge Management Division/TDR Desk Officer, Department of Health Planning, Research &amp; Statistics, Federal Ministry of Health, Garki - Abuja</td>
</tr>
<tr>
<td>Norway and Switzerland Constituency</td>
<td>Mr Kjetil BORDVIK</td>
<td>Senior Adviser, Global Health Section, Norwegian Agency for Development Cooperation (NORAD), Oslo</td>
</tr>
<tr>
<td></td>
<td>Dr Alexander SCHULZE</td>
<td>Division Head, Global Programme Health, Federal Department of Foreign Affairs, Swiss Agency for Development and Cooperation, Berne</td>
</tr>
<tr>
<td></td>
<td>Mr Olivier PRAZ</td>
<td>Senior Advisor, Health Research &amp; Development and Access, Global Programme Health, Federal Department of Foreign Affairs (FDFA), Berne</td>
</tr>
<tr>
<td>Panama and Spain Constituency</td>
<td>Sra. Tatiana LOMBARDO B.</td>
<td>Dirección de Análisis Económico y Social, Ministerio de Economía y Finanzas, Ciudad de Panamá</td>
</tr>
</tbody>
</table>
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, Madrid

Dr. Juan Miguel PASCALE
Director General, Gorgas Memorial Institute of Health Studies |
Instituto Conmemorativo Gorgas de Estudios de la Salud, Panamá

Peru

Dr. Víctor Javier SUÁREZ MORENO
Head, National Institute of Health, Lima

Dr. Luis Fernando DONAIRES
Director General, National Center of Public Health, Lima

Sr. Óscar Roberto ESCALANTE MALDONADO
Executive Director, Communicable Diseases, National Center of Public Health, Peru

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 Services, Colombo

Sweden

Professor Hannah AKUFFO
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Professor Mayte BEJARANO
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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

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

Dr Dirk MUELLER
Senior Health Adviser, Health Research Team, Research and Evidence Division, London

Mr Ian BELSHAW
Programme Management, Health Research Team, Research and Evidence Division, London

Dr Amy BLOOM
Senior Policy and Strategy Advisor, Office of Health, Infectious Diseases, and Nutrition, Infectious Diseases Division, Bureau for Global Health, Washington, D.C.
Zambia

Professor Lloyd MULENGA
University Teaching Hospital, Adult Infectious Diseases Center,
Ministry of Health, Lusaka

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Counsellor - Health, Permanent Mission of the Republic of Zambia to
the United Nations Office and International Organizations at
Geneva

Co-sponsors

United Nations Children's Fund
Dr Robert SCHERPBIER
Senior Health Specialist, Implementation Research & Delivery Science
Unit, Health Section, Geneva

United Nations Development Programme
Ms Mandeep DHALIWAL
Director: HIV, Health & Development Group, Bureau for Policy &
Programme Support, New York, NY, USA

World Bank
Dr Toomas PALU
Adviser, Global Coordination, Health, Nutrition & Population, Geneva

World Health Organization
Dr Soumya SWAMINATHAN
WHO Chief Scientist / TDR Special Programme Coordinator

Special Programme Staff

Director's Office
Dr John REEDER
Director

Dr Garry ASLANYAN
Manager, Partnerships and Governance

Ms Maki KITAMURA
Communications Officer

Dr Robert TERRY
Knowledge Management

Administrative Support to
the JCB
Ms Christine COZE
Ms Elisabetta DESSI
Ms Izabela SUDER-DAYAO

Programme Innovation and
Management
Dr Beatrice HALPAAP
Unit Head

Ms Caroline EASTER
Ms Annabel FRANCOIS
Ms Mary MAIER
Dr Mihai MIHUT
### Research Capacity Strengthening

- Dr Dermot MAHER  
  Unit Head
- Ms Najoua KACHOURI ABOUDI
- Ms Kai KALMARU
- Dr Eddy KAMAU
- Dr Pascal LAUNOIS
- Dr Mahnaz VAHEDI

### Research for Implementation

- Dr Abraham ASEFFA  
  Unit Head
- Dr Florence FOUQUE
- Mr Daniel HOLLIES
- Ms Ekua JOHNSON
- Dr Mohammed KHOGALI AHMED
- Dr Annette KUESEL
- Mr Abdul MASOUDI
- Dr Corinne MERLE
- Dr Mariam OTMANI DEL BARRIO
- Dr Bernadette RAMIREZ
- Ms Michelle VILLASOL
- Dr Rony ZACHARIAH

### TDR Consultants

- Ms Ana HERNANDEZ BONILLA
- Ms Debora PEDRAZZOLI
- Dr Marie-Eve RAGENAUD
- Ms Vanessa VERONESE
- Dr Qingxia ZHONG

### Other participants

- **Chair, TDR Scientific and Technical Advisory Committee**: Professor Charles MGONE  
  Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, United Republic of Tanzania
### Observers

<table>
<thead>
<tr>
<th>Country</th>
<th>Name and Title</th>
</tr>
</thead>
</table>
| Barbados | Dr Leslie ROLLOCK  
Senior Medical Officer of Health (N) ag., Ministry of Health and Wellness, St. Michael |
| Brazil  | Ms Cristina Vieira MACHADO ALEXANDRE  
Head of the Office of International Affairs – AISA, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Mr Victor CAMPOS CIRNE  
Second Secretary, Permanent Mission of Brazil to the United Nations Office and other International Organizations at Geneva |
|         | Ms Carmelita Ribeiro FILHA CORIOLANO  
General Coordinator of Diseases in Elimination, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Mr Maiko LUIS TONINI  
General Coordinator of Surveillance of Diseases of Respiratory Transmission, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Mr Marcelo YOSHIITO WADA  
General Coordinator of Surveillance of Zoonoses and Vector Transmission Diseases – CGZV, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Ms Sarah Maria SOARES FERNANDES BAYMA  
Office of International Affairs – AISA, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Ms Heloísa VIEIRA CURVELLO  
Office of International Affairs – AISA, Ministério da Saúde, Gabinete do Ministro, Brasília |
|         | Mr Cássio Roberto LEONEL PETERKA  
General Coordination of Surveillance of Arboviruses, Ministério da Saúde, Gabinete do Ministro, Brasília |
| Cuba    | Dra. Yanaris LOPEZ ALMAGUER  
General Director, Instituto de Medicina Tropical “Pedro Kouri” (IPK), La Habana |
|         | Dr. Vivian KOURÍ CARDELLÁ  
First Deputy Director, Instituto de Medicina Tropical “Pedro Kouri” (IPK), La Habana |
|         | Dr. María G. GUZMÁN TIRADO  
Head, IPK Center for Research, Diagnosis and Reference, Instituto de Medicina Tropical “Pedro Kouri” (IPK), La Habana |
|         | Dr. Jorge PÉREZ ÁVILA  
Consultant Professor, IPK Center for Research, Diagnosis and Reference, Instituto de Medicina Tropical “Pedro Kouri”, La Habana |
Greece
Ms Danai PERNANIDOU
Head, Vector-borne Diseases Department, Directorate for Epidemiological Surveillance and Intervention for Infectious Diseases, Hellenic National Public Health Organization, Athens

Ms Paraskevi TSONOU
Head, Travel Medicine Department, Hellenic National Public Health Organization, Athens

Iran
Dr Ahmad RAEISI
National Program Manager for Vector-Borne Disease Control, Ministry of Health and Medical Education, Tehran

Mr Farhad MAMDOUHI
Minister, Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other International Organizations at Geneva

Iraq
Dr Sinan GHAZI MAHDI
Manager, Centers for Disease Control and Prevention, Baghdad

Dr Ihab RAKEEB AKIF
Public Health Directorate, Baghdad

Italy
Ms Patrizia PARODI
Senior Officer, Ministry of Health, Directorate General of Health Prevention, Roma

South Africa
Dr Nires BHAGWANDIN
Executive Manager: Strategic Research Initiatives, South African Medical Research Council, Cape Town, Western Cape

Turkey
Dr Seher TOPLUOĞLU
Head of Department, Directorate General for Public Health, Department of Zoonoses and Vector Diseases, Ministry of Health of the Republic of Turkey, Bilkent - Çankaya / Ankara

Viet Nam
Dr TRAN Van Giang
Vice Head, Virology and Parasitology Department, National Hospital for Tropical Diseases, Hanoi

International Development Research Centre (IDRC)
Dr John DUSABE-RICHARDS
Director, Global Health Division, International Development Research Centre (IDRC), Ottawa (Ontario), Canada

Medicines for Malaria Venture (MMV)
Dr Silvia FERAZZI
Director, Advocacy, Medicines for Malaria Venture, Geneva, Switzerland

OPEC Fund for International Development
Dr Walid MEHALAINE
Head of Grants & Technical Assistance, Strategic Planning & Economic Services, The OPEC Fund for International Development, Vienna, Austria
Pasteur International Network association (PINa)  
Ms Kathleen VICTOIR  
Operational Director, Institut Pasteur, Paris, France

United Nations Environment Programme (UNEP)  
Ms MINSEON KIM  
UNEP, Geneva, Switzerland
Annex 3 – JCB membership from 1 January 2022
## Annex 4 – STAC membership from 1 January 2022

<table>
<thead>
<tr>
<th>(Chair) <strong>Professor Charles Mgone</strong>, Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, United Republic of Tanzania</th>
<th>2014–2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professor Afif Ben Salah</strong>, Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Manama, Kingdom of Bahrain</td>
<td>2018–2022</td>
</tr>
<tr>
<td><strong>Professor Claudia Chamas</strong>, Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil</td>
<td>2016–2023</td>
</tr>
<tr>
<td><strong>Dr Theeraphap Charoenviriyaphap</strong>, Head, Department of Entomology, Kasetsart University, Bangkok, Thailand</td>
<td>2022–2023</td>
</tr>
<tr>
<td><strong>Dr Sara Irène Eyangoh</strong>, Directeur Scientifique, Centre Pasteur du Cameroun, Laboratoire National de Référence et de Santé Publique</td>
<td>2016–2023</td>
</tr>
<tr>
<td><strong>Professor Subhash Hira</strong>, Professor of Public Health and Senior Advisor, Public Health Foundation of India, New Delhi, India</td>
<td>2017–2022</td>
</tr>
<tr>
<td><strong>Professor Mirkuzie Woldie Kerie</strong>, Senior Research Adviser (SRA), MCH Directorate, Federal Ministry of Health, Jimma, Ethiopia</td>
<td>2021–2022</td>
</tr>
<tr>
<td><strong>Dr Caroline Lynch</strong>, Regional Adviser, Medicines for Malaria Venture, Chiang Mai, Thailand</td>
<td>2021–2022</td>
</tr>
<tr>
<td><strong>Professor Catherine (Sassy) Molyneux</strong>, Professor in Global Health, Health Systems Research Ethics Department, KEMRI-Wellcome Trust Research Programme, Kilifi, Kenya</td>
<td>2020–2023</td>
</tr>
<tr>
<td><strong>Dr Alwyn Mwinga</strong>, Executive Director, Zambart, Lusaka, Zambia</td>
<td>2020–2023</td>
</tr>
<tr>
<td><strong>Dr Emelda Aluoch Okiro</strong>, Head, Population Health Unit, KEMRI/Wellcome Trust Collaborative Programme, Nairobi, Kenya</td>
<td>2021–2022</td>
</tr>
<tr>
<td><strong>Professor Leanne Robinson</strong>, Program Director, Health Security, Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health, Burnet Institute, Melbourne, Australia</td>
<td>2022–2023</td>
</tr>
<tr>
<td><strong>Professor Stephen Bertel Squire</strong>, Professor of Clinical Tropical Medicine; Dean of Clinical Sciences and International Public Health, Liverpool School of Tropical Medicine, Liverpool, United Kingdom</td>
<td>2017–2022</td>
</tr>
<tr>
<td><strong>Dr Marta Tufet</strong>, Executive Director, UK Collaborative on Development Research, c/o Wellcome Trust, London, United Kingdom</td>
<td>2022–2023</td>
</tr>
</tbody>
</table>