

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

**Virtual**  
15—16 June 2022



JCB45 participants (not all shown)

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# ABBREVIATIONS

ADP	Access and Delivery Partnership
AHPSR	Alliance for Health Policy and Systems Research
AMR	Antimicrobial Resistance
CRL	Clinical Research Leadership
DEC	Disease Endemic Country
DR-TB	Drug-Resistant Tuberculosis
ER	Expected Result
EWARS	Early Warning and Response System
FCDO	Foreign, Commonwealth & Development Office, United Kingdom
HIV	Human Immunodeficiency Virus
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IMP	TDR Research for Implementation Unit
IR	Implementation Research
IVI	International Vaccine Institute
JCB	Joint Coordinating Board
KPI	Key Performance Indicator
LMICs	Low- and middle-income countries
MOOC	Massive Open Online Course
MSA	Multisectoral Approach
NIHR	National Institute for Health and Care Research, United Kingdom
NTDs	Neglected Tropical Diseases
PHC	Primary Health Care
PIM	TDR Programme Innovation and Management Unit
R&D	Research and Development
RCS	TDR Research Capacity Strengthening Unit
SORT IT	Structured Operational Research and Training Initiative
STAC	TDR Scientific and Technical Advisory Committee
SWG	Scientific Working Group
TB	Tuberculosis
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UKRI	UK Research and Innovation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VBD	Vector-borne Disease
VL	Visceral Leishmaniasis
WHO	World Health Organization

## I. Introduction

As a result of ongoing restrictions due to the COVID-19 pandemic, the Forty-fifth 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 15 and 16 June 2022. 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 function in the meeting platform. Deliberations of JCB45 focused on TDR's achievements since JCB44 and plans from 2022 onwards, with important decisions taken, including approval of the 2021 reports, namely the Results Report, the Risk Management Report and the Financial Management Report. The Board also discussed the report and recommendations from the Seventh External Review and the next steps in the strategy 2024–2029 development process.

## 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 third virtual session of the Board, before giving the floor to the **Chair of the Joint Coordinating Board, Dr Vic Arendt**, as **Dr Soumya Swaminathan, WHO Chief Scientist and TDR Special Programme Coordinator**, was experiencing some technical difficulties and was unable to connect.
- Chair JCB welcomed delegates, who were connecting from over 50 locations across the world, to the forty-fifth meeting of the JCB, and expressed the hope that the next meeting will be held in Geneva, given that the COVID-19 pandemic had now reached an endemic state in most parts of the world.
- The Chair congratulated the Director and the entire TDR team for their achievements during 2021 and appreciated the Programme's continuing focus on its core functions—which is to build capacity in research and to engage in essential activities and fight neglected tropical diseases such as tuberculosis, malaria, climate change issues and antimicrobial resistance (AMR)—despite the challenges of the pandemic that included shifting to digital and online training formats and development of data-sharing platforms among many other tools.
- He also congratulated the team for their continued involvement in the COVID-19 response, working directly with WHO's technical groups and at the country level, e.g. through an e-learning programme for strengthening COVID-19 vaccine safety monitoring in African countries.
- He mentioned the success of the innovative SORT IT virtual platform that has enabled the Programme to move forward in the field of AMR by supporting the generation of evidence to tackle AMR in Ghana, Nepal, Sierra Leone and Uganda.
- A special mention was made for TDR's successful new podcast, Global Health Matters, which is doing an excellent job of providing informative communication and opportunities for engagement with the wider community on matters of global health.
- He went on to thank WHO for its coordinated response to the pandemic, which without its role in controlling it, would have taken many more lives. Dr Arendt also mentioned that despite millions being vaccinated against the virus, half of the world still suffered from an issue of lack of equitable access to vaccines, which WHO could not solve alone.

- Since the last meeting, in October JCB members and observers were invited to a technical webinar that presented two topics: the elimination of visceral leishmaniasis in Bangladesh and building a community of practice for implementation research in the Latin American Region. (Recordings are available on our website.)
- The report of the Seventh External Review was shared via email with delegates and will be presented and discussed on Day Two.
- Following the statutory business, Chair JCB went on to mention the two meetings of the Standing Committee that had been held since the last JCB (in November and April) and that reports from these meetings were available on the website.

## Item 2. Statutory business

### 1. Appointment of the Rapporteur

**Chair JCB** informed the Board that Dr Tomás López-Peña (Spain) had kindly agreed to act as Rapporteur for JCB45.

The Chair mentioned the technical webinar and briefing session on Monday, which were 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. ([Click here](#) to watch the presentations in English, French or Spanish.)

#### Decision

- **Appointed Dr Tomás López-Peña (representative of Spain) as Rapporteur for JCB45.**

### 2. Adoption of the Agenda

The Draft Agenda of JCB45 was circulated to JCB members and observers in February, and the Draft Annotated Agenda was made available on the JCB web page one month prior to the commencement of the session. No comments were received.

#### Decision

- **Adopted the Agenda of JCB45.**

### 3. Declarations of interests

Declaration of interest forms were accepted as submitted by.

#### Decision

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



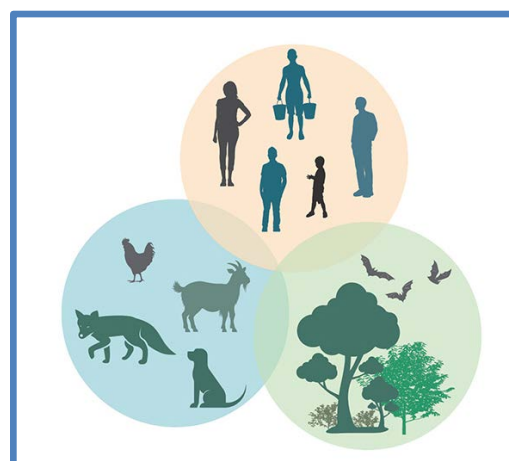
## Item 3. Director's report and follow-up on JCB44 recommendations

**Dr John Reeder, Director TDR**, presented an overview of the Programme's achievements during the past year, plans for 2022–2025 and relevant updates on specific items such as personnel changes.

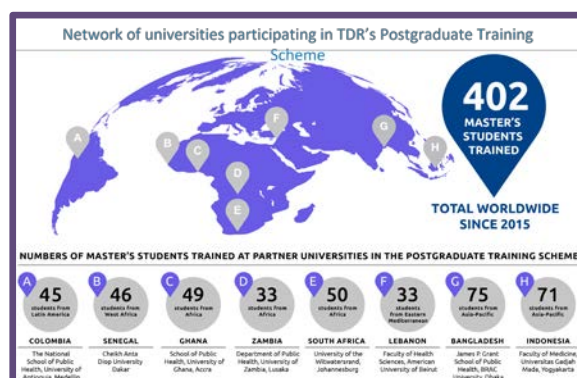
### Key messages

- Referred delegates to the **2021 Annual Report**, which was developed in time for STAC in March and has since been distributed and used as an advocacy tool, and is also available in a new interactive format.
- Despite COVID-19, great progress has been made towards achieving the mission. People have been resilient, inventive and flexible and worked hard to push the Programme forward.
- There has been a good response to results targets and implementation rates and all planned operations have been delivered.
- Some of the **key achievements of the three areas** of Research for Implementation, Research Capacity Strengthening and Global Engagement include:

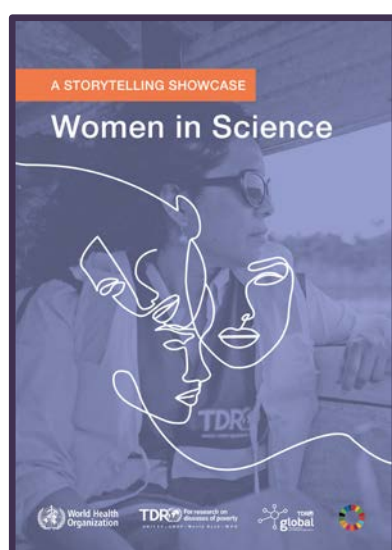
- Working with TDR networks to support implementation research, 11 studies completed on strategies to mitigate the impact of COVID-19 on TB control in West and Central Africa.
- The One Health approach for tackling vector-borne diseases (VBDs) is being piloted by four research teams in Africa.
- Thirty-five operational research studies from countries in Africa and Asia on AMR have been completed and published.



- A new SORT IT training module has been piloted to strengthen researchers' communication skills and enhance uptake of research findings.
- Through support to national TB programmes in West and Central Africa to conduct research on strategies to mitigate the impact of COVID-19, 11 studies have been completed and publications are being prepared.
- Following the 2020 launch of TDR's theoretical framework on a multisectoral approach to prevent and control VBDs, four case study projects have been selected to test the framework. ([click here](#) for more information)
- The [Postgraduate Training Scheme](#), has trained more than 400 Master's students in implementation research since 2015. Enhancements to training tools include: availability of the MOOC on implementation research in all six United Nations languages and development of a new module on gender and intersectionality for the Implementation Research Toolkit. Broadening the network of participating universities has been achieved by increasing the number of scientists in low- and middle-income countries (LMICs) trained in implementation research. These universities are now able to provide an IR curriculum, manage training grants and mentor students.



- The MOOC on implementation research guided the development and design of research on neglected tropical diseases that led the Gambian Ministry of Health to conduct IR to explore new approaches to eliminating schistosomiasis.
- Highlights of one alumnus of the [Clinical Research and Development Fellowship](#) include being co-investigator on three ongoing COVID-19 studies at icddr,b in Dhaka and co-author of a paper on a COVID-19 therapeutic trial that was published in the *International Journal of Infectious Diseases*.
- Two new research tools for social innovators have been published, namely, *Social Innovation in Health Monitoring & Evaluation Framework*, and *Research Checklist for Social Innovation*.
- The Small Grants Scheme (now called Impact grants for regional priorities) with WHO regional offices tackled new topics, including health and migration and implementation of the International Health Regulations.



- A Women in Science compendium featuring 15 women global health leaders from the TDR Global community was launched on International Women's Day and a Practical Guide on Public Engagement and Crowdfunding in Health Research was published.

- To promote gender-responsive interventions for infectious diseases, intersectional gender research projects, including on social innovation, have been expanded. Consolidated training courses on gender-based analysis of VBDs and climate change include institutionalization in public health programmes of selected African institutions with a MOOC module offered in parallel.







- The highly successful TDR [Global Health Matters](#) podcast, which explores how innovative and inspiring research contributes to achieving health for all, is now in its second season, with listenership increasing with each episode.

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

- Among the people that TDR trained during the past five years, more than 70% have been able to contribute to the COVID-19 response utilizing more than their basic training.
- Implementation research to mitigate the impact of the pandemic on disease control efforts for TB, malaria, NTDs is being supported.
- Supporting postgraduate trainees to conduct IR on COVID-19-related issues in their countries.
- As a member of the COVID-19 Clinical Research Coalition's data sharing working group, TDR has contributed to the review of COVID-19 data sharing platforms.
- Developed a training course to strengthen COVID-19 vaccine safety monitoring systems in African countries.
- Leading the [COVAX/ACT](#) workstream on biomanufacturer workforce development.

- Dr Reeder also presented some of the priorities for each of the strategic priority areas for the remainder of 2022 and 2023 . The full presentation is available on the JCB website.

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

- In 2021, TDR set out on a budget of US\$ 40 million and spent US\$ 37.7 million. The spending was conservative due to prevailing funding uncertainties and a contingency fund was set aside to mitigate risks.
- Operationally, the Programme went a little over budget but was able to keep within the US\$ 40 million budget as a result of savings on staff costs.
- Proceeding with the US\$ 40 million budget in the current financial year with a review of the budget planned in September. The details are further discussed under *Item 5: Financial update and Programme performance overview*.

- **Personnel changes.** We will bid farewell to one senior staff this year: Dr Bernadette Ramirez, Scientist in the Research for Implementation Unit, and wish her well in her future endeavours. We also congratulate Dr Michael Mihut for his appointment as Head of the Programme Innovation and Management Unit.

- **TDR has moved!** The TDR team is now located on the sixth floor of the newly built B building which houses the Science Division, allowing for closer association and collaboration with colleagues from other research entities such as HRP and Digital Health. With renovation work of the WHO main building under way, only 40% of the space is currently available for staff, hence WHO's teleworking policy is set to continue.

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

- Chair JCB thanked Dr Reeder for his concise, informative and enthusiastic presentation. He congratulated the Director on the financial savings made during the year.
- JCB congratulated TDR for the achievements and results accomplished in 2021, and for demonstrating the ability for adaptability in the face of uncertainty.
- Asked about the possibility of funding for courses and training of human resources to tackle an epidemic outbreak in Latin American countries, Dr Reeder responded that TDR's online training platforms are designed to help with such needs and that, additionally, the WHO Academy, WHO's key training facility, works to strengthen the health workforce response across a whole range of areas, which is not limited to research alone. Dr Reeder acknowledged that funding remains a challenge in running such training courses and that TDR is looking to institutionalize such trainings instead of giving small grants to individuals.
- A request was made for Portuguese-speaking countries to have higher visibility and participation in TDR's projects. Dr Reeder acknowledged the existing lack of opportunity for resource-challenged Portuguese-speaking communities and assured that TDR was working towards resolving the issue in which a lack of funding formed a major part, as has been seen in the case of French-speaking West Africa.

## 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 2022, STAC reviewed several reports, including those from the scientific working groups (SWGs). At their meeting the STAC reviewed and made recommendations on:
  - the 2021 Results Report and 2021 Risk Management Report; and
  - financial implementation for TDR's activities.
- STAC welcomed three new members: Dr Theeraphap Chareonviriyaphap, Head of the Entomology Department at the Kasetsart University in Bangkok, Thailand; Professor Leanne Robinson, Program Director, Health Security and Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health at the Burnet Institute in Melbourne, Australia; and Dr Marta Tufet Bayona, Head of Policy, Gavi, Geneva, Switzerland.
- STAC congratulated the Programme on the remarkable achievements and for being on track for most deliverables through the difficult past year despite challenges posed by the COVID-19 pandemic.
- Recommended reaching out to additional funders regarding gender identity-related policies (e.g. FCDO, NIHR, UKRI).
- Recommended being more explicit on how impact on policy is tracked, identifying factors that enable policy change and how the Programme contributes to enhanced use of evidence in countries.

### **Discussion points**

- JCB thanked Professor Mgone for his clear and comprehensive presentation and thanked STAC members for their invaluable advice and support to the Special Programme.
- Asked about STAC's strategies to mitigate risk related to staffing issues, Professor Mgone and Dr Reeder responded that a succession plan was being readied for several senior staff members due to retire in the near future. The issue was discussed further under *Item 5: Financial update and Programme performance overview*.

**Note:** A comprehensive STAC report was made available to the Joint Coordinating Board.



## Item 5. Financial update and Programme performance overview

**Dr Michael Mihut, Unit Head, Programme Innovation and Management**, gave a brief introduction before presenting the financial update and performance overview, including implementation of TDR's finances and projects in 2020–2021, a look at the key performance indicators (KPIs), the risks and how they are managed and plans for 2022–2023.

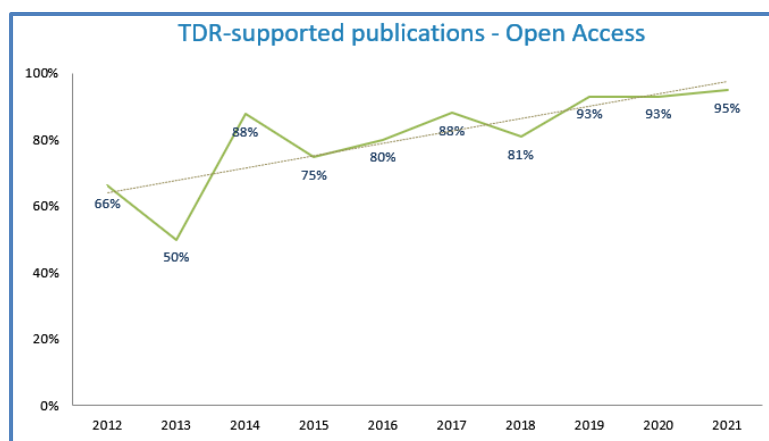
### **Key messages**

- 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 its strategic goals, as well as how TDR contributes to the global health impact. The Framework is complemented by annual Results Reports.
- At the end of 2021, 18 of the 23 expected results in TDR's portfolio showed their activities as being on track, while five were delayed. Due to various situations, such as the COVID-19 pandemic that required a lot of effort from TDR grantees in the field and also imposed travel restrictions, some activities had to be postponed, some were moved online, while others may need to be replanned or redesigned. Some delays in fundraising from project-specific donors have also led to delays in initiating the calls for proposals and projects.
- Examples of outcomes were presented.
- TDR focus on low- and middle-income countries was shown by a series of indicators. The total dollar amount (US\$ 8.9 million) of grants and contracts awarded to institutions and researchers in DEC countries (disease endemic countries) in 2021 was 79% of the total, a clear increase from 71% in 2020. When counting these contracts, 67% were with institutions and individuals in DEC countries, up from 64% in 2020 and 62% in 2019. The average amount of a contract/grant continued to remain higher for DEC countries than non-DEC countries. The proportion of funds awarded to institutions and researchers from DEC countries over the course of the 2020–2021 biennium was 75%, in line with the target.



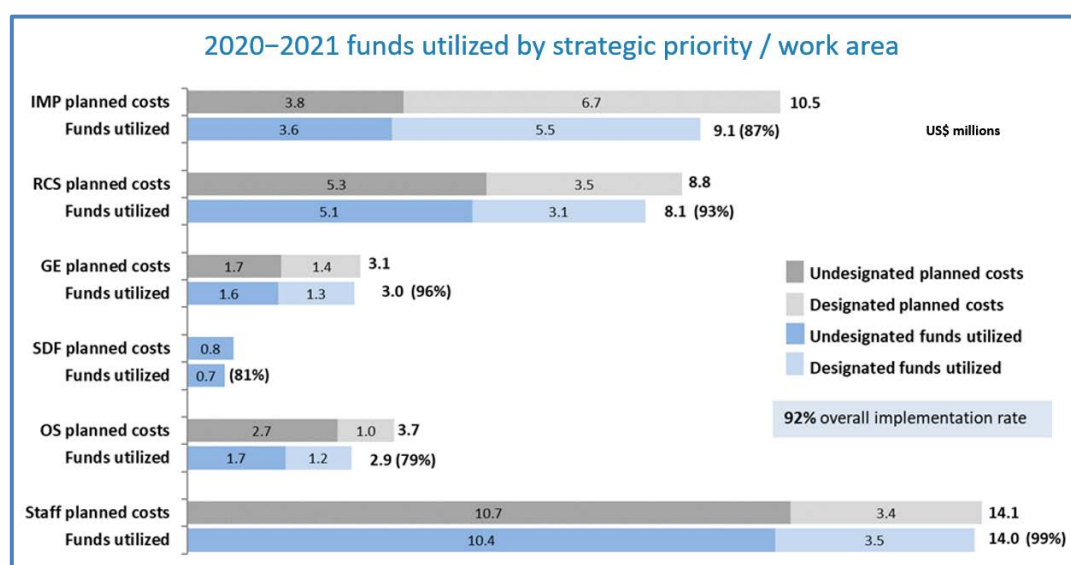
- The proportion of TDR advisers originating from low- and middle-income DEC countries was 64% in 2021, above the target of 60%.
- There were 176 TDR-supported peer reviewed publications in 2021, which is fewer than in 2020. Among the authors of these publications, the proportion of first authors from DEC countries was 77%, remaining well above the 67% target.

- In 2021, 95% of TDR-supported publications were published in open or free access, the highest percentage achieved to date.



- Analysis of 2021 figures shows that 49% of contracts or grants were awarded to women, which is an increase from 46% in 2020. The amount awarded to women, however, decreased to 43%, compared to 49% in 2020 (approximately US\$ 4.4 million). This will be looked at in more depth.

- In 2021, women made up 62% of the membership of TDR's external advisory committees. This new record reflects our continuing drive to involve women in higher advisory roles, and the general effort by TDR towards gender equity. This dwarfs the proportion of women initially measured in 2012, which stood at only 28%.
- In 2021, 40% of first authors of TDR-supported publications were women. This result is lower than in 2020 (45%) but still stands higher than the baseline (2017, 38%).
- During 2020–2021, it is estimated that TDR leveraged close to US\$ 50 million in co-funding of projects, technical contribution, in-kind support, etc. For each dollar invested by TDR, US\$ 1.30 was leveraged from other sources. The same period saw an estimated 750 people in the field working on TDR projects, either as principal investigator, co-investigator, grantee, trainee conducting some form of research or capacity strengthening activities, consultant, etc. This means that the number of people who worked on TDR projects in the field was 25 times higher than the TDR secretariat head count.
- As at 31 December 2021, US\$ 37.7 million had been spent or committed through legal agreements (commitments of US\$ 2.3 million), for an implementation rate of 92% (against revised planned costs) and 94% (against the US\$ 40 million budget scenario).
- Thanks to sound management systems and a conservative income forecast, we managed to save US\$ 3 million on operations support and staff costs, re-orienting some of this to operations activities, thus further improving the Programme's efficiency. Detailed information is available in TDR's 2020–2021 Financial Report.



- For 2022–2023, implementation of the US\$ 40 million budget scenario is under way, standing at 21% at end of May. Income forecasted conservatively is expected to cover fully the US\$ 40 million budget needs. Exchange rate variations can have a big impact on income, and they are considered for our income forecast ranges.
- We continued to receive funding from large contributors as well as from disease-endemic countries, confirming their support for TDR.
- Any savings on salaries (planned using WHO standard cost) or operational support costs, as well as any additional funds, can be oriented towards scaling up operations activities in line with the workplans approved by the JCB. We plan a first Planned Cost revision at the Portfolio Review in September, with freeing up additional available funds to fund activities soon after.
- For 2024–2025, the Standing Committee endorsed two budget scenario levels: a starting scenario level at US\$ 40 million and a higher level at US\$ 50 million. Income forecast shows these can be achieved with good fundraising and strong commitment from TDR contributors. Income forecast will become more realistic as we get closer to the start of that biennium.
- At the end of 2021, for the nine Programme-level risks that were open, there were 19 action items that were on track (five new action items opened in 2021), one delayed (staff retreat) and one on hold (related to WHO's mobility policy). At the same time, the number of completed actions for open risks reached 32 (three actions were completed in 2021). Two action items were added in 2022, to address the new proposed Risk 20 (timely replacement of key personnel). The proportion of actions on track and completed was 88%, above the 80% minimum threshold. However, some risks have components that are outside of TDR's control, and the fact that action plans are on track does not mean the risks are totally under control.
- Succession planning policy and standard operating procedures developed. Through systematic consultations with staff as part of TDR's risk management processes, we identified the fact that the next three years will include a number of positions in TDR becoming vacant through age limit retirement. As recruitment processes in WHO can be lengthy (6, 9, 12 months), we considered the need for a standard process that would help us to proactively identify the needs, timely plan the recruitment of new staff and ensure a smooth handover and transition that would preserve both institutional memory and continuity of operations. This will be used as an opportunity to revamp job descriptions so that they are even more in line with TDR's strategy and objectives, and create a pool of talented professionals to take forward TDR's current and future strategy.

### ***Discussion points***

- Chair JCB thanked Dr Mihut for his clear and precise presentation, and welcomed and thanked the WHO Comptroller and Director of Finance, Mr George Kyriacou, and his staff for their support to TDR.
- He went on to thank the Government of the Federal Republic of Nigeria for being a significant resource contributor to the Programme and welcoming Nigeria back as a member of the Board from 2023.
- The Chair congratulated the TDR team for their implementation efforts, conservative financial planning and ability to run the Programme on a reduced budget while hoping for more funding in future.

### ***Specific to key performance indicators and risk management***

- With reference to TDR's mandate of making women 50% of corresponding or last authors of papers, it was pointed out that TDR mainly controls the contracts being awarded to women and not who will be the last or corresponding authors. It was noted that currently inequity in awarding grants exists all over the world and rests in the hands of grants officers.



***Specific to the financial report***

- Appreciated the comprehensive overview of the financial risks and achievements. Asked about how financial risks, which may be considerably higher with inflation, post-pandemic financial situation, conflicts, have been reflected in TDR's budgeting and risk predictions, Dr Mihut emphasized TDR's conservative financial approach and use of favourable exchange rates (higher range) for undesignated funds' estimates. However, the inflation risk remains real with the cost of everything rising faster than expected. This issue can be tackled with closer focus on fundraising efforts and receiving more funds. Further, Dr Reeder added that the current situation was also relevant to donor countries that were struggling with financial uncertainty. Early and candid conversations with donors about possible reductions in funding help TDR to keep its forecasts real.
- Asked if any indirect impact of the planned funding reforms to WHO (sustainable financing) with the increased account for the base budget, complemented by a potential replenishment model, is foreseen, and if any room exists for the Programme to make use of this momentum to increase sustainable (core) funding to WHO Dr Reeder and Dr Mihut noted that the push for donors to make their contributions to WHO fully flexible may indeed raise funding risks for the special programmes, as donors may shift contributions, wrongly thinking that some of the funding would go to TDR. The evolving situation will be closely monitored.

**Decisions**

- **Endorsed the 2021 TDR Results Report.**
- **Endorsed the 2021 TDR Risk Management Report.**
- **Endorsed the financial management report 2020–2021 and outlook 2022–2025.**
- **Endorsed the certified financial statement for the year ended 31 December 2021.**

## Item 6. Update from TDR co-sponsors

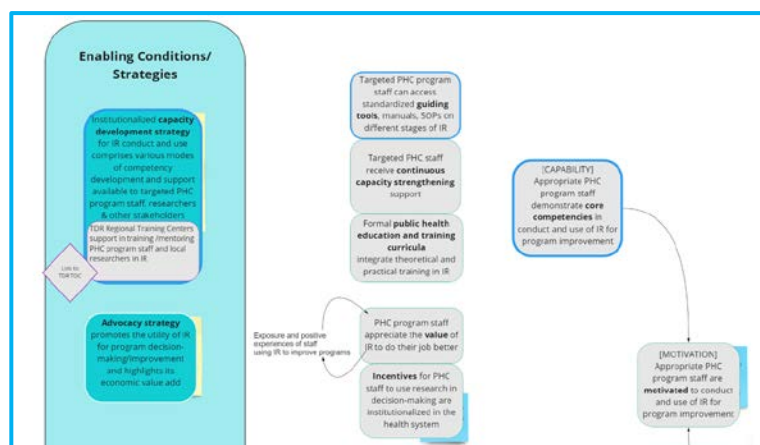
### Key messages

- On behalf of UNICEF, **Dr Robert Scherpbier, Senior Health Specialist, Implementation Research and Delivery Science Unit**, gave an overview of UNICEF's current work and joint collaborations, including:
  - The strategic objectives for implementation research in UNICEF's work include accelerating uptake of innovations into Primary Health Care (PHC) policies, programmes and practice and enhancing equitable and sustainable intervention coverage at scale. Both are fully aligned with TDR's objectives of accelerating universal health coverage. UNICEF sees IR as a way to speed up the achievements of public health impact. IR, supported by UNICEF, therefore focuses on primary health care, private sector, humanitarian settings and settings with large inequities ('zero dose communities').



- While there is good evidence on the potential of IR in enhancing policies, programmes and practice, IR remains underused in UNICEF programmes at country level. In order to help address this gap a 4-day socializing workshop was organized in January 2022. The workshop attracted over 450 participants, half of which were from national or subnational policy-makers and implementers. The workshop enhanced understanding and interest in the potential and use of IR to improve policies, programmes and practice. As a follow-up, UNICEF is working on a case compendium that aims to bring together examples of successful IR projects in health, education, child protection and social policy.
- A review of the 80 IR projects in over 25 countries that UNICEF supported between 2015 and 2021, indicated that more work needs to be done on presenting IR results in a more uniform way in order to enhance within and across-country and across-partner learning. In addition, work is in progress on a web-based knowledge management repository which aims to serve Gavi, the Global Financing Facility, TDR and UNICEF, and possibly other interested partners.
- To further enhance implementation research capacity, including maternal, newborn and child health, in collaboration with the London School of Hygiene and Tropical Medicine and TDR, UNICEF will soon submit a funding proposal to the UK Medical Research Council that builds on IR capacity building opportunities, which is provided by TDR training centres in Ghana and Indonesia.
- Based on a literature review on best practices and policy-makers' preferences, a draft reporting format for implementation was developed. The format is currently being tested with policy-makers and programme managers in LMICs. Apart from the study title, the format provides information on the context in which the IR happens, the implementation problem that is being studied, a description of the intervention that is being tested as part of the IR, as well as a theory of change on how that intervention aims to address the problem statements and change current practice. The format also includes information on the study design and findings, key takeaways and recommendations for and developed in consultation with policy-makers and programme managers. The format also lists future research questions and provides key references.

- An important product of the close collaboration between TDR and UNICEF is an IR handbook for primary health care decision-makers in LMICs, which is in the early stages of development. It aims to guide policy-makers and programme managers to embed IR in routine programmes at country level and accelerate its use to improve primary health care policies, programmes and practice. The handbook is informed by a literature review and stakeholder interviews and is accompanied by a theory of change which, for example, lists key leverage points, required attention when embedding IR as part of routine programming in LMICs and accelerating its use. Enabling factors towards embedding IR include advocacy, financing, data systems and capacity building.



- UNICEF is wrapping up its IR projects in private sector engagements in Ghana and the United Republic of Tanzania. These projects were funded through a 'Big Think' challenge and built on SIHI and ADP collaboration. The results indicate opportunities for governments to work with the private sector, while the not-for-profit sector plays an important role in accessing remote rural areas.
- UNICEF's work in humanitarian settings and settings with large inequities is currently pursued with country offices through the development of global and in-country learning hubs with Gavi. Future collaboration with TDR would certainly be welcome.
- **Dr Mandeep Dhaliwal, Director, HIV, Health and Development Group, Bureau for Policy and Programme Support, UNDP, and Dr Toomas Palu, Adviser, Global Coordination, Health, Nutrition and Population, World Bank,** were unable to join the meeting.
- **On behalf of WHO and Dr Swaminathan,** who was unable to join the session, Dr Reeder mentioned items related to both the World Health Organization and, more specifically, to the Science Division's role in the COVID-19 response, including:
  - The Science Division is still evolving and in general progressing as is evident from all the attention that has been focused on it during COVID-19 – a positive development. The area where it is not progressing as quickly, however, is funding. With all the attention centring around COVID-19 and the building of core functions to support it, this has left the Science Division a bit behind on its set objectives.
  - The pandemic has provided a great opportunity for collaboration with TDR. For example, at the World Health Assembly in May a resolution was passed on improving clinical trials capacity globally, which was driven by the fact that the trials were found to be weak during COVID-19 vaccine testing. This was an initiative sponsored initially by Argentina and the United Kingdom, but was soon joined by Norway, Singapore and Switzerland as sponsors of the resolution.
  - WHO will develop guidance for global clinical trials and TDR will have an opportunity to engage countries and improve capacity within them once the guidance has been formalized. A scoping activity has already been undertaken to map the existing network for clinical trials, where 89 were identified and thus TDR is starting to play a role at country level.

- Activities prioritized within TDR such as research prioritization, push for open science and data sharing are now becoming mainstream in WHO through the connection with the Science Division. Research prioritization is being turned into WHO guidance, and TDR has been assisting some departments in putting together how they prioritize research. TDR has had a very strong voice in the development of the new WHO policy on data sharing and open science publications. Summarily, these have been great ways of leveraging our ideas into something that is bigger and making a global impact.
- TDR's work on R&D process is now being used by WHO's Research for Health Department, where a specific unit is dedicated to the R&D process. A lot of the work that was done to establish this within TDR is now being taken forward to this bigger cross-organizational scheme, thus placing TDR within the core functions of WHO.
- While implementing the SORT IT approach in countries, TDR has assigned a person from the WHO country office to monitor the activities and take a broader view of AMR in those countries, which is providing a very good model and an effective connection between TDR's training and WHO's voice to urge ministries to bring about change. This is a positive development that TDR will be looking at scaling up in the future.
- There has been a big push to increase funding for WHO with the intention of strengthening country offices; connecting to this effort has helped TDR increase its influence in countries over the past few years.
- In the discussions over COVAX, the need for an mRNA vaccine technology transfer hub became apparent, and that to get equity in therapeutics and vaccines, there needs to be a greater ability for countries to manufacture and use the technologies available. One of the restrictions to this initiative that is anticipated is the availability of human resources who will work within these pharmaceutical manufacturing units in countries and how this could be developed. As a move towards finding a solution, the WHO Chief Scientist asked if TDR could bring some of its experience to bear on this issue. While this is not strictly a research undertaking, it is more to do with skills mapping, identifying gaps, helping develop curriculum and establishing a network of training centres around a global hub. TDR is playing an active role to help with this initiative and Dr Pascal Launois has brought his expertise to set up a global hub in the Republic of Korea where they are currently working on establishing a training course. TDR is also working with the WHO Academy to see if it can bring its expertise to assist, and in doing so raise TDR's visibility and profile and extend its role towards efforts with global impact.

### ***Discussion points***

- 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.
- The Board congratulated TDR on its efforts in assisting WHO in establishing a Global Biomanufacturing Workforce Centre in the Republic of Korea, and helping to identify regional biomanufacturing training partners.
- At the request of Dr Reeder to briefly explain TDR involvement with the mRNA hub, Dr Launois said that at present TDR, along with WHO, was helping to identify regional biomanufacturing training centres and implement the trainings to develop to increase the capacity of biomanufacturers in different regions. A priority will be linkage of this programme with the WHO mRNA technology transfer initiative.

- Asked if this work was being done in liaison with WHO country offices, Dr Reeder explained that the initial response was via an open call for working with governments. However, there is more possibility in future to work with the WHO regional and country offices, in particular where mRNA and technology transfer hubs have been established. And TDR is looking to see how it can fill the gap by providing the right kind of training, which may lead to a greater degree of engagement. TDR's role here is to primarily develop the curriculum and answer to the training needs as per the biomanufacturing capacity existing in the region and extend its impact on vaccine equity.
- Asked how UNICEF had reached the decision to bring about uniformity in its project reports across partners, Dr Scherpbier responded that since 2015 UNICEF has worked on IR for individual and thematic projects supported by donors and in projects that include more than five countries, and has seen that the research results are very easily translatable for policy-makers in one country but if it had to be made translatable for policy-makers across countries, there was a barrier in how the research results were presented as they all looked very different and sometimes there was no clear problem statement. Hence their desire to move towards greater uniformity. The product presented is one example and what still needs to be done is to share the format with other partners as currently UNICEF is the only one using it. However, the format will become part of the handbook presented earlier, so many of UNICEF's partners will be engaged automatically. Dr Scherpbier also welcomed comments from policy-makers and thanked TDR's leadership team for their constructive collaborations.

## Item 7. TDR Governance

Dr John Reeder and Dr Garry Aslanyan, presented these items.

### 1. Seventh External Review of the Programme

External reviews are commissioned by the Joint Coordinating Board as and when needed, and are usually done to help develop a new strategy for the Programme. The most recent one in 2016 helped to develop the current strategy that runs until the end of 2023. In addition to helping 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).

Information on the scope of the review can be found in [Annex 1 of the report](#).

#### **Key messages**

- Dr Reeder informed the JCB that the Seventh External Review has been a positive one and that the overwhelming feedback from reviewers indicated that TDR is on the right track. It included detailed discussions about the Strategy and the reviewers reached out widely to consult on matters that helped TDR receive valuable feedback.
- The review highlights particular aspects about certain areas of TDR's processes that may require a few alterations. It also calls for TDR to be clearer in its messaging about its work.
- Other recommendations include:
  - *Increasing engagement and focus at country level. Consider: engaging national representatives or research officers within existing partner organizations or within WHO or another co-sponsor country office; structuring the secretariat differently; and/or having some staff based in regions/countries.* To this, Dr Reeder responded that our partnership model generates value through working closely with partners at global, regional and country levels. This will be further considered and clarified in the next strategy. However, as a global programme with a relatively small number of staff, having people placed in country or regional offices would require significant additional resources and risk fragmenting our strategy and approach. Previous discussions by governance bodies have not supported such options.
  - *Consider whether there is a need for a name change, with or without change of the acronym. For example: UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training on Infectious Diseases of Poverty, with or without changing the acronym TDR, which has widespread recognition and value as a brand.* To this, Dr Reeder said that the recommendation will be discussed and decided by the JCB, given the broad implications, including for the Memorandum of Understanding. The key issue is the trust of a 45-year-old well-known brand. Perhaps at a key milestone like the 50th anniversary consideration could be given to the (re-)branding and its implications, considering pros and cons of the options of making modifications to the name of the Programme, the TDR acronym, or both. Careful attention will be given to a new 'tag line' driven by the new strategy, to use alongside the acronym TDR.
  - *With regard to long-term alignment with other entities with similar profiles, such as HRP, AHPSR or the WHO Academy, to consider how agencies and programmes working in similar areas (of implementation research and research capacity strengthening in LMICs) could work more closely together, including potentially merging activities and/or organizations.* To this Dr Reeder responded that the matter will be discussed and decided by the JCB. TDR is already aligning more closely with WHO-based research entities through the Science Division.



- *To review how well this mechanism is working and, based on this review and the assumption that global engagement remains a priority in the next strategy, decide whether this strategic priority area merits its own unit and its own Scientific Working Group.* Dr Reeder replied that the coordination of global engagement has served well in the last strategy and that if it remains part of the new strategy, the crosscutting coordination of this area may be further strengthened with the potential establishment of a specific SWG.
- *To discuss long-term plans for the three research entities (TDR, HRP, AHPSR): Does it make sense to aim for a merger with a focus on research capacity strengthening with scope for particular programmes focused on specific topics?* Dr Reeder responded that there needs to be a discussion by the boards of all three organizations, taking into consideration that the unique value proposition of each of the three entities needs to be maintained.
- *In preparing the next Strategy, to organize a structured process of consultation, that might be externally facilitated, with a wide range of stakeholder groups including, in particular, JCB, Standing Committee (includes co-sponsors), STAC and SWG members; WHO regional offices, Science Division, relevant technical departments, the WHO Academy, other similar research entities (HRP and AHPSR) and TDR staff.* Dr Reeder said that TDR will organize a broad, structured consultation for the development of the next Strategy (2024–2029), during 2022 and 2023.
- *TDR's focus in the next strategy to remain on implementation research, research capacity strengthening and low- and middle-income countries.* Dr Reeder maintained that TDR expects the outcome of the planned consultations for the next strategy will be consistent with this recommendation but have to be open to other/additional outcomes.
- *Next strategy to be clearer as to what implementation research and its sub-divisions are, avoiding having implementation research as both an overarching term and a sub-category. If sub-categories are retained, perhaps a different term could be used, such as research for delivery and access.* Dr Reeder said that in the next strategy it will be made clearer that the Research for Implementation strategic priority area includes implementation, operational, behavioural and other types of research, and will consider renaming the respective strategic priority area to 'research for delivery and access'.
- *To determine whether TDR wishes to only be guided by locally-determined priorities or whether it wishes to continue to highlight certain thematic priorities in the next strategy that might otherwise be overlooked. Consideration to be given to shifting away from these priorities being based on specific diseases or disease groups to thematic issues, such as climate change, gender and intersectionality and emergencies / outbreaks / epidemics / pandemics.* Dr Reeder responded that since 2012, TDR has shifted away from disease-focus to broader themes as strategic priority areas informed by global, regional and sub-regional objectives. We have already begun to identify some crosscutting themes and those that are part of our work (e.g. gender and intersectionality, mitigation of the effects of climate change, digital health) should be retained and possibly brought into clearer focus. Additional exploration of crosscutting areas will be considered in the next strategy.

### **Discussion points**

- The Board thanked Dr Reeder for his quick and clear outline of the review response and agreed with all of the responses to the recommendations/items that were highlighted, including that, for the time being, the brand should not be changed, as it is a known brand. This option should only be considered if it adds value to the Programme. The Board does, however, support the idea of using *implementation research for diseases of poverty* as a possible addition to the existing name.
- The Board also agreed that placing staff in overseas locations could have huge cost implications and would defeat the purpose of being in close proximity to the Science Division. Suggested looking at ways to strengthen regional and country offices without compromising on the strong relationships

with the other research entities, which is valuable.

- Welcomes the addition of climate change as part of the strategy given that it has a growing impact on diseases of poverty.
- Suggested that, although TDR is already doing a lot of work in the area of climate change and biodiversity, its efforts lack visibility and this should be brought into focus in the new Strategy.
- Following a suggestion that some JCB members may be interested in discussing the recommendations in greater detail, Dr Reeder responded that the Standing Committee may consider inviting interested members to join the discussion during their next meeting (in November). Alternatively, JCB members may wish to discuss among themselves and bring comments and suggestions to the Standing Committee through Chair JCB.

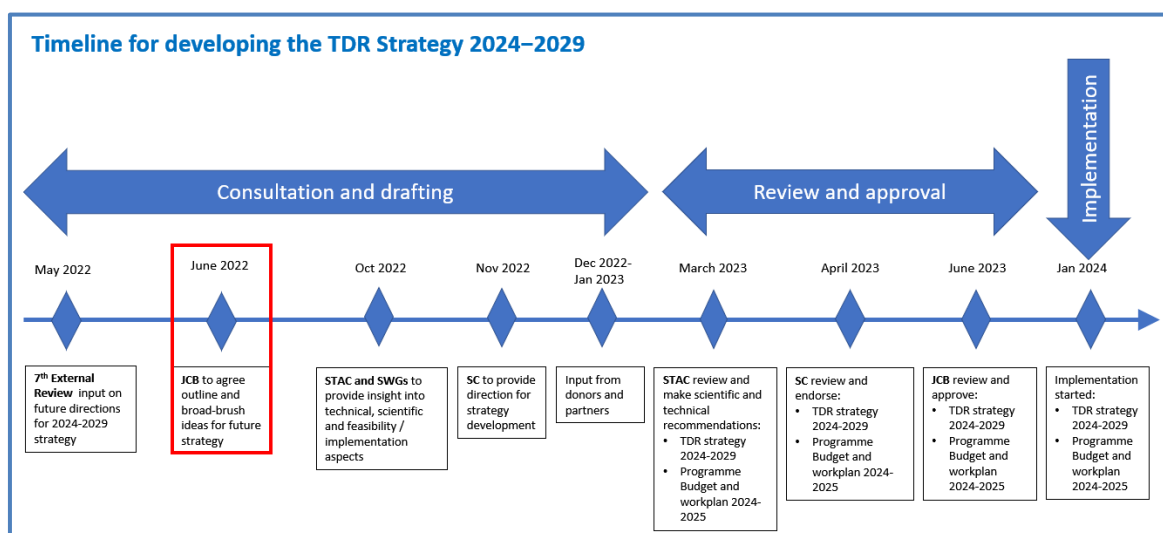
### Decision

- **Accepted the report of the Seventh External Review.**
- **Endorsed TDR's response to the Seventh External Review recommendations.**

### Recommendations

- **That TDR as a brand should remain and that any change of branding should only be considered if it adds value to the Programme.**
- **In response to the review's recommendation to consider placing staff in overseas locations, given the cost implications and the possibility of compromising TDR's relationship with the Science Division, to strengthen regional and country offices instead.**
- **To consider climate change and biodiversity in the next strategy.**

## 2. Strategy development

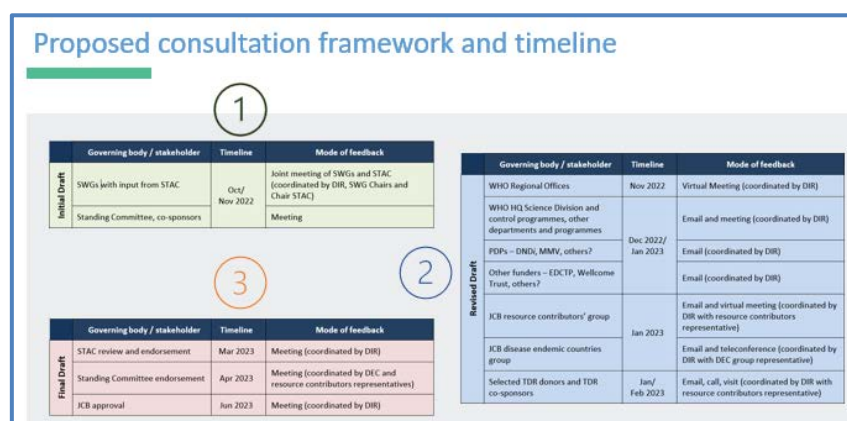


### **Key messages**

- TDR's Strategy document lays out the key principles for developing specific biennial workplans over the next six years (2024–2029). It describes prioritization criteria that allows TDR's portfolio to be responsive to specific country demands, since this is where the key work needs to take place. TDR will also pursue long-term 'flagship' initiatives that will change the health landscape. These include: building resilience to VBD outbreaks in the face of climate change; developing the field of

implementation research in disease-affected countries to identify and overcome system bottlenecks; working with policy-makers and communities to increase the use of evidence for policy and practice; supporting research that underpins the growing number of NTD elimination programmes; and expanding the global research structure by developing training in research skills, hosting global initiatives for open access data sharing and growing research networks.

- TDR strives to make research and innovation work for the benefit of the most neglected populations. This new strategy will lead to improved research evidence for innovations that improve health and well-being, and ensure that TDR continues to be a leader in global health. The timeline and framework for developing the next Strategy is shown below.



### Discussion points

- JCB agreed with the proposed Strategy consultation framework and timeline and endorsed the topics highlighted mentioning that the emphasis should remain on diseases of poverty.
- A suggestion was made to include civil society while finalizing the next Strategy in terms of how the community/civil society or those served by TDR will be involved in the process and at what point. Dr Reeder added that this could be done through TDR Global and other stakeholder networks, i.e. to float the idea among chosen groups of stakeholders who are most impacted by TDR's work may help address the issue.
- Another suggestion was that the Strategy discussion should focus on equity as an overriding theme that could address many of the issues already raised and discussed. This will also help to further align TDR's work with the work of its co-sponsors.
- Equitable access to quality health products was suggested to be an interesting topic to include as a flagship (from personnel training and R&D to last mile delivery, adoption and safe and responsible use).
- It was noted that the Seventh External Review mentions the high transaction costs of running JCB meetings. Several delegates agreed that there is a misunderstanding concerning these costs in the evaluation, and stressed that the importance of meeting face-to-face (or at least in hybrid format and/or live streaming) in future, if the pandemic situation allows, should be highlighted.

### Decision

- Agreed to the proposed Strategy timeline.

### Recommendation

- Stressed the importance of face-to-face meetings in the future, with possible live streaming to allow for broader participation of all stakeholders.

## Decisions between sessions of the Board

Dr Garry Aslanyan reminded JCB members of the email poll carried out in May. Given the continuing situation as a result of COVID-19, JCB members agreed to the following three items which were proposed by the Standing Committee:

1. Membership by acclamation under paragraph 2.2.1 (resource contributors).
2. Membership elections postponed until 2023 under paragraph 2.2.3 (members elected by the Board itself).
3. The terms of the current JCB Chair and Vice-Chair will be extended for one year each, ensuring continuity once face-to-face meetings resume.

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

### **Decision**

- **Agreed to extend the current terms of JCB Chair and Vice-Chair for one year each, ensuring continuity once face-to-face meetings resume.**

## 3. Selection of five members of the Joint Coordinating Board 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/JCB45/22.10), and following consultation with WHO's Legal Department, it was decided to follow the usual process of calling for membership applications to fill the five seats under paragraph 2.2.1 and two seats under paragraph 2.2.3 that were due to end on 31 December 2022.

Given that there were five applications under paragraph 2.2.1, the Standing Committee recommended exceptional departure from the secret ballot vote and that those who had applied or reapplied should be elected by acclamation.

### **Decision:** Election by acclamation (4-year terms beginning 1 January 2023)

- **Resource contributors agreed to elect or re-elect for membership by acclamation under paragraph 2.2.1 of the Memorandum of Understanding the governments of:**

<b>(1) Belgium</b>	<b>(4) Nigeria</b>
<b>(2) China</b>	<b>(5) Sweden</b>
<b>(3) Japan</b>	

## 4. Selection of two members of the Joint Coordinating Board according to Paragraph 2.2.3 of the TDR Memorandum of Understanding

Four applications were received for the two vacancies for membership under paragraph 2.2.3, i.e. from the Governments of Cuba, Nigeria, Peru and Sri Lanka. As the Government of Nigeria has already become a member by acclamation under paragraph 2.2.1 of the Memorandum of Understanding, it was therefore removed from this list.

As three applications were received for the two vacancies, and as WHO's rules do not allow for a secret ballot to take place virtually, the Standing Committee therefore recommended and the JCB agreed to exceptionally extend the two members ending for one year until 31 December 2023. The three Member States who submitted applications will be encouraged to resubmit next year, when it is expected that face-to-face meetings will resume.

**Decision:** One-year extension beginning 1 January 2023

- **The Joint Coordinating Board agreed to extend the membership under paragraph 2.2.3 of the Memorandum of Understanding of the following cooperating parties:**

**(1) Peru**

**(2) Sri Lanka**

## 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. In order to align with the Programme's governance cycle, the Standing Committee proposed to the Board that from 2022, the tenure of STAC members should begin on 1 July and end on 30 June.

A summary list of the 19 proposed members from 1 July 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 the call in 2020, 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 July 2022.**

## Item 9. Date and place of JCB46 and JCB47

**Decision**

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

JCB46 will be held on Wednesday 14 and Thursday, 15 June 2023 (with a briefing session on Tuesday, 13 June).

JCB47 will be held on Wednesday 12 and Thursday, 13 June 2024 (with a briefing session on Tuesday, 11 June).

Both meetings will be held in Geneva.

## Item 10. Closing session

- In his closing remarks, Dr Arendt congratulated the Board on a productive meeting and thanked members and observers for their support to TDR.
- Chair JCB highlighted how well the Programme has performed in the past year by adapting to difficult circumstances brought about by the COVID-19 pandemic and achieving its objectives despite numerous challenges. The pandemic has shown that infectious diseases remain high on the list of public health priorities.
- The Chair noted that some progress that had been made in the fight against TB, malaria and other diseases had been reversed in some parts of the world during the pandemic. TDR has contributed positively in mitigating the impact of COVID-19 on disease programmes in these countries.
- TDR has also contributed to the fight against COVID-19, both directly and indirectly.
- Restrictions linked to the pandemic have had one positive aspect for the Programme, by acting as a catalyst for the rapid development of critical tools such as training platforms for web-based and distance learning. This has made access to trainings easier for some people who would not otherwise be able to attend due to constraints of distance, cost, or profession.
- Gender-related issues are crosscutting objectives for TDR and we appreciate that gender-responsive interventions for infectious diseases are a new research objective.
- The Programme has also efficiently delivered and reached its KPIs, including developing a hybrid Master's degree programme for IR and the implementation of data sharing working groups and platforms and open science. The SORT IT approach has also been highly successful in AMR and work is in progress to integrate the SORT IT model in implementation research within Global Fund to Fight AIDS, Tuberculosis and Malaria grants at the country level.
- The small grant scheme has been renamed Impact Grants for Regional Priorities to translate how rapidly accessible, relatively small grants through regional offices can have a big impact on programme outcomes.
- The Chair noted the issue of diminishing funding due to prevailing financial uncertainties. While the growth in funding has shown a trend towards slowing down, it does not reflect on the quality or the efficiency of the work that the Programme does. All new funding will be directed towards operations of trainings and grants and development of tools to increase the impact of the Programme in countries.
- Suggestions from STAC and the External Review recommendations point to non-traditional channels of donations for raising funds.
- The Chair mentioned that the Seventh External Review has been very positive, with a few suggestions on the scope of the Programme to consider during the development of the new 6-year strategy. Dr Arendt believes that there is still plenty to do in training in IR in infectious diseases linked to poverty and that this should remain the main objective of the Programme. However, including climate and environmental change as a crosscutting topic should be strongly considered as TDR has already been studying impact and resilience of populations to climate change, and especially to VBDs.
- The Chair encouraged the Programme to push fundraising efforts and continue highlighting the impactful results achieved and urged the JCB to be advocates of the Programme in countries and organizations, and to help TDR expand its activities for the benefit of the most-in-need populations to have their needs served.
- 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 himself, the Vice-Chair and the Rapporteur.
- The Chair further thanked the Vice-Chair, the Rapporteur, the Secretariat, the interpreters, operators, TDR staff and delegates for a productive meeting.



### III. Full list of decisions and recommendations

#### Decisions

1. Appointed Dr Tomás López-Peña (representative of Spain) as Rapporteur for JCB45.
2. Adopted the Agenda of JCB45.
3. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
4. Endorsed the 2021 TDR Results Report.
5. Endorsed the 2021 TDR Risk Management Report.
6. Endorsed the financial management report 2020–2021 and outlook 2022–2025.
7. Endorsed the certified financial statement for the year ended 31 December 2021.
8. Accepted the report of the Seventh External Review.
9. Endorsed TDR's response to the Seventh External Review recommendations.
10. Agreed to the proposed Strategy timeline.
11. Agreed to extend the current terms of JCB Chair and Vice-Chair for one year each, ensuring continuity once face-to-face meetings resume.
12. Election by acclamation (4-year terms beginning 1 January 2023):  
*Resource contributors agreed to elect or re-elect for membership by acclamation under paragraph 2.2.1 of the Memorandum of Understanding the governments of:*  
 Belgium | China | Japan | Nigeria | Sweden
13. One-year extension beginning 1 January 2023:  
*The Joint Coordinating Board agreed to extend the membership under paragraph 2.2.3 of the Memorandum of Understanding of the following cooperating parties*  
 Peru | Sri Lanka
14. Approved the proposed membership of STAC from 1 July 2022.
15. Dates of future JCB sessions are:  
 JCB46 will be held on Wednesday 14 and Thursday, 15 June 2023 (with a briefing session on Tuesday, 13 June).  
 JCB47 will be held on Wednesday 12 and Thursday, 13 June 2024 (with a briefing session on Tuesday, 11 June).  
 Both meetings will be held in Geneva.

#### Recommendations

1. That TDR as a brand should remain and that any change of branding should only be considered if it adds value to the Programme.
2. In response to the review's recommendation to consider placing staff in overseas locations, given the cost implications and the possibility of compromising TDR's relationship with the Science Division, to strengthen regional and country offices instead.
3. To consider climate change and biodiversity in the next strategy.
4. Stressed the importance of face-to-face meetings in the future, with possible live streaming to allow for broader participation of all stakeholders.

## **IV. Annexes**

## Annex 1 – Agenda

Wednesday, 15 June 2022 (13:00–15:00)			
Time	Agenda item	Action/Information	Reference Documents
13:00	<b>1. Opening of the Board</b> <i>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Dr Vic Arendt, Chair of the Joint Coordinating Board</i>		
13:10	<b>2. Statutory business</b> 2.1 Appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests	<b>Appointment of Rapporteur</b>  <b>Adoption of agenda</b>	Draft Annotated Agenda  TDR/JCB45/22.1a
Progress since JCB44			
13:20	<b>3. Director's Report and follow-up on JCB44 recommendations</b>  Including an update on TDR's activities, key achievements and involvement in the COVID-19 pandemic. <i>Dr John Reeder, Director TDR, will present this item.</i>	Information	TDR 2021 Annual Report
		Information	Report of JCB44, June 2021 TDR/JCB44/21.3
		Information	Follow-up to the JCB44 decisions and recommendations TDR/JCB45/22.4
		Information	Standing Committee decisions and recommendations: 110 and 111
14:05	<b>4. Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC)</b> <i>Professor Charles Mgone will present this item.</i>	Information	Report of STAC44 TDR/STAC44/22.3
14:15	<b>5. Financial update and Programme performance overview</b> ■ Financial report 2020–2021 and outlook 2022–2025 ■ Key performance indicators 2021 ■ Risk management <i>Dr Michael Mihut, Unit Head, TDR Programme Innovation and Management, will present this item.</i>	Endorsement	TDR financial management report 2020–2021 and outlook 2022–2025 TDR/JCB45/22.5 Certified Financial Statement for the year ended 31 December 2021 TDR/JCB45/22.6
		Endorsement	2021 TDR Results Report TDR/JCB45/22.7
		Endorsement	TDR Risk Management Report, 2021 TDR/JCB45/22.8
		Information	TDR Performance Framework 2018–2023 TDR Expected Results Progress 2020–2021 and Strategic Plans 2022–2023 (by Strategic Priority Area) TDR Expected Results Operational Plans 2022–2023 TDR/STAC44/22.8
15:00	<b>End of day 1</b>		

Thursday, 16 June 2022 (13:00–15:00)			
Time	Agenda item	Action/Information	Reference Documents
13:00	<b>6. Update from TDR co-sponsors</b> <ul style="list-style-type: none"> <li>UNICEF – <i>Dr Robert Scherpbier</i></li> <li>UNDP – <i>Ms Mandeep Dhaliwal</i></li> <li>World Bank – <i>Dr Toomas Palu</i></li> <li>WHO – <i>Dr Soumya Swaminathan</i></li> </ul>	Information	
	<b>7. TDR Governance</b>		
13:30	<b>7.1 Seventh External Review of the Programme</b>  <i>Dr Reeder will present the report of the 7th External Review and TDR's response.</i>	Endorsement	Report of the 7th External Review  TDR's response TDR/JCB45/22.9
13:50	<b>7.2 Strategy development:</b> Proposed next steps for TDR strategy development process based on external review findings  <i>Dr Reeder will present this item.</i>	Decision	TDR Strategy 2024–2029 timeline TDR/JCB45/22.10
14:15	<b>7.3 Selection of <u>five</u> members of the JCB</b> according to Paragraph 2.2.1 of the TDR Memorandum of Understanding	Endorsement	Note on the membership of the JCB TDR/JCB45/22.11
	<b>7.4 Selection of <u>two</u> members of the JCB</b> according to Paragraph 2.2.3 of the TDR Memorandum of Understanding  <i>Dr Garry Aslanyan, Partnerships and Governance Manager, will present this item.</i>	Information	JCB membership wheel TDR/JCB45/INFDOC/22.1 History of Membership on TDR's Joint Coordinating Board, 1978–2022 TDR/JCB45/INFDOC/22.2 TDR Memorandum of Understanding TDR/CP/78.5/Rev.2013/rev1 <i>Refer to additional background documentation for more information on JCB memberships.</i>
14:30	<b>7.5 Membership of the Scientific and Technical Advisory Committee (STAC)</b>  <i>Dr Aslanyan will present this item.</i>	Endorsement	STAC membership from 1 July 2022 TDR/JCB45/22.12
14:40	<b>8. Date and place of JCB46 and JCB47</b> <ul style="list-style-type: none"> <li>Confirmation of the dates and place of JCB46 in 2023 and JCB47 in 2024.</li> </ul>	Decision	
14:45	<b>9. Closing Session</b>  Any other business and concluding remarks <ul style="list-style-type: none"> <li>Any other business</li> <li>Concluding remarks</li> </ul>		
15:00	<b>End of the meeting</b>		

## Annex 2 – List of members and other participants

### Members

Belgium	<b>Monsieur Pieter VERMAERKE</b> Conseiller (Santé et Environnement), Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève
	<b>Monsieur Hannes DEKEYSER</b> Attaché, Consolidation de la Société & Développement Social – Bureau Santé, SPF Affaires étrangères, Commerce extérieur et Coopération au développement
Burkina Faso	<b>Dr Seydou OUATTARA</b> Ministère de la Santé
China	<b>Professor Xiao-Nong ZHOU</b> Director, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC)
	<b>Professor Xiao NING</b> Deputy Director, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC)
Democratic Republic of the Congo	Not able to attend.
Drugs for Neglected Diseases initiative (DNDi)	<b>Dr Bernard PÉCOUL</b> Executive Director, Drugs for Neglected Diseases initiative (DNDi), Switzerland
Ecuador	<b>Dr. Valeria Patricia TORRES ESPIN</b> Integrated Surveillance System Specialist, National Department of Epidemiologic Surveillance, Ministerio de Salud Pública
Egypt	Not able to attend.
Fiocruz	<b>Professor Rodrigo CORRÊA OLIVEIRA</b> Vice-President, Research and Biological Collections, Oswaldo Cruz Foundation (Fiocruz), Brazil
Georgia	<b>Ms Gvantsa CHANTURIA</b> Head, Virology and Molecular Biology Department, LEPL National Center for Disease Control and Public Health
Germany and Luxembourg Constituency	<b>Dr Vic ARENDT</b> Consultant, Ministère des Affaires étrangères et Européennes, Luxembourg

**Dr Ulrike BUßHOFF**

Senior Scientific Officer, German Federal Ministry of Education and Research (BMBF), Germany

**Dr Daniel EIBACH**

Desk Officer, Division 102, Pandemic Prevention, One Health, Animal Health, Biodiversity, Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, Germany

**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

**Dr Lea KNOPF**

Advisor Animal Health and One Health, Health, Education and Social Affairs, Sector initiative "One Health", Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Germany

**Professor Jürgen MAY**

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

**Dr Isabella NAPOLI**

German Federal Ministry of Education and Research (BMBF), Germany

**Monsieur Arturo SPARAPANO**

Stagiaire, Direction de la coopération au développement et de l'action humanitaire, Ministère des Affaires étrangères et Européennes, Luxembourg

**India and Thailand  
Constituency**

Not able to attend.

**Japan**

**Dr Shinsuke MURAI**

Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour & Welfare

**Dr Saki NAKAMURA**

Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour & Welfare

**Dr Shinsuke MURAI**

Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour & Welfare

**Ms Yuko HONDA**

Officer, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour & Welfare

**Dr Kenji HIRAYAMA**

Dean, Institute of Tropical Medicine, Nagasaki University



Malaysia	<p><b>Dr Tahir BIN ARIS</b> Director, Institute for Medical Research</p> <p><b>Dr Nazni BINTI WASI AHMAD</b> Senior Research Officer, Research in the field of Medical Entomology, Institute for Medical Research</p>
Mexico	Not able to attend.
Myanmar	<p><b>Dr Zaw Than Htun ZAW THAN HTUN</b> Director General, Department of Medical Research, Ministry of Health and Sports</p>
Panama and Spain Constituency	<p><b>Dr. Tomás LÓPEZ-PEÑA ORDOÑEZ</b> 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, Spain</p> <p><b>Sra. Tatiana LOMBARDO BARRIOS</b> Dirección de Análisis Económico y Social, Ministerio de Economía y Finanzas, Panama</p>
Peru	<p><b>Dr. Víctor Javier SUÁREZ MORENO</b> Jefe Institucional, Instituto Nacional de Salud</p> <p><b>Dr. César Augusto CABEZAS SÁNCHEZ</b> Medico Investigador en enfermedades infecciosas y tropicales, Instituto Nacional de Salud</p> <p><b>Dr. Luis Fernando DONAIRES TOSCANO</b> Director General, Centro Nacional de Salud Pública</p> <p><b>Sr. Óscar Roberto ESCALANTE MALDONADO</b> Director Ejecutivo, Dirección Ejecutiva de Enfermedades Transmisibles, Centro Nacional de Salud Pública</p>
Philippines	<p><b>Dr Celia CARLOS</b> OIC-Director IV, Research Institute for Tropical Medicine, Department of Health</p>
Sri Lanka	<p><b>Dr Sunil DE ALWIS</b> Additional Secretary (Medical Services), Ministry of Health and Indigenous Medicine Services</p> <p><b>Dr Chamal SANJEEWA</b> Regional Director of Health Services</p>
Sweden	<p><b>Professor Mayte BEJARANO</b> Senior Research Advisor, Research Cooperation Unit, Partnerships and Innovation Department, Swedish International Development Cooperation Agency (Sida)</p>

	<p><b>Dr Teresa SOOP</b> Senior Research Advisor, Research Cooperation Unit, Partnerships and Innovation Department, Swedish International Development Cooperation Agency (Sida)</p>
Switzerland	<p><b>Ms Simone HERI-TERRENCE</b> Program Officer, Global Programme Health Division, Swiss Agency for Development and Cooperation, Federal Department of Foreign Affairs</p>
United Kingdom of Great Britain and Northern Ireland and United States of America Constituency	<p><b>Dr Dirk MUELLER</b> Senior Health Adviser, Health Research Team, Research and Evidence Division, Foreign, Commonwealth &amp; Development Office, United Kingdom</p> <p><b>Mr Gaurav RANDEV</b> Programme Management, Health Research Team, Research and Evidence Division, Foreign, Commonwealth &amp; Development Office, United Kingdom</p> <p><b>Dr Amy BLOOM</b> Senior Policy and Strategy Advisor, Office of Health, Infectious Diseases, and Nutrition, Infectious Diseases Division, Bureau for Global Health, USA</p>
Zambia	<p><b>Professor Lloyd MULENGA</b> University Teaching Hospital, Adult Infectious Diseases Center, Ministry of Health</p>

## Co-sponsors

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United Nations Children's Fund	<p><b>Dr Robert SCHERPBIER</b> Senior Health Specialist, Implementation Research &amp; Delivery Science Unit, Health Section</p>
United Nations Development Programme	<p><b>Ms Mandeep DHALIWAL</b> Director: HIV, Health &amp; Development Group, Bureau for Policy &amp; Programme Support</p>
World Bank	<p><b>Dr Toomas PALU</b> Adviser, Global Coordination, Health, Nutrition &amp; Population</p>
World Health Organization	<p><b>Dr Soumya SWAMINATHAN</b> WHO Chief Scientist / TDR Special Programme Coordinator</p> <p><b>Mr George KYRIACOU</b> Comptroller and Director of Finance</p> <p><b>Mr Craig LISSNER</b> Acting Director, UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction</p>

### ***Special Programme Staff***

Director's Office	Dr John REEDER Director	Ms Maki KITAMURA Communications Officer
	Dr Garry ASLANYAN Manager, Partnerships and Governance	Dr Rob TERRY Knowledge Management
Administrative Support to the JCB	Ms Christine COZE	Ms Izabela SUDER-DAYAO
	Ms Elisabetta DESSI	
Programme Innovation and Management	Dr Mihai MIHUT Unit Head	Ms Annabel FRANCOIS
	Ms Caroline EASTER	Ms Mary MAIER
		Dr Cathrine THORSTENSEN
Research Capacity Strengthening	Dr Pascal LAUNOIS Acting Unit Head	Ms Kai KALMARU
	Ms Tina DONAGHER	Dr Eddy KAMAU
	Ms Najoua KACHOURI ABOUDI	Dr Mahnaz VAHEDI
Research for Implementation	Dr Abraham ASEFFA Unit Head	Mr Abdul MASOUDI
	Dr Florence FOUQUE	Dr Corinne MERLE
	Mr Daniel HOLLIES	Dr Mariam OTMANI
	Ms Ekua JOHNSON	Dr Bernadette RAMIREZ
	Dr Mohammed KHOGALI	Dr Vanessa VERONESE
	Dr Annette KUESEL	Ms Michelle VILLASOL
		Dr Rony ZACHARIAH
TDR Consultants	Dr Megha Raj BANJARA	
	Ms Ana HERNANDEZ BONILLA	
	Dr Marie-Eve RAGENAUD	
	Dr Anankpo Gildas YAHOUEDO	

### **Other participants**

Chair, TDR Scientific and Technical Advisory Committee (STAC)	Professor Charles MGONE Retired Executive Director of the European & Developing Countries Clinical Trials Partnership (EDCTP), Netherlands and Former Vice-Chancellor, Hubert Kairuki Memorial University, United Republic of Tanzania
Palestine	Dr Mohammad BAKEER Surveillance Coordinator, Preventive Disease Department, Palestinian Ministry of Health

## Observers

Barbados	<b>Dr Leslie ROLLOCK</b> Senior Medical Officer of Health (N), Acting, Ministry of Health and Wellness	
Cuba	<b>Dra. Yanaris LOPEZ ALMAGUER</b> General Director, Instituto de Medicina Tropical “Pedro Kourí” (IPK)	
Greece	<b>Ms Paraskevi TSONOU</b> Head, Travel Medicine Department, Hellenic National Public Health Organization	
	<b>Ms Danai PERVANIDOU</b> Head, Vector-borne Diseases Department, Directorate for Epidemiological Surveillance and Intervention for Infectious Diseases, Hellenic National Public Health Organization	
Mozambique	<b>Ms Marilia MASSANGAIE</b> Ministry of Health	<b>Mr Rassul NAMACOB</b> Ministry of Health
	<b>Mr Henis MIOR</b> Ministry of Health	<b>Mr Mahandro VANLE</b> Ministry of Health
	<b>Mr Francisco GUILENGUE</b> Ministry of Health	<b>Ms Raquel Joana MANUEL OFICE</b> Ministry of Health
	<b>Mr Zacarias PINTO MBEVE</b> Ministry of Health	<b>Mr Ossufo AGE</b> Ministry of Health
	<b>Ms Josina MATHE</b> Ministry of Health	<b>Mr Taurai Manuel SURAMA</b> Ministry of Health
	<b>Ms Norinha BANZE</b> Ministry of Health	<b>Mr Octavio DOS SANTOS</b> Ministry of Health
	<b>Mr Augusto MAGUBEIA</b> Ministry of Health	<b>Ms Celsa Cristina CHAOMBA</b> Ministry of Health
	<b>Mr Jaime CAMILO CASAMENTO</b> Ministry of Health	<b>Mr Amir Abibo CHEAR</b> Ministry of Health
Nigeria	<b>Dr Ngozi AZODOH</b> Director, Health Planning, Research and Statistics Department, Federal Ministry of Health	
	<b>Dr Alex-Okoh MORENIKE</b> Director, Health Planning, Research and Statistics Department, Federal Ministry of Health	
	<b>Dr Obi Peter ADIGWE</b> Director General/Chief Executive, National Institute for Pharmaceutical Research and Development (NIPRD)	
	<b>Professor Babatunde SALAKO</b> Director General Institute for Medical Research (NIMR), Federal Ministry of Health	

	<p><b>Dr Kingsley NNALUE</b> Deputy Director, Health Planning, Research and Statistics Department, Federal Ministry of Health</p> <p><b>Mrs Nma OGBONNA BARR</b> Assistant Director, Health Planning, Research and Statistics Department, Federal Ministry of Health</p> <p><b>Dr Ayoola OLUSOLA</b> Health Planning, Research and Statistics Department, Federal Ministry of Health</p> <p><b>Mrs Jostina OKOEDOH</b> Health Planning, Research and Statistics Department, Federal Ministry of Health</p> <p><b>Mr Ado DANLADI</b> Health Planning, Research and Statistics Department, Federal Ministry of Health</p>
Oman	<p><b>Dr Sabriya AL MARSHOUDI</b> Head, Malaria, Vector-borne Diseases and Emerging diseases Department, Ministry of Health</p> <p><b>Dr Badar Saif AL RAWAHI</b> Ministry of Health</p>
Pakistan	<p><b>Dr Abdul Baseer Khan ACHAKZAI</b> Director (Programs), Ministry of National Health Services Regulations and Coordination</p>
South Africa	<p><b>Professor Glenda E. GRAY</b> President and CEO, South African Medical Research Council</p> <p><b>Dr Niresh BHAGWANDIN</b> Executive Manager: Strategic Research Initiatives, South African Medical Research Council</p>
Tunisia	<p><b>Dr Latifa MAAZAOU</b> Officier de liaison des Maladies tropicales, Ministère de la Santé</p>
Turkey	<p><b>Dr Seher TOPLUOĞLU</b> Head of Department, Directorate General for Public Health, Department of Zoonoses and Vector-borne Diseases, Ministry of Health</p>
Bill & Melinda Gates Foundation	<p><b>Dr Steven KERN</b> Deputy Director, Quantitative Sciences, Global Health – Integrated Development, Bill &amp; Melinda Gates Foundation, USA</p>
Health Ministers' Council for Gulf Cooperation Council States	<p><b>Mr Yazid OHALY</b> Gulf Health Council, Saudi Arabia</p>

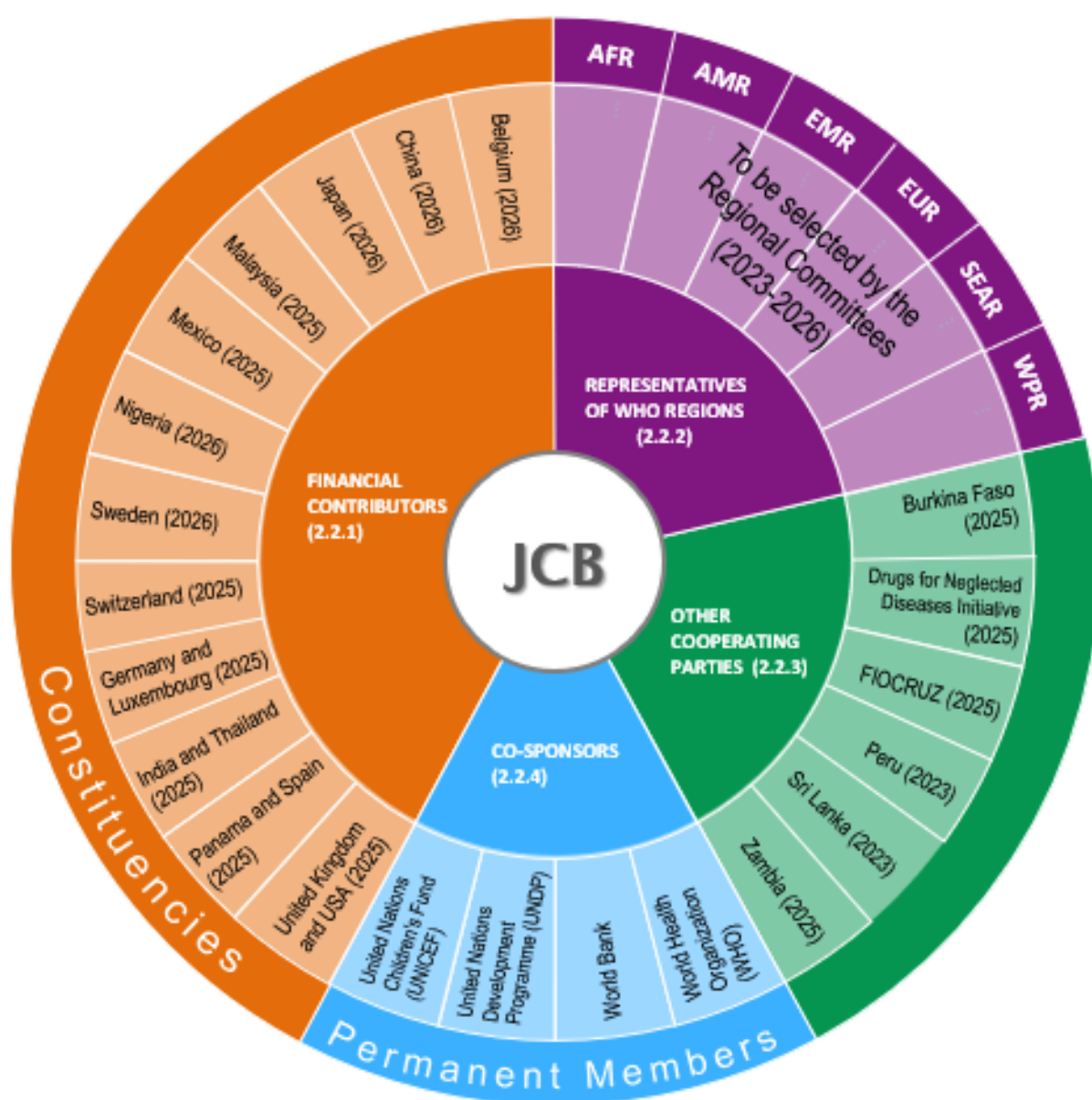
INDEPTH Network	<b>Professor Oche Mansur OCHE</b> Executive Director, INDEPTH Network, Nigeria
Medicines for Malaria Venture (MMV)	<b>Dr Silvia FERAZZI</b> Director, Advocacy, Medicines for Malaria Venture, Switzerland
Pasteur International Network association (PINa)	<b>Ms Kathleen VICTOIR</b> Operational Director, Institut Pasteur, France
PATH	<b>Mr Philippe GUINOT</b> Senior Director of Country Programs, Global Health Programs, PATH, Switzerland
SightSavers	<b>Mr Richard SELBY</b> Sightsavers, United Kingdom
The COHRED Group (Council on Health Research for Development)	<b>Ms Bipasha BHATTACHARYA</b> Director, LMICs Research System Digitalisation, The COHRED Group, Switzerland
United Nations Environment Programme (UNEP)	<b>Ms Minseon KIM</b> United Nations Environment Programme, Switzerland

## Annex 3 – Updates on the recommendations of the Forty-fourth session of the Joint Coordinating Board

	Recommendations / Decisions	Follow-up action
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.	<p>TDR continues to strengthen communications in collaboration with partners and key stakeholders, including coordination of social media promotion with partners' communications teams. Some recent examples are:</p> <ul style="list-style-type: none"> <li>• A story highlighting the <a href="#">collaboration between TDR and GSK</a> on the Clinical Research and Development Fellowship that has supported 19 scientists working on the RTS,S malaria vaccine.</li> <li>• A story and video on <a href="#">Hannah Akuffo of Sida</a> championing the Social Innovation in Health Initiative.</li> <li>• A story on <a href="#">collaboration between TDR and Fiocruz</a>.</li> </ul> <p>News from partners is also regularly shared in the TDR eNewsletter.</p>
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.	TDR activities in related areas all include components of advocacy to raise awareness of the need for medical entomologists, on medical entomology training and on providing information sheets and communication materials for governments to encourage them to invest in medical entomology staff and competencies. For example, in a recent policy brief on malaria in Western Africa, the need for improved capacity for entomology is mentioned.
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.	A demographic evaluation of the TDR secretariat was added to the Terms of Reference for the Seventh External Review of the Programme, and a detailed analysis is part of the report of the Review.



## Annex 4 – JCB membership from 1 January 2023



*Note that memberships under paragraph 2.2.3 due to end on 31 December 2022 were extended for one year due to the COVID-19 pandemic restrictions and the virtual JCB45.*

## Annex 5 – STAC membership from 1 July 2022

	<i>Term of Office<sup>1</sup></i>
<b>(Chair) Professor Charles MGONE</b> , Retired Executive Director of the European & Developing Countries Clinical Trials Partnership (EDCTP), Netherlands and Former Vice-Chancellor, Hubert Kairuki Memorial University, United Republic of Tanzania	<b>2014–2023</b>
<b>Professor Karen BARNES</b> , Division of Clinical Pharmacology, Department of Medicine, University of Cape Town, South Africa	<b>2022–2024</b>
<b>Professor Afif BEN SALAH</b> , Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Kingdom of Bahrain	<b>2018–2023</b>
<b>Professor Subhash HIRA</b> , Professor of Public Health and Senior Advisor, Public Health Foundation of India, India	<b>2017–2022</b>
<b>Professor Claudia CHAMAS</b> , Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Brazil	<b>2016–2023</b>
<b>Dr Theeraphap CHAREONVIRIYAPHAP</b> , Head, Department of Entomology, Kasetsart University, Thailand	<b>2022–2023</b>
<b>Dr Sara Irène EYANGO</b> , Directeur Scientifique, Centre Pasteur du Cameroun, Laboratoire National de Référence et de Santé Publique, Ministère de la Santé Publique, Cameroon	<b>2016–2023</b>
<b>Professor Margaret GYAPONG</b> , Director, Institute of Health Research, University of Health and Allied Sciences, Ghana	<b>2022–2024</b>
<b>Professor Debra JACKSON</b> , Takeda Chair in Global Child Health and Deputy Director of the MARCH Centre, London School of Hygiene & Tropical Medicine, United Kingdom	<b>2022–2024</b>
<b>Professor Mirkuzie Woldie KERIE</b> , Senior Research Adviser, MCH Directorate, Federal Ministry of Health, Ethiopia	<b>2021–2024</b>
<b>Dr Caroline LYNCH</b> , Regional Adviser, Medicines for Malaria Venture, Thailand	<b>2021–2024</b>
<b>Dr Thabi MAITIN</b> , Division Manager, Research Grants and Scholarship Funding, South African Medical Research Council, South Africa	<b>2022–2024</b>
<b>Professor Catherine (Sassy) MOLYNEUX</b> , Professor in Global Health, Health Systems Research Ethics Department, KEMRI- Wellcome Trust Research Programme, Kenya	<b>2020–2023</b>
<b>Dr Alwyn MWINGA</b> , Executive Director, Zambart, Zambia	<b>2020–2023</b>
<b>Dr Emelda Aluoch OKIRO</b> , Head, Population Health Unit, KEMRI/Wellcome Trust Collaborative Programme, Kenya	<b>2021–2024</b>
<b>Professor Leanne ROBINSON</b> , Program Director, Health Security, Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health, Burnet Institute, Australia	<b>2022–2023</b>
<b>Professor Stephen Bertel SQUIRE</b> , Professor of Clinical Tropical Medicine; Dean of Clinical Sciences and International Public Health, Liverpool School of Tropical Medicine, United Kingdom	<b>2017–2023</b>
<b>Dr Marta TUFET BAYONA</b> , Head of Policy, Gavi, Switzerland	<b>2022–2023</b>
<b>Professor Andrea WINKLER</b> , Co (joint)-Director, Center for Global Health, School of Medicine, Technical University of Munich, Germany	<b>2022–2024</b>

<sup>1</sup> During the transition of membership mandates (from calendar year to 1 July to 30 June), some members will end in June, others in December.

