

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

WHO headquarters
Geneva, Switzerland
14–15 June 2023



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I. Introduction

The forty-sixth session of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at World Health Organization (WHO) headquarters in Geneva on 14 and 15 June 2023. The session was **chaired by Dr Vic Arendt of Luxembourg**, and was attended by all JCB members except Bangladesh and Mexico, who sent their apologies. Representatives of several governments and organizations also attended the session as observers, as well as colleagues from WHO and TDR (see Annex 2). Also indicated in the list of participants is whether they attended remotely or in-person.

The deliberations of JCB46 focused on TDR's achievements since JCB45 and plans from 2023 onwards. Important decisions taken included approval of the 2022 reports, including the Results Report, the Risk Management Report and the Financial Management Report, as well as the 2024–2025 TDR Programme Budget and Workplan and the TDR Strategy 2024–2029, which will guide TDR's work during the next six years.

II. Summary of proceedings

Item 1. Opening of the Board

Key messages

- In his opening remarks, Dr Arendt welcomed JCB members and observers. A special welcome was extended to Bangladesh, Guatemala, Kyrgyzstan, Morocco, and the Republic of Korea as new members of the JCB in 2023. The Chair also welcomed Nigeria back on the board as a resource contributor.
- Chair JCB welcomed **Dr Jeremy Farrar**, the newly appointed WHO Chief Scientist and TDR Special Programme Coordinator, and opened the floor for his comments.
- Dr Jeremy Farrar welcomed delegates on behalf of the Director-General of WHO and congratulated the TDR team for their work and remarkable achievements over the years. He thanked Dr John Reeder, Director TDR, for taking on multiple roles, including Director RFH and Acting Chief Scientist.
- Dr Farrar went on to mention that the World Health Assembly (WHA) approved the establishment of TDR in 1974, making 2024 the 50th anniversary year of the Programme, and that this significant milestone should be celebrated with pride as TDR has continuously evolved to function effectively in a world that has not only changed enormously, but continues to alter every day. In 1974, however, the concept of a programme such as TDR was not an obvious one and so the people on whose shoulders TDR stands should be afforded immense credit for having the vision of not just how to do things but of how things should be done.
- Having known TDR as a scientist, a critic and a funder in his last 10 years spent at the Wellcome Trust, and now from within, Dr Farrar pointed out that although today TDR's achievements throughout the last 5 decades are well recognized, in the early days it was not even clear that TDR would be set up. And yet for the visionary people who led it through its inception, its large-scale strategy was something remarkable for its times and has been replicated by many others over the years.
- In closing his address, Dr Farrar said that he believes that TDR deserves enormous credit for putting countries first, for shifting the centre of gravity from the intellectual to the emotional heart of TDR, which lies in the countries. TDR puts science and the training of people first, and to put the two things together is to actually build the road towards progress. He said, "We're incredibly proud to have the Science Team with us at WHO and its alumni in leadership positions all around the world. Getting together for TDR's 50th anniversary will be an enormous achievement for science and for supporting people and institutions and help the next generation of scientists, leaders, policy-makers working in partnership and friendship to steer science where it's needed most."

- **Dr John Reeder**, TDR Director, welcomed all delegates to the first in-person JCB meeting since 2019. He mentioned the new building, the Science Division and other changes that have taken place post the COVID-19 pandemic. He encouraged all participants to actively engage in the JCB46 deliberations.
- The Chair mentioned that the JCB Vice-Chair, **Dr Tahir Bin Aris** of Malaysia, would be attending the session online, as he was unable to travel to Geneva.
- The Chair also announced that membership applications had been received from Cuba, the Philippines and Sri Lanka. Following consultation with the Board, the application from the Philippines was not accepted as the full application was received after the deadline. The Philippines was encouraged to reapply in the future. Given that only two eligible applications were received for two seats, the JCB agreed that no election was necessary for this item.

Item 2. Statutory business

1. Appointment of the Rapporteur

The **Chair** informed the Board that Dr Dirk Mueller (United Kingdom) had kindly agreed to act as Rapporteur of JCB46.

The Chair mentioned the briefing session on Tuesday, 13 June, which was open to all JCB members and observers.

Decisions

- **Appointed Dr Dirk Mueller (representative of the United Kingdom) as Rapporteur of JCB46.**

2. Adoption of the Agenda

The Draft Agenda of JCB46 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.

JCB46

- **Adopted the Agenda of JCB46.**

3. Declarations of interests

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

JCB46

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

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

Key messages

- Dr Arendt briefly presented some activities that took place since JCB45, together with highlights of achievements.
- He mentioned that despite the challenges of working remotely during the COVID-19 pandemic, a lot of work got done and the meetings that were conducted online were well attended due to lack of travel and visa requirements, for which he commended the secretariat for making it work smoothly. He also mentioned that in-person meetings should perhaps be limited to one per year to save on travel costs and environmental impact.
- Dr Arendt attended the Standing Committee (SC) meetings—one in November in Geneva and the other in April in New York, hosted by UNDP—which were very productive, especially with regards to funding opportunities and the new Strategy 2024–2029.
- The Chair mentioned the two informal meetings that took place in September 2022 and February 2023 involving the directors and Chairs of the boards of the two Special Programmes, TDR and HRP¹.
- Follow-up meetings on the comments and recommendations of the Seventh External Review were held, specifically to provide inputs on the development of the new Strategy. A further meeting was called by Dr Dirk Mueller in March for resource contributors to provide their inputs on the draft Strategy. The meeting was well attended.
- Chair JCB mentioned the cuts in funding from Sida, Sweden, one of TDR’s biggest resource contributors, and thanked Sida for their continued involvement with TDR.
- He mentioned that TDR has approached France and other possible donors for funding in the future.
- During his visit to Cheikh Anta Diop University in Dakar, Dr Arendt was made aware of the significant rise in demand for training in research in French-speaking Africa and acknowledged the impressive impact of the research training among the 46 graduates of the TDR supported post-graduate training programme.
- Important achievements in the past year include the development and launch of a common curriculum of Master’s in Science and Implementation Research (IR) and strong results from SORT IT and antimicrobial resistance (AMR).
- The Chair congratulated and thanked TDR Director and staff for making strong progress and adapting rapidly to the new realities of public health systems. He also mentioned the multiplying impact of TDR training and research activities.

The oral report presented by the Chair of JCB was accepted with appreciation.

¹ UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC)

Item 4. Progress since JCB45

1. Director's report

Dr John Reeder, Director TDR, presented an [overview](#) of the Programme's achievements during the past year, plans for 2023–2025 and relevant updates on specific items such as personnel changes.

Key messages

- Dr Reeder referred delegates to the **2022 Annual Report**, which was developed with a new format that includes links to additional resources and presented in time for the Scientific and Technical Advisory Committee (STAC) meeting in March 2023. It has since been distributed and used as an advocacy tool.
- Some of the **key achievements of the three areas** of Research for Implementation (IMP), Research Capacity Strengthening (RCS) and Global Engagement (GE) include:
 - **Key achievements in 2022 for the Research for Implementation area**
 - Operational research on AMR demonstrated impact on policy and practice and contributed to a critical mass of frontline investigators.
 - Investigators in LMICs demonstrate the critical need for gender-based analysis and intersectionality in infectious diseases research.
 - Lessons from the Indian subcontinent confirm critical role of implementation research in visceral leishmaniasis (VL) elimination, relevant to other foci with a South-South transfer.
 - TDR, in collaboration with the WHO Department for the Control of Neglected Tropical Diseases and the WHO Regional Office for Africa climate, health and environment teams support transdisciplinary teams to operationalize a One Health approach to research on vector-borne diseases in the context of climate change in African countries. Four pilot studies were completed in 2022 and a call for proposal issued. The four newly selected projects will contribute to WHO's 2021–2030 roadmap for NTDs; AFRO's 2019–2029 strategic action plan to scale up health and environment interventions in Africa; and AFRO's 2022–2032 regional strategy for the management of environmental determinants of human health.
- **Research for Implementation priorities for 2024–2025** were highlighted to include strengthening health system resilience through mitigating impact of health system emergencies such as COVID-19 on tuberculosis (TB), malaria and VL; country preparedness for disease outbreaks; multisectoral approaches; operationalizing a One Health approach; and improved strategies for surveillance and monitoring. Specific examples include:
 - New tools, toolkits and approaches to support country-led IR to include use of innovative virtual platforms; digital technologies for TB, malaria and NTD care; intersectional gender analysis in research.
 - IR to accelerate universal health coverage through operational research on hard-to-reach populations (malaria, DR-TB, VL); improved delivery of public health interventions; context-specific evidence pool generated for local intervention on AMR.
 - IR to support disease elimination towards VL elimination in East Africa; moxidectin for onchocerciasis.

- **Key achievements in 2022 for the Research Capacity Strengthening area**

- TDR, together with its regional training centres, ran Massive Open Online Courses (MOOCs) in implementation research in six languages, with 5000 participants. For the first time, selected MOOC trainees were awarded a limited number of grants to continue with IR projects.
- All universities appointed in the second phase of TDR's Postgraduate Training Scheme are operational; University of Bamako selected as the second French-speaking university. More than 1013 applications were received for the first call for PhD students in Mali, nine women and 10 men from 15 countries were selected.
- Nineteen (19) CRDF fellows contributed to the development of the RTS,S malaria vaccine in Africa.
- CRL Fellowship programme approved by the Bill & Melinda Gates Foundation (2022–2028), with selection of 20 fellows across 14 training partner organizations currently under way.
- Access and Delivery Partnership (ADP) project with interactive IR core competency self-assessment tool incorporated into the online TDR IR Toolkit; Bhutan, Indonesia and the United Republic of Tanzania incorporated IR into their disease control programmes for developing national NTD control plans; Ghana and Malawi supported the IR demonstration projects and mentorship guidance plan.
- Strengthening operational research capacity in Global Fund-supported programmes with SORT IT training resources translated into French; two SORT IT courses initiated in Guinea and Kenya.

- **Key achievements in 2022 for the Global Engagement area**

- TDR's critical role in global research policy discourse as a key partner in initiatives such as the WHO resolution on clinical trials and production of background reports.
- TDR's leadership in integrating sex and gender into health research. Promoting gender responsive interventions for infectious diseases includes the launch of a new training module, an IR toolkit to apply an intersectional gender lens in IR, as well as ongoing work with HRP to review existing training and capacity building materials to create an online repository of resources. Social innovation and intersectional gender research projects to combat infectious diseases are running in 10 countries.
- TDR re-engaging at various global fora by participating and bringing TDR grantees to conferences, e.g. HSG Symposium on health systems research, ASTMH conference, GHN conference and global malaria and TB meetings.
- Fostering research in social innovation in health, *BMJ* Innovations Special Supplement, supported by TDR, PAHO, BMJ and SIHI China, highlights some of the most important research work, concepts and practices in the area of social innovations in health. It includes 22 articles from the work of the SIHI network and showcases the best available case examples where significant improvements in health outcomes have been achieved.
- TDR Global launched an institutional mentorship guide for LMICs (HERMES) to support the next generation of scientists. Among the highlights, AHRI and SESH nodes played pivotal roles; contributed to by all TDR Global regional nodes; employed an evidence-based approach with scoping reviews, crowdsourcing contest, Delphi consultations; global call 2023 to focus on equity in mentorship.
- Community engagement good practices call in Ethiopia, Guatemala and the Philippines showed promise in its initial country-level outcomes with national guidelines on community engagement, gender inclusivity and control and prevention of vector-borne diseases.

- Now in its third season, TDR's *Global Health Matters* podcast continues to be popular with listeners interested in developments in global health, with 40 000 downloads across 199 countries and territories to date.
- The new Strategy for 2024–2029 was completed on schedule, with a focus on wider engagement than TDR has had in the past.
- Dr Reeder also presented some of the priorities for each of the strategic priority areas for the remainder of 2023.
- A **brief overview of the finances** included: Planned costs for 2022–2023 revised above US\$ 40 million base, but caution shown following a Standing Committee recommendation in November 2022; concerns about 2024–2025 funding levels following reduction in funding from a major donor worth US\$ 7 million. A contingency plan has been developed as a precaution, but is not expected to be necessary as per current budget forecast.
- **Key staff changes since the last meeting include:**
 - Pascal Launois, scientist and Acting Unit Head, Research Capacity Strengthening, retired after 20 years with TDR.
 - Anna Thorson joined TDR on 1 April 2023 as Unit Head, Research Capacity Strengthening. Anna served as Head of the HRP/SRH Research Leadership and Capacity Strengthening Unit since 2014.

Discussion points on the Director's report

- JCB commended TDR's **2022 Annual Report** and congratulated its efforts to incorporate digital solutions such as video presentations. The new format of the report, which delegates found easy to navigate and read, was highly appreciated. TDR's *Global Health Matters* podcast was hailed for its success in building wider community engagement on crucial aspects of global health and its impact.
- To the question concerning TDR's role in South-South collaborations, TDR secretariat responded that efforts continue to link the network of universities and institutions to support such collaborations. Examples include training initiatives, the co-creation of curricula and incorporating inputs from various sources on the ground. Another example is TDR's support to facilitate the sharing of lessons from the Indian subcontinent to inform the VL elimination programme in Africa. While a direct application of the Indian programme to the African continent may not be suitable, lessons shared across a large network to facilitate similar experiences between national programmes have proven to be effective for South-South collaborations.
- JCB congratulated TDR for its drive towards country ownership and the inclusivity it has demonstrated towards drafting the new Strategy that builds the way forward.
- JCB also congratulated TDR on making One Health a major component of focus, not only in research projects but also in the strategic plan, and asked how TDR is going to support these activities in the next few years in alignment with other agencies such as WHO, FAO and UNEP, who have announced their plans vis-à-vis One Health. TDR secretariat responded that they will work in alignment with the global agencies, especially on training activities. Additionally, this approach is also about a philosophy that involves looking beyond just the disease or the vector, one that links well with TDR's multisectoral approach, as well as to the Sustainable Development Goals (SDGs).

- To the question on TDR's role in responding to the remaining threat of COVID-19 in many regions, TDR secretariat mentioned that the strategy is not to have a COVID-19 stream but to ensure that the training that TDR provides is able to equip people and build resilience in regions to respond adequately to health challenges and epidemics, as shown in a survey in 2022 indicating that about 70% of TDR's trained professionals were deployed to tackle the pandemic. The new Strategy has a pillar dedicated to pandemic preparedness, but most of it will depend on capacity development with people demonstrating skills of adaptability and resilience.
- UNICEF congratulated TDR on its achievements and was pleased to have received guidance for the work on health system resilience. Suggested the need to incorporate research component in pandemic funds granted to countries and work together on universal health coverage among hard-to-reach populations and the intersectoral agenda analysis in the next few years.
- Nigerian delegates highlighted the burden of malaria, the biggest in the world, and asked to be included in clinical trials for the malaria vaccine. Nigeria also volunteered to do its part in strengthening implementation research and capacity building to address issues around governance and research. Dr Reeder welcomed Nigeria for its re-engagement with TDR and would be interested in engaging further such as by including Nigeria in networks of expansion of TDR's research capacity strengthening. Regarding the delivery of the malaria vaccine or the participation in clinical trials, Dr Reeder reminded that TDR does not have any direct influence over this.
- The delegate from Guatemala mentioned that it can often be very expensive for researchers in Latin America to publish in top-tier journals and asked how access to important work could be improved. The interest of Latin America in strengthening research capacity to better tackle some of the challenges of sickness and poverty was also highlighted. Dr Reeder referred to the *TDR Gateway* and *F1000* platforms which provide open access to scientists from LMICs. That apart, he confirmed TDR's awareness of the needs of the region and voiced TDR's willingness to build a strong presence in Latin America, not only for geographical diversity but diversity of diseases for a holistic approach. He mentioned that TDR advertises its open call for funding and encourages scientists in the region to respond to these calls.
- The delegate from Burkina Faso mentioned the efforts made to reduce the risk of certain infections at human/animal interface and their impact on the economy but highlighted the challenges to eliminate the threat of re-emergence, asking for guidance. TDR secretariat responded that TDR does not support countries dealing with specific diseases but broadly oversees health resilience with the One Health approach. TDR is developing particular aspects in its capacity building training and the challenge of climate change and environmental factors are embedded in the new Strategy. TDR also hopes to help with providing capacity for research in these countries and is keen on expanding its impact in French-speaking countries for developing resilience.

JCB46

- **Congratulated TDR on the enormous progress achieved by the Programme, despite the difficult financial situation, and approved the Director's report.**

2. Report of the Standing Committee

Ms Luciana Mermet, on behalf of Dr Mandeep Dhaliwal, the current Chair of the Standing Committee (SC), summarized the decisions and recommendations as presented in SC documents arising from the two meetings that have taken place since JCB45. She touched upon topics ranging from approving the workplan and programme budget 2024–2025, as well as the contingency plan, to engaging the SC on the finalization of the new Strategy. Requested that a plan of engagement be developed for Chair JCB, Director TDR and other SC members to engage with GAVI, CEPI, Global Fund and others to further explore linkages with TDR on implementation research and capacity strengthening, and provided direction, oversight and endorsement to activities for JCB review and approval. The SC also welcomed the progress achieved with activities at the country level, particularly in addressing local priorities including on gender, IR capacity and migrant health. The SC also requested that time be allocated at the next SC meeting for further brainstorming and actions for communication, promotion and resource mobilization for the new Strategy, including an investment case document to highlight the return on investment for health to be used as a resource mobilization tool for TDR.

JCB46

- **Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB.**

3. Report by the Chair of the TDR Scientific and Technical Advisory Committee

Professor Margaret Gyapong presented an [overview](#) of the work done by STAC during the past year.

Key messages

- At its meeting held in Geneva on 15 and 16 March 2023, STAC reviewed several reports, including those from the Scientific Working Groups (SWGs), making recommendations as necessary.
- STAC welcomed five new members, including Chair **Professor Gyapong**, **Professor Karen Barnes**, Division of Clinical Pharmacology, Department of Medicine at the University of Cape Town, South Africa; **Professor Debra Jackson**, Takeda Chair in Global Child Health and Deputy Director of the MARCH Centre, London School of Hygiene & Tropical Medicine, United Kingdom; **Dr Thabi Maitin**, Division Manager, Research Grants and Scholarship Funding at the South African Medical Research Council, in Tygerberg, South Africa; and **Professor Andrea Winkler**, Co-Director, Center for Global Health, School of Medicine at the Technical University of Munich, Germany.
- STAC congratulated the Programme on its remarkable achievements and for being on track for most deliverables.
- STAC recommended that TDR reach out to additional funders regarding examples of their gender identity related policies.
- Recommended that TDR consider being more explicit on how it tracks impact on policy; identifying factors that enable policy change; and how it can contribute to enhanced use of evidence in countries.

- Welcomed increased efforts to promote balanced recognition of authorship in articles resulting from TDR support and recommended that activities supported by TDR should consider the multidisciplinary nature of research efforts and promote equitable recognition for all members of various research teams.

Discussion points

- Chair JCB thanked Professor Gyapong for her 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 Joint Coordinating Board.

JCB46

- **Welcomed the report presented by Chair STAC.**

4. Programme Performance Overview

Dr Michael Mihut, Unit Head, Programme Innovation and Management, gave a [brief introduction](#), explaining how TDR's Performance Framework 2018–2023 provides the tools to measure the Programme's contribution towards translating innovation to health impact in disease endemic countries (DECs) for the benefit of those burdened by infectious diseases of poverty.

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 the TDR Results Report and Risk Management Report.
- As of 31 December 2022, out of 24 expected results in TDR's portfolio, 17 (71%) were fully on track and seven (29%) experiencing minor delays in activities with no output delays anticipated.
- In 2022, TDR made significant progress on the 2018–2023 strategy, reaching or surpassing nearly all targets set for 2023, for annually measured output and outcome indicators.
- Importantly, in terms of outcomes, i.e. countries generating and using the research evidence they need to leave no one behind when acting to reduce the burden of infectious diseases of poverty, the key performance indicator (KPI) measuring when innovative knowledge, solutions or tools developed with TDR support were applied in disease endemic countries, was shown in 31 instances in 2022, reaching a total of 115 since 2017 and surpassing the cumulative objective of 100 set for the end of 2023. Example contributions to this KPI were presented and can be found in the Results Report.
- In terms of TDR achieving its core values, steady progress has been observed for most of the targets.
 - Fellowships, training, research grants and contracts awarded demonstrated wide geographical distribution, with close to 90 countries represented, a maximum in the 15 years since TDR has measured this particular indicator.
 - In DEC leadership, 87% of funds awarded as grants and contracts went to LMICs and a majority of experts on TDR's external advisory committees were from a DEC. In terms of authorship, while around 3 in 4 first and corresponding authors were from a DEC, the proportion of last authors was at 57%.

- Regarding gender equity, TDR Global conducted a survey to investigate the 2021 dip in grants awarded to women. With respondents from 37 countries, the survey showed that 47% of women versus 7% of men considered that their gender roles significantly impacted their capacity and time available to research and apply for grants and funding opportunities during the pandemic. In light of this, reaching 52% of grants awarded to women in 2022 for the first time since the indicator has been measured is remarkable, and even more so as this applies not only to the number of grants but also to the amounts awarded.
- In terms of women authorship however, the 50% target set for 2023 has not been reached. For first authors, for example, the proportion is 45%, with 41% in DECs and 59% in non-DECs.
- In 2022, 95% of TDR-supported publications were published in open or free access. While this is significantly higher than the 53% in 2012, progress in the last four years has slowed down.
- **Regarding risk management**, at the end of 2022, 10 programme level risks remained open, with four mitigation actions completed, 20 were ongoing and on track and one on hold (WHO's mobility policy). The risk that scored highest on the impact and likelihood map is related to sustainability of income levels.

Discussion points

- Chair JCB thanked Dr Mihut for his precise presentation, complete with concrete examples.
- Commented on measures that could be undertaken to award grants to countries, e.g. Bolivia and larger Latin American countries that are lagging behind in science. TDR secretariat responded that mapping distribution of grants helps in locating areas that consistently show up as grant deficient. TDR does not intend to go to each specific country, but rather to work in large areas that lack representation in implementation research.
- Several discussions have taken place on the metrics measuring gender equity. While indicators relating to equity and gender are numerically meeting the targets, moving forward there is a need to show progress measures in terms of outcome and impact. Beyond the quantitative approach, a more qualitative approach to the issue of gender equity would be good to see. Some UN agencies have not only put in place gender markers for all financial expenditures and allocations, but also measures of impact. A pilot initiative could be considered to look at what gender outcome indicators could look like for TDR. UNDP and other UN partners are happy to collaborate and contribute to this effort. The secretariat responded that in terms of 'genderization' of research, it would be good to expand the measures with the implementation of the new Strategy and include it as part of the revision process of the Performance framework.
- In relation to staff mobility, as this is an issue that has been persisting for several years, the question was raised when this would be resolved. Based on the experience of UNICEF's evolving rotation policy, it was mentioned that mobility need not always be seen as a risk, as it can be viewed as bringing about renewal, new energy and experience for those who may have been in core functions in non-rotational roles. WHO has not yet made the mobility policy official and it is most likely that the Special Programmes will be exempt.²
- For some LMICs, publishing in open access was mentioned as prohibitive due to the price charged by journals. Moving forward, it might be good to find the best way to measure this indicator in the new Strategy. As part of the revision process of the Performance framework, this indicator could be put in a range of 95–100%, with progress as per the needs of countries.

² The Global Geographical Mobility Policy was shared with WHO staff via email on 15 June 2023. Annex 1 of the policy document confirms that Special Programme staff (including TDR and HRP) are excluded.

JCB46

- **Approved the 2022 TDR Results Report.**
- **Approved the 2022 TDR Risk Management Report.**

Item 5. Financial management report 2022 and outlook 2023–2025

Dr Mihut presented the [Financial management report for 2022 and outlook 2023–2025](#), looking at financial performance in the context of WHO's biennial 2022–2023 financial cycle, and subsequently moving to the 2023–2025 outlook.

Key messages

- Two budget scenarios for 2022–2023 were approved by the JCB in 2021. A lower scenario at US\$ 40 million (US\$ 28 million undesignated funds; US\$ 12 million designated funds); and a higher scenario at US\$ 50 million (US\$ 34 million undesignated funds; US\$ 16 million designated funds).
- In January 2022, implementation of the US\$ 40 million budget scenario was initiated in line with the revenue forecast at the time. As of 31 December 2022, US\$ 19.5 million had been spent or committed through legal agreements, which represents 49% of the US\$ 40 million budget scenario and 58% implementation of operations activities against the US\$ 40 million plans.
- Planned costs were revised following the September 2022 portfolio review and again following the February 2023 portfolio review. Planned costs are currently at US\$ 42.4 million, including US\$ 26 million undesignated funds and US\$ 16.4 million designated funds.
- The projected savings in staff costs (US\$ 1.7 million) are the result of lower actual costs than standard costs in the first year of the biennium, along with vacant positions that took longer to recruit.
- Savings in operations support are projected at US\$ 0.7 million.
- Savings are higher in staff costs and operations support funded by undesignated funds due to an additional US\$ 2.4 million in costs covered by designated funds.
- To further improve the value for money of TDR's work, US\$ 2.7 million undesignated funds savings on salaries and operations support have been reallocated to operations activities, scaling up planned implementation above the US\$ 40 million budget scenario, in line with the approved workplan.
- In January 2023, TDR was made aware of a significant reduction (US\$ 7 million) in the contribution from a key donor. A contingency plan was developed which provides savings of up to US\$ 5.8 million (US\$ 1.7 million in staff costs and US\$ 4.1 million in activities). The plan was reviewed by STAC and approved by the Standing Committee, and would be implemented if sufficient funds were not identified to cover the gap before the beginning of the next biennium.
- At this point in time, due to supplementary revenue from a major TDR contributor, reimbursement of interest earned between 2009 and 2021 on TDR Awards, and to additional income expected this year, we foresee no funding gap and it is likely we will be able to move ahead with the US\$ 40 million budget scenario without implementing the contingency plan. However in November 2023, based on an updated income forecast, the Standing Committee will decide whether or not a certain level of the contingency plan needs to be applied.
- The end of year fund balance of US\$ 41.1 million included US\$ 3.4 million in legally binding commitments, US\$ 15.5 million planned to be spent on undesignated funding activities in 2023 and US\$ 6.8 million relating to specified funds planned to be spent in 2023, US\$ 12 million working capital

(set aside as personnel liability as recommended by WHO), US\$ 2.3 million outstanding interest pending with WHO and US\$ 0.9 million overstated revenue (due to reduction of a signed agreement).

Discussion points

- JCB thanked Dr Mihut for his clear report.
- Referring to the Certified Financial Statement, it was suggested that it may facilitate better interpretation if carry-over amounts were paired with the explanations, instead of being presented separately. Although these comments were welcomed, the policy concerning carryover funds is strictly aligned with WHO's accounting processes.
- It was suggested that when referring to the role of exchange rate fluctuations on the revenue, it may help to show the total impact of the exchange rate on each biennium.
- The Strategic Development Fund (SDF) is part of the approved budget and workplan. As TDR plans its expected results almost two years ahead, the SDF allows the Programme to respond to unplanned opportunities and catalyse new activities and partnerships that can later develop into expected results. STAC's approval is required for any SDF project over US\$ 100 000.
- Discussed the possibility of making longer-term and worst-case scenario budget forecasts. Making such forecasts would be possible, taking into consideration all possible variables, however the further the projections go in time, the higher the risk they run of being inaccurate, making the task difficult and the revenue range very broad. In line with the Programme's budget cycle, the budget scenario levels for the 2026–2027 biennium will be presented for approval by the Standing Committee in April 2024, based on the most realistic income scenario at that time.
- Following a suggestion by the Standing Committee, the secretariat will consider the need to increase the designated funding ratio in the total revenue. The need for raising new funds was also acknowledged.

JCB46

- **Approved the Financial management report 2022 and outlook 2023–2025.**
- **Approved the certified financial statement for the year ended 31 December 2022.**

Recommendations

- **Recommended presenting exchange rate fluctuations and their impact on TDR finances over time.**
- **Welcomed plans for increased designated fundraising, as recommended by the Standing Committee.**
- **Recommended that the working capital be assigned a more appropriate name and highlight that this is required by WHO and was approved by the Board in 2014.**
- **Recommended that JCB members should consider and support opportunities for funding TDR, including like-minded potential funders highlighting funding gaps and the need to maintain support to TDR and its activities. Promoting TDR's new Strategy can help in this regard and would support the Programme to disseminate the new document.**

Item 6. New TDR Strategy 2024–2029

Dr Reeder presented the [draft Strategy](#) for approval by the JCB. The new Strategy reflects the lessons learned from the previous one, real world situations as they exist in the present and articulates TDR's mission, vision and the way forward, while incorporating an integrated attempt to work towards better health outcomes.

Key messages

- Dr Reeder presented the steps taken towards development of the TDR Strategy 2024–2029. Input began with recommendations of the Seventh External Review of the Programme (2022). The final process included an internal drafting groups and draft revisions that took into consideration feedback from external partners. The SC, SWGs, STAC, WHO regional offices, WHO Science Division, relevant WHO technical departments, the WHO Academy, other similar research entities such as HRP and AHPSR³, and TDR staff were consulted.
- The six-year Strategy was presented with its evolved vision, mission and objectives and the way they relate to the SDGs. The strategic approach for each of the three strategic priority areas—implementation research, research capacity strengthening and global engagement—was also presented.
- It was also mentioned that the Strategy is not an implementation plan but a holistic guide that will endure and be in circulation for years to come and therefore needs to have an element of flexibility, given the current state of flux the world is in. It must be taken into account how the Strategy will translate in the future and not just for immediate goals.
- Dr Reeder explained how TDR will drive and support its core activities of quality research, training and global engagement by acting to: promote quality and value-based leadership; ensure efficiency and value for money; seize opportunities and manage risks; foster a culture of results and continuous improvement; value diversity and inclusiveness; communicate and openly share knowledge; nurture a motivating and conducive environment.
- It was also announced that development work was under way to update the TDR website to align with the new Strategy.

Discussion points

- Chair JCB thanked Dr Reeder for presenting the draft Strategy 2024–2029 for approval by the Board, and invited comments and suggestions from delegates.
- The Strategy was found to meet the requirements of the SDGs commended for its excellence in identifying the core issues and challenges of TDR's functional scope.
- Efforts to make the drafting process inclusive and transparent were welcomed and recommended as a model for others. The document was appreciated for reflecting dynamism in accommodating a variety of views from donors, the SC and a host of other stakeholders.
- The draft Strategy was considered an excellent continuation of the current one, with all the necessary modifications and adaptations. While it mentions links to WHO departments and the NTD Roadmap, it would also be interesting to know its relationship to the strategy of the Science Division and particularly the Research for Health Department in terms of commonalities, overlaps and the two fitting together. Dr Reeder agreed with the comment and pointed to TDR stressing its mandate to work with WHO technical departments. TDR has a very close relationship with the Science Division and is inseparable from that thinking and continues to have good relationships with WHO's NTD, TB, malaria and migrant health departments, among others.

³ The Alliance for Health Policy and Systems Research

- Putting climate change and epidemic preparedness in particular focus demonstrates TDR's capability to adapt itself to global challenges, which is commendable. It was recommended that issues of biodiversity and vector-borne diseases be made more prominent in terms of epidemic preparedness in the document. The comments were well-noted.
- Relating to COVID-19 triggering new initiatives, the ways in which it has created opportunities for TDR, particularly in relation to pandemic preparedness, prevention and response in the long-term, was discussed. Dr Reeder mentioned the SORT IT training initiative, which is working with the WHO Health emergencies department to merge implementation research with pandemic preparedness.
- The idea of democratization of research was appreciated as it is crucial for research to be embedded in primary health care for health system strengthening for higher impact. In that context, and particularly relating to partnerships and governance, it was suggested that TDR plan to reach out to other aspects of the global health architecture to make the process of democratization more dynamic, that is, help achieve good health and well-being by using research at the country level. Chair JCB welcomed and noted the suggestions offered by UNICEF.
- A query was raised about socializing the new Strategy and ensuring that it reaches around the globe, with social media playing a vital role but also involving institutions and individuals. TDR responded that both technology and individuals will play a role by writing about it and sharing the new Strategy through all relevant channels. A communication plan will be developed and implemented.
- Relating to research capacity strengthening, it was pointed out that the Strategy currently highlights individuals more than institutions and it was suggested that institutional development and strengthening be given more attention. This is particularly important notably for communication to donors. TDR welcomed the feedback and agreed to review and revise the section to better express the topic, highlighting the multiplier effect and the longer term sustainability of strengthening institutions in LMICs.
- In relation to One Health, it was noted that the new training programme involving educational institutions might bring about dramatic change. TDR responded saying that the idea is to bring about evolutionary change and not revolutionary disruption. TDR is looking to strengthen research in areas where broader implementation can become possible. Basic research is certainly important, but that is not TDR's focus, and this approach has been utilized for a while. TDR reassures that it will not suddenly change its track or ignore crucial issues. When it comes to research capacity building, it is not just about building the capacity of people to be researchers.
- A suggestion was made to link One Health implementation with good governance and transdisciplinary knowledge to improve logistics of implementation research.
- A query was raised about the evaluation of outcome measures in the future. The secretariat welcomed the comments received and said that TDR will work with stakeholders to develop a set of performance indicators as part of the 2024–2029 performance framework development process.
- Specific to Burkina Faso, discussed the country's capacity to respond to pandemics, particularly with access to research, strategy for containment of pandemics and how well or inadequately they are being utilized. Also relating to the NTD Roadmap Agenda 2030 and the SDGs, the timeline for the implementation of the new pentavalent meningitis vaccine was queried. Dr Reeder responded saying that WHO keeps a close eye on how engagements develop, but TDR has a unique value proposition to offer and occupies a space that is not common. For example, the Health Emergencies Programme has identified a necessity for working on implementation of schemes and TDR has been asked to operate in a collaborative manner in keeping with the SDGs. In terms of the implementation of the pentavalent meningitis vaccine, Dr Reeder said that although it is not part of TDR's mandate, it would be interested in the implementation of any new therapeutic and the issues that arise around access and delivery, including implementation research. This is where the ADP becomes intrinsic in providing countries with the capacity for strong public health research that they can deploy in priority areas of health agendas and SDGs.

- It was mentioned that 15 of the 33 Pacific Island countries suffer from a lack of capacity, requesting more funding and projects from TDR and WHO. Dr Reeder referred to the recent project on sterile insect technology launched in Tahiti and is hopeful of bringing in other participants from the region. However, funding remains a challenge and efforts are being made to close the gap through fundraising. Focus remains on working with regional offices, particularly on vector-borne diseases and issues related to climate change in Pacific Island nations, where the real indicators of global health are to be found.

JCB46

- **Approved the TDR Strategy 2024–2029.**

Recommendations

- **JCB approved and welcomed the draft Strategy 2024–2029 and asked the TDR secretariat to consider the following recommendations at their discretion:**
 - Welcomed the extensive, inclusive and transparent consultation process during the Strategy development, which accommodated many views and stakeholders.
 - Recommends that, as part of the section on research capacity strengthening, institutional capacity strengthening should be highlighted more, and to lift and insert ahead of individual research capacity strengthening as this will be seen by stakeholders and funders as being more sustainable with longer-term impact and multiplying TDR's efforts in this area. A prominent example of institutional strengthening could accommodate this messaging.
 - Mention 'biodiversity' a few more times, where appropriate, and its links to TDR's work, especially as it connects to the One Health approach and climate change.
 - Highlight social science and the interdisciplinary dimension.
 - Point to the value of and need for integration of research into health systems.
 - Consider opportunities in light of the post-COVID-19 environment.
 - Consider small island development states' (SIDS) lack of capacity and how TDR may be able to help.
 - Recommends that the TDR secretariat identifies how to maximize dissemination of the Strategy to relevant stakeholders and partners, including reaching out to other global health organizations, particularly United Nations initiatives related to the SDGs, to further disseminate it.

Item 7. Programme budget and workplan 2024–2025

Dr Reeder presented the [Programme budget and workplan 2024–2025](#), broadly aligned on the Strategy and the Seventh External Review, and talked about the plan’s evolution, its priorities and deliverables.

Key messages

- Good year for fundraising, especially designated funds. Followed advice from the SC that TDR should proceed cautiously with scaling up UD operations activities, given the current situation around the world.
- Two budget and workplan scenarios for 2024–2025 were presented (US\$ 40 million and US\$ 50 million).
- The split by strategic priority area is similar to the current biennium. The SDF (1.5% of the Programme’s budget) will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the biennium.
- The dual scenario model would allow starting the biennium at the US\$ 40 million level and, as and if more funds become available, moving beyond that level.
- The excellent value for money of the Programme is reflected in the high proportion of funds going to operations (including operations staff), reaching 84% in the US\$ 50 million budget scenario.
- A contingency plan has been developed to deal with a potential funding gap in undesignated funds in 2024–2025, due to a significant reduction in a major donor’s contribution.

Discussion points

- A query was raised about the implementing policy and workplan in countries, especially in the WHO African Region, to which the secretariat responded mentioning that it was outside of TDR’s mandate to intervene with implementation of policy in countries.

JCB46

- **Approved the TDR Programme budget and workplan for the 2024–2025 biennium.**
- **Chair JCB thanked everyone for a session of productive discussions.**

Item 8. Moderated technical session and Q&A

Dr Garry Aslanyan, TDR Partnerships and Governance Manager, moderated this session and conveyed how both presentations reflect the way TDR really works—deeply rooted in partnerships, multidisciplinary and multi-stakeholder approaches relating to health issues. These efforts underlie longer-term capacity building initiatives in areas that are facing challenges with research and health systems in communities. Recordings of the presentations are available on the [TDR website](#).

Dr Amara Leno, AMR focal point, Livestock and Veterinary Services Division, Ministry of Agriculture and Food Security in Freetown, Sierra Leone, [presented](#) on how findings from operational research convinced policy-makers in Sierra Leone to contribute more resources for improving monitoring of antimicrobial use in the agricultural sector.

Dr Magaly Blas, Director of the Mamás del Río Programme, Professor and Researcher, Faculty of Public Health and Administration, Universidad Peruana Cayetano Heredia in Lima, Peru, [presented](#) on how support from TDR, PAHO and the Social Innovation in Health Initiative contributed to the success of the ‘Mamás del Río’ programme that aims to reduce maternal and child mortality in Peru.

Discussion points

- Chair JCB thanked both Dr Leno and Dr Blas for their presentations.
- **Dr Leno was commended for his research and the clear communication of the results** to his government that led to policy change, which in turn resulted in significant improvement in surveillance of antibiotic use in veterinary medicine and agriculture. This example elucidates the effectiveness of the SORT IT approach when implemented correctly.
 - To the Board's question concerning the use of antibiotics in livestock and AMR in animal health in Sierra Leone, Dr Leno responded saying that many farmers use antibiotics on their animals, and after the first use they generally source the medicines locally instead of going through official channels as they are cheaper. Antibiotics are used on a daily basis on farm and poultry animals and a black market thrives.
 - Availability of records of use of antibiotics in Sierra Leone came up for discussion, particularly in terms of prescriptions, as many countries in Latin America also follow similar routes for increasing livestock growth. Dr Leno responded that government allocation centres provide prescriptions for veterinary drugs but that there is also a lot of trade that happens illegally through porous borders that line the country that includes private operators.
 - Discussing the existence of a plan for sustaining these successes in AMR and antibiotic use beyond projects funded by TDR or SORT IT, Dr Leno said that once the programme is well-established in government-run universities, it will become easier to sustain without TDR funding.
 - It was pointed out that TDR did not pay for any of the motorcycles, tablets or other items that were used to make the project a success, which is evidence enough that once the research is brought together, the country can utilize its own resources, which is an important distinction to make. Dr Leno was queried about his successful communication strategy, which led to policy change. He responded that while launching One Health in 2017, his team was able to convince the health and agriculture ministers about the benefits of AMR use and they agreed to the research studies.
- **Dr Blas was congratulated for her efforts in running the programme.**
 - Responding to a query raised regarding the relative lack of improvement in child immunization, Dr Blas said that while a lot of training has been provided, and that there has been improvement in immunization efforts, the numbers are yet to reflect significant change. Also, measuring these outcomes is more complicated than implementing them and hence it takes longer to capture actual results.
 - The existence of a similar situation in Panama among indigenous populations along the border with Colombia was cited, and it was suggested that a collaboration with the organization Mamás del Río would be beneficial. Dr Blas confirmed the existence of processes that are used to train and implement the programme along the borders and with countries facing similar challenges.
 - West Africa also faces similar problems—no rivers but long borders with Mali and Niger. Initiatives to collaborate with supporters such as TDR on how to raise awareness among mothers and children such as feeding processes, etc., could help provide knowledge among researchers so that people can learn from each other and capitalize on qualitative studies and programmes to help reach vaccination and immunization services in areas that are isolated and suffer from political and social instability. Dr Blas said that processes have been put in place to raise awareness about maternal and infant health through publishing research in open access journals so the benefits can reach a wider audience in varied settings.
 - She was also congratulated for communicating the results of community efforts. It was queried if use of video documentation for training purposes for mothers and community workers was a feasible option in terms of access to technology. Dr Blas responded that as part of their innovation

programme, community workers are given tablets embedded with videos and picture stories to watch training and educational material—pictures and videos—such as how to have a good pregnancy, or how to notice an alarm sign during pregnancy, that help them understand the situation better.

Item 9. Update from TDR co-sponsors

Key messages

- On behalf of UNICEF, **Mr Lakshmi Balaji**, Chief of the Primary Health Care and Health Systems Strengthening Unit, gave an [overview](#) of UNICEF's current work and joint collaborations, including:
 - Implementation research to improve antibiotic access and tackle AMR in China, South Africa, the United Republic of Tanzania and Viet Nam; immunization zero-dose in Bangladesh, Ghana, Indonesia, Jamaica, Nigeria, the United Republic of Tanzania and Rwanda; NCDs – CanGIVE in Bangladesh, Colombia, Côte d'Ivoire, Ghana and Jamaica; humanitarian settings: Afghanistan, Mali; community health workers and information systems in Zimbabwe, Madagascar and Mali.
 - 'Socializing' IR within UNICEF and across partners including development of case compendium—examples of successful IR projects across sectors; PHC/HSS unit, OoR, CEI (Center for Evidence and Implementation); capacity development for UNICEF staff to manage IR function—webinars, short orientation seminars, MOOC, etc.; establishing learning hubs with GAVI support—global, regional, country.
 - Towards greater uniformity in IR reporting across projects and partners—standardized reporting format to enhance learning—completed; website Gavi-GFF-TDR-UNICEF: IR knowledge management repository of IR project—ongoing; TDR-UNICEF: a handbook for IR decision-makers and theory of change.
- On behalf of UNDP and **Dr Mandeep Dhaliwal**, Director of the HIV, Health and Development Group, Bureau for Policy and Programme Support, **Ms Luciana Mermet** presented an [overview](#) of UNDP's current work and joint collaborations, including:
 - UNGA HLM on pandemic prevention, preparedness and response; UHC and TB, coupled with on-going negotiations on the WHO Pandemic Accord and amendment of the IHR regulations. These are important opportunities to advance health equity, including through strengthened R&D for health technologies and counter-measures, as well as access and delivery to patients in need.
 - Health systems strengthening for UHC and PPR: The longstanding partnership between UNDP, TDR, WHO and PATH—as the Access and Delivery Partnership—centres on integrated, multisectoral support for health system strengthening. ADP has long focused on two components of system strengthening: enabling policy, legal and regulatory environments, and strengthening capacities within national institutions and agencies; in combination, this helps ensure that once new technologies are available, they can be swiftly introduced and made available equitably; earlier investments in health system strengthening by ADP contributed to focus countries' capacity to respond to COVID-19.
- On behalf of the World Bank, **Dr Fatima Barry**, Adviser, Global Coordination, Health, Nutrition and Population, presented an overview of the Bank's current work and joint collaborations, including:
 - Decision and Delivery Science: multisectoral efforts (health, education and social protection) to help countries to transform their health systems to be more prioritized, predictive, personalized, pre-emptive, participatory and prudent (efficient) using a suite of tools and data. Contributes to the world's largest data repository—the Development Data Hub.
 - Primary Health Care Performance Initiative: Founded in 2015 by the Bill & Melinda Gates Foundation, WHO and the World Bank Group, in collaboration with Ariadne Labs and Results for Development, PHCPI draws on the strengths of partners to work across the spectrum of primary

health care measurement to improvement. PHCPI aims to ensure that data on primary health care is both accessible and used to drive decisions that change people's lives.

- Service Delivery Innovation Team: HNP has created a dedicated service delivery unit to provide country teams with 'surge' resources to close the gap between global ambitions to accelerate UHC and the work of ongoing operations. It focuses on greater understanding of the opportunities that new technology and processes offer to redesign service delivery; synthesize evidence on emerging models and health technologies; deepen the practice of assessing and selecting between options.
- Joint Learning Network for UHC: The JLN is an innovative, country-driven network of practitioners and policy-makers from around the globe who co-develop global knowledge products that help bridge the gap between theory and practice. Membership currently consists of 34 Asian, African, European, Latin American, and Middle Eastern countries as well as a diverse group of international, regional and local partners. The JLN engages and builds in-country capacity and technical knowledge of health financing, while also utilizing country experiences to create practical guides for use by practitioners in LMICs.
- On behalf of WHO and **the Chief Scientist, Dr Reeder** mentioned items related to both the Organization and, more specifically, to the Science Division's role in bringing TDR and various WHO units in closer collaboration, including:
 - Ensuring that TDR has real focus, purpose and alignment with WHO's mission, including the three research entities (TDR, HRP and AHPSP). This presents a real opportunity for TDR to be included in larger discussions that so far has had TDR only as an outside contributor.
 - TDR will continue to expand its engagement with WHO. The Programme already has strong links with the NTD, malaria and TB departments, and this will be further strengthened with the Public Health and Environment Unit as well as the Migrant Health and Health Emergencies units.
 - In terms of the WHO mobility policy, confirmation has just been received that TDR has been granted an exemption on the grounds that it is a special programme hosted at WHO.

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 and invited questions and comments from attendees.
- Referring to the UNICEF presentation, it was observed that in Zambia Gavi and UNICEF studies are being implemented to check school enrolment to verify immunization numbers. A pilot study was carried out to identify missed vaccinations which revealed interesting results. These results are currently being studied to mainstream them through government policies.
- Referring to the UNDP presentation and the digital component it highlighted, a query was raised about the measures UNDP is taking to counteract the possible issues emerging from the AI takeover. UNDP responded saying not only AI but machine learning is being used and tested as per UN policy and digital strategy. There is currently a lot of testing under way and it has been recommended to keep risk appetites open in terms of AI. The issues associated with AI are being discussed in the developing world and the policy is to be cautious when it comes to communicating about AI.
- Relating to the World Bank's presentation, queries were raised surrounding deworming efforts such as the specific kinds of evidence considered, and if the deworming programme is harmonized with WHO's NTD strategy. Dr Barry responded saying that deworming programmes focus on the five specific NTDs, and is implemented in countries where there is a specific need. For example, in Angola a school-based deworming programme was launched and in some other cases the programme involves deworming pregnant women to reduce the burden of diseases in certain countries. It was also stressed that the World Bank's programmes are closely aligned with the WHO roadmap (2020–2030) and partners involved are considered before undertaking any intervention on the ground.

Item 10. TDR Governance

1. Designation of two members of the Joint Coordinating Board according to Paragraph 2.2.3 of the TDR Memorandum of Understanding

Decision: Designation by acclamation (4-year terms beginning 1 January 2024)

- JCB46 agreed to designate for membership under paragraph 2.2.3 of the TDR Memorandum of Understanding, for a four-year term beginning 1 January 2024, the following cooperating parties:

(1) Cuba

(2) Sri Lanka

2. Membership of the Scientific and Technical Advisory Committee

Dr Aslanyan presented the proposed STAC membership from 1 July 2023.

JCB46

- Endorsed the proposed membership of STAC from 1 July 2023.

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

Discussion points

- Dr Dirk Mueller presented the updates from the informal meetings and thanked everyone for contributing to a productive session. He spoke about the broad exchange on the current levels of funding from donors to TDR; discussed goings on in DECs; and considered future opportunities—how DECs could support activities that relate to TDR. Dr Mueller spoke about potential new routes of funding, which involve new groups of contributors, while encouraging brainstorming sessions advocating new funding for TDR from countries. He also mentioned promoting and socializing the new Strategy when it becomes available.
- Dr Sunil De Alwis thanked attendees for an interactive and fruitful discussion on further streamlining country activities, as well as TDR's activities, for best results, including working towards building cooperation, collective solutions and responsive systems.

Item 11. Date and place of JCB47 and JCB48

Decision

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

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

JCB48 will be held on Wednesday 11 and Thursday, 12 June 2025 (with a briefing session on Tuesday, 10 June).

Both meetings will be held in Geneva.

Item 12. 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.
- Congratulated TDR on the enormous progress achieved by the programme despite difficult financial circumstances and welcomed the 2022 Annual Report.
- Mentioned that the Programme is progressing well with strong operational achievements, thanks to a small but a highly qualified and motivated team.
- Congratulated the TDR team for the new Strategy which will hold good for the next six years, while building on the current strategy with some new focal points and four major pillars.
- Mentioned that JCB is optimistic about not utilizing the contingency plan, despite the difficult financial environment that persists around the world, and it is hopeful to learn that certain DEC's are looking to support TDR efforts on the ground in interesting ways.
- The Chair concluded that the meeting achieved its objectives and thanked members and observers for their active participation and fruitful discussions, 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 Dirk Mueller (representative of the United Kingdom) as Rapporteur for JCB46.
2. Adopted the agenda of JCB46.
3. Accepted the declarations of interests as presented to the secretariat, with no conflicts foreseen.
4. Congratulated TDR on the enormous progress achieved by the Programme, despite the difficult financial situation, and approved the Director's report.
5. Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB.
6. Welcomed the report presented by Chair STAC.
7. Approved the 2022 TDR Results Report.
8. Approved the 2022 TDR Risk Management Report.
9. Approved the Financial management report 2022 and outlook 2023–2025.
10. Approved the certified financial statement for the year ended 31 December 2022.
11. Approved the TDR Strategy 2024–2029.
12. Approved the TDR Programme budget and workplan for the 2024–2025 biennium.
13. Designation by acclamation (4-year terms beginning 1 January 2024). JCB46 agreed to designate for membership under paragraph 2.2.3 of the TDR Memorandum of Understanding, for a four-year term beginning 1 January 2024, the following cooperating parties:
 - (1) Cuba
 - (2) Sri Lanka
14. Endorsed the proposed membership of STAC from 1 July 2023.
15. Dates of future JCB sessions are:

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

JCB48 will be held on Wednesday 11 and Thursday, 12 June 2025 (with a briefing session on Tuesday, 10 June).

Both meetings will be held in Geneva

Recommendations

1. Recommended presenting exchange rate fluctuations and their impact on TDR finances over time.
2. Welcomed plans for increased designated fundraising, as recommended by the Standing Committee.
3. Recommended that the working capital be assigned a more appropriate name and highlight that this is required by WHO and was approved by the Board in 2014.
4. Recommended that JCB members should consider and support opportunities for funding TDR, including like-minded potential funders highlighting funding gaps and the need to maintain support to TDR and its activities. Promoting TDR's new Strategy can help in this regard and would support the Programme to disseminate the new document.
5. JCB approved and welcomed the draft Strategy 2024–2029 and asked the TDR secretariat to consider the following recommendations at their discretion:
 - Welcomed the extensive, inclusive and transparent consultation process during the Strategy development, which accommodated many views and stakeholders.
 - Recommends that, as part of the section on research capacity strengthening, institutional capacity strengthening should be highlighted more, and to lift and insert ahead of individual research capacity strengthening as this will be seen by stakeholders and funders as being more sustainable with longer-term impact and multiplying TDR's efforts in this area. A prominent example of institutional strengthening could accommodate this messaging.
 - Mention 'biodiversity' a few more times, where appropriate, and its links to TDR's work, especially as it connects to the One Health approach and climate change.
 - Highlight social science and the interdisciplinary dimension.
 - Point to the value of and need for integration of research into health systems.
 - Consider opportunities in light of the post-COVID-19 environment.
 - Consider small island development states' (SIDS) lack of capacity and how TDR may be able to help.
 - Recommends that the TDR secretariat identifies how to maximize dissemination of the Strategy to relevant stakeholders and partners, including reaching out to other global health organizations, particularly United Nations initiatives related to the SDGs, to further disseminate it.

IV. Annexes

Annex 1 – Agenda

PRE-MEETING DAY, Tuesday, 13 June 2023			
Anytime	BADGE COLLECTION – MAIN RECEPTION (PARTICIPANTS MUST BE REGISTERED IN INDICO)		
14:00	REFRESHMENTS		
14:30–16:00	Briefing session Salle X, B building (via the main reception). Coffee available from 14:00. <i>Introductory briefing for JCB participants, primarily new members, who wish to acquaint themselves with the Programme and the processes and functions of the Board. This is also an opportunity for Disease Endemic Country and Resource Contributor group members to meet informally should they wish to do so. Interpretation will not be provided for this session.</i>		
Wednesday, 14 June 2023			
Time	Agenda item	Action / Information	Reference Documents
07:30–08:45	BADGE COLLECTION – MAIN RECEPTION (PARTICIPANTS MUST BE REGISTERED IN INDICO)		
09:00–09:15	1. Opening of the Board <i>Dr Vic Arendt, Chair of JCB</i> <i>Dr Jeremy Farrar, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Dr John Reeder, Director TDR</i>		
09:15–09:30	2. Statutory business 2.1 Appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests	Appointment of Rapporteur Adoption of agenda	Draft Agenda TDR/JCB46/23.1/Rev1 Draft Annotated Agenda TDR/JCB46/23.1a
09:30–09:45	3. Report by the Chair of the Joint Coordinating Board, including any decisions between sessions of the JCB <i>Dr Arendt, Chair since JCB43, will report on his activities as Chair since the forty-fifth session</i>	Information	Report of JCB45, June 2022 TDR/JCB45/22.3
09:45–10:45	4. Progress since JCB45 4.1 Director’s report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB45 and the TDR Director’s report.</i>	Approval	TDR 2022 Annual Report Follow-up to the JCB45 decisions and recommendations TDR/JCB46/23.4
JCB photo (on the stairs outside the meeting room)			
10:45–11:15	COFFEE BREAK		

Wednesday, 14 June 2023 (continued)

Time	Agenda item	Action/Information	Reference Documents
11:15–11:25	4.2 Report of the Standing Committee <i>Dr Mandeep Dhaliwal, UNDP, will report on the Standing Committee's activities since JCB45.</i>	Information	Standing Committee 112 & 113 decisions and recommendations TDR/SC112/22.3; TDR/SC113/23.3
11:25–11:35	4.3 Report by the Chair of the TDR Scientific and Technical Advisory Committee (STAC) <i>Professor Margaret Gyapong, Chair of STAC, will present the STAC report.</i>	Information	Report of STAC45 TDR/STAC45/23.3 STAC SharePoint (send a request for access when prompted)
11:35–12:00	4.4 Programme performance overview <ul style="list-style-type: none"> Key performance indicators 2022 Risk management <i>Dr Michael Mihut, Unit Head, Programme Innovation and Management, will present this item.</i>	Approval	2022 TDR Results Report TDR/STRA/23.2 TDR Risk Management Report, 2022 TDR/JCB46/23.5
12:00–14:00	LUNCH BREAK		
14:00–15:00	5. Financial management report 2022 and outlook 2023–2025 <ul style="list-style-type: none"> Financial report 2022 Outlook 2023–2025 <i>Dr Mihut will present the financial report certified by the WHO Comptroller, the financial outlook 2023–2025 and the financial statement.</i>	Approval	TDR financial management report 2022 and outlook 2023–2025 TDR/JCB46/23.6 Certified financial statement for the year ended 31 December 2022 TDR/JCB46/23.7
15:00–15:30	COFFEE BREAK		
15:30–16:30	6. New TDR Strategy 2024–2029 <i>Dr Reeder will present the new Strategy.</i>	Approval	Draft Strategy 2024–2029 TDR/STRA/23.3 Strategy consultation process TDR/JCB46/23.8
16:30–17:00	7. Programme budget and workplan 2024–2025 <i>Dr Reeder will present the Programme budget and workplan for 2024–2025.</i>	Approval	TDR Programme budget and workplan for the 2024–2025 biennium TDR/JCB46/23.9
17:15–19:00	JCB RECEPTION – B BUILDING CAFETERIA		

Thursday, 15 June 2023

<i>Time</i>	<i>Agenda item</i>	<i>Action / Information</i>	<i>Reference Documents</i>
09:00–09:45	Informal meeting of TDR resource contributors (Salle X, B building) Chaired by the RC representative on the JCB, Dr Dirk Mueller (United Kingdom)		
09:50–10:30	Informal meeting of disease endemic country representatives (Auditorium Z3/4) Chaired by the DEC representative on the JCB, Dr Sunil De Alwis (Sri Lanka) <i>Simultaneous interpretation will be provided in English, French and Spanish.</i>		
10:30–11:00	COFFEE BREAK (outside Auditorium Z3/4, B building)		
11:00–12:30	8. Moderated technical session and Q&A <i>Dr Garry Aslanyan, TDR Partnerships and Governance Manager, will moderate this session.</i> <u>Overview and background</u> How findings from operational research convinced policy-makers in Sierra Leone to contribute more resources for improving monitoring of antimicrobial use in the agricultural sector. <i>Presented by Dr Amara Leno, AMR focal point, Livestock and Veterinary Services Division, Ministry of Agriculture and Food Security in Freetown, Sierra Leone.</i> How support from TDR, PAHO and the Social Innovation in Health Initiative contributed to the success of the “Mamás del Río” programme that aims to reduce maternal and child mortality in Peru. <i>Presented by Dr Magaly Blas, Director of the Mamás del Río Programme Professor and Researcher, Faculty of Public Health and Administration, Universidad Peruana Cayetano Heredia in Lima, Peru.</i>	Information	
12:30–14:00	LUNCH BREAK		
14:00–14:30	9. Update from TDR co-sponsors <ul style="list-style-type: none"> ▪ UNICEF – <i>Mr Lakshmi Balaji</i> ▪ UNDP – <i>Dr Mandeep Dhaliwal</i> ▪ World Bank – <i>Dr Fatima Barry</i> ▪ WHO – <i>Dr Jeremy Farrar</i> 	Information	

Thursday, 15 June 2023 (continued)

Time	Agenda item	Action / Information	Reference Documents
14:30–15:00	10. TDR Governance 10.1 Selection of two members of the JCB according to Paragraph 2.2.3 of the TDR Memorandum of Understanding <i>Ms Egle Granziera, Senior Legal Officer, will present item 10.1.</i> <i>No end of term vacancies will occur on the JCB on 1 January 2024 under either paragraph 2.2.1 or 2.2.2 and therefore no election is required under these paragraphs of the Memorandum of Understanding.</i>	Selection of JCB members	Note on the membership of the Joint Coordinating Board TDR/JCB46/23.10 Documentation available on the website: <ul style="list-style-type: none"> - List of JCB members - JCB membership wheel - History of membership on TDR's Joint Coordinating Board, 1978–2023 - Memorandum of Understanding
	10.2 Membership of the Scientific and Technical Advisory Committee (STAC) <i>Dr Garry Aslanyan will present this item.</i>	Endorsement	Proposed STAC membership from 1 July 2023 TDR/JCB46/23.11
	10.3 Updates from the informal meetings of resource contributors and disease endemic country representatives	Information	
15:00–15:05	11. Date and place of JCB47 and JCB48 <i>Confirmation of the dates of JCB47 in 2024 and JCB48 in 2025. Both meetings will be held in Geneva.</i>	Decision	
15:05–15:30	12. Closing Session Any other business Concluding remarks <ul style="list-style-type: none"> ▪ TDR Special Programme Coordinator ▪ Chair JCB 		
15:30	REFRESHMENTS AVAILABLE		

Annex 2 – List of participants

Members

Bangladesh

Professor Nazmul Islam*

Director, Disease Control and Line Director, CDC,
Directorate General of Health Services, Ministry of
Health and Family Welfare

Belgium

Monsieur Pieter Vermaerke

Conseiller (Santé et Environnement), Mission
permanente, Genève

Burkina Faso

Dr Hamed Sidwaya Ouédraogo

Directeur, Protection de la Santé de la population,
Ministère de la Santé et de l'Hygiène publique

Madame Wendegoudi Jacqueline Ouédraogo

Premier Conseiller, Mission permanente, Genève

Madame Tey Gwladys Bonzi-Sanou

Médecin, Attaché, Mission permanente, Genève

China

Professor Xiao-Nong Zhou

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

Drugs for Neglected Diseases initiative (DNDi)

Dr Luis Pizarro

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

Ms Thi Hanh Cao

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

Fiocruz (Fundação Oswaldo Cruz)

Professor Rodrigo Corrêa Oliveira*

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

Germany and Luxembourg Constituency

Dr Vic Arendt

Consultant, Ministère des Affaires étrangères et
Européennes

Madame Anne Koch

Attachée, Coopération et Action Humanitaire,
Développement, Migration et Santé, Mission
Permanente de Luxembourg, Genève

Professor Jürgen May

Co-chair Board, Bernhard Nocht Institute for
Tropical Medicine

Dr Christina Müller*

Scientific Officer, DLR Projektträger - Project
Management Agency, on behalf of German Federal
Ministry of Education and Research (BMBF)

Dr Isabella Napoli

Senior Scientific Officer, DLR Projektträger - Project
Management Agency, on behalf of German Federal
Ministry of Education and Research (BMBF)

Guatemala

Dra. Iris Lorena Cazali Leal

Jefe de Unidad de Enfermedades Infecciosas y
Nosocomiales, Hospital Roosevelt

India and Thailand Constituency

Dr Noppawan Asawarat*

Department of Disease Control, Ministry of Public Health, Bangkok

Dr Pawit Katakot*

Public Health Technical Officer, Senior Professional Level, Division of Innovation and Research, Department of Disease Control, Ministry of Public Health, Bangkok

Japan

Dr Kenji Hirayama

Dean, Institute of Tropical Medicine, Nagasaki University

Ms Ikumi Morooka*

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

Kyrgyzstan

Dr Sagynbu Abduvalieva

Head, Department of Pathology Newborns and Premature Babies, National Center of Maternity and Childhood

Malaysia

Dr Tahir bin Aris*

Director, Institute for Medical Research, National Institutes of Health Complex

Mexico

Not able to attend

Morocco

Dr Tarik El Madani*

Assistant Medical Principal, Direction de l'Epidémiologie et de lutte contre les Maladies, Ministère de la Santé et de la Protection Sociale

Nigeria

Mr Joseph Ekumankama

Minister of State for Health, Federal Ministry of Health

Mr Mamman Mamuda

Permanent Secretary, Federal Ministry of Health

Dr Peter Obi Adigwe

Director General/Chief Executive, National Institute for Pharmaceutical Research and Development (NIPRD)

Professor Babatunde Salako

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

Dr Ngozi Rosemary Azodoh

Director, Health Planning, Research and Statistics Department, Federal Ministry of Health

Dr Alex Morenike

Director, Public Health, Federal Ministry of Health

Dr Kingsley Nnalue

Acting Deputy Director, Research and Management Division, Federal Ministry of Health

Dr Olusola Ayoola

Technical Assistant to the Minister of State for Health, Research and Knowledge Management Division, Federal Ministry of Health

Mr Olusesan Adebisi

Health Planning, Research and Statistics Department, Federal Ministry of Health

Mr Victor Itumo

Focal Point Health, Permanent Mission, Geneva

Panama and Spain Constituency

Dr. Tomás López-Peña Ordoñez*

Jefe de Área de la Subdirección General de Programas Internacionales de Investigación y Relaciones Institucionales, Ministerio de Economía y Competitividad

Dr. Juan Miguel Pascale

Director General, Gorgas Memorial Institute of Health Studies | Instituto Conmemorativo Gorgas de Estudios de la Salud

Sra. Carmen Ávila Ortega

Representante Permanente Alternativa, Misión Permanente de Panamá, Ginebra

Dra. Raquel de Mock

Coordinación de Enfermedades desatendidas, Ministerio de Salud

Peru

Sr. Oscar Roberto Escalante Maldonado

Director Ejecutivo, Dirección Ejecutiva de Enfermedades Transmisibles, Instituto Nacional de Salud

Republic of Korea

Dr Jang Hee-Chang

Director, Division of Infectious Diseases Research Planning, National Institute of Infectious Diseases

Dr Ye jung eun

Researcher, Division of Infectious Diseases Research Planning, National Institute of Infectious Diseases

Sri Lanka

Dr Sunil De Alwis

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

Sweden

Professor Mayte Bejarano

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

Dr Teresa Soop*

Senior Research Advisor, Research Cooperation Unit, Partnerships and Innovation Department, Sida

Switzerland

Ms Erika Placella

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

Dr Olivier Menzel

Senior Health Advisor, Thematic Cooperation Division Health Section, Swiss Agency for Development and Cooperation, Federal Department of Foreign Affairs

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, Foreign, Commonwealth & Development Office

Dr Jo Mulligan

Team Leader, Health Research, Research and Evidence Division, Foreign, Commonwealth & Development Office

Dr Amy Bloom*

Senior Policy and Strategy Advisor, Office of Health, Infectious Diseases, and Nutrition, Infectious Diseases Division, Bureau for Global Health

Zambia

Dr Gershom Chongwe

Director, Tropical Diseases Research Centre

Co-sponsors

United Nations Children's Fund

Mr Lakshmi Balaji
Chief, Primary Health Care and Health Systems
Strengthening Unit

United Nations Development Programme

Ms Mandeep Dhaliwal
Director: HIV, Health and Development Group,
Bureau for Policy and Programme Support

Ms Luciana Mermet
Manager, Global Fund Partnership Health Support
Team, UNDP Geneva Office

World Bank

Dr Fatima Barry*
Health Specialist, West and Central Africa, Health,
Nutrition and Population Global Practice

World Health Organization

Dr Jeremy Farrar
Chief Scientist / TDR Special Programme
Coordinator

Dr Pascale Allotey
Director – Department of Sexual and Reproductive
Health and Research SRH, includes the
UNDP/UNFPA/UNICEF/WHO/World Bank Special
Programme – HRP

Ms Catherine Yu, representing Mr George Kyriacou
Comptroller and Director of Finance

Dr Alain Labrique
Director, Digital Health and Innovation (SCI/DHI)

Ms Stéphanie Seydoux
Director, Envoy for Multilateral Affairs (EMA)

Special Programme Staff

Director's Office

Dr John Reeder
Director

Dr Garry Aslanyan
Manager, Partnerships and Governance

Ms Maki Kitamura

Dr Mariam Otmani Del Barrio

Dr Robert Terry

Administrative Support to the JCB

Ms Christine Coze

Ms Elisabetta Dessi

Ms Izabela Suder-Dayao

Programme Innovation and Management

Dr Mihai Mihut
Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Cathrine Thorstensen

Research for Implementation

Dr Abraham Aseffa

Unit Head

Dr Florence Fouque

Mr Daniel Hollies

Ms Ekua Johnson

Mr Abdul Masoudi

Dr Corinne Merle

Dr Vanessa Veronese

Ms Michelle Villasol-Salvador

Dr Rony Zachariah

Research Capacity Strengthening

Dr Anna Thorson

Unit Head

Ms Tina Donagher

Ms Najoua Kachouri Aboudi

Dr Eddy Kamau

Dr Mahnaz Vahedi

TDR Consultants

Dr Megha Raj Banjara

Ms Nolwenn Conan

Dr Beatrice Halpaap

Dr Branwen Hennig

Dr Chandani Kharel

Dr Michael Penkunas

Ms Nadisha Sidhu

Dr Gildas Yahouedo

Report writer

Ms Debashree Majumdar

Other participants

Chair, TDR Scientific and Technical Advisory Committee (STAC)

Professor Margaret Gyapong*

Director, Institute of Health Research, University of Health and Allied Sciences

Presenters

Dra. Magaly Blas

Directora del Programa Mamás del Río, Profesora e investigadora, Facultad de Salud Pública y Administración, Universidad Peruana Cayetano Heredia, Perú

Dr Amara Leno

AMR focal point, Livestock and Veterinary Services Division, Ministry of Agriculture and Food Security in Freetown, Sierra Leone

Observers

Australia

Ms Dharshi Thangarajah*
Epidemiologist, Department of Health and Aged Care

Brazil

Dr Draurio Barreira
Director, HIV/AIDS, Tuberculosis, Hepatitis and Sexually Transmitted Infections, Ministry of Health

Dr Alda Maria da Cruz
Director, Department of Transmitted Diseases, Ministry of Health

Dr Gustavo Laine Araujo de Oliveira
Deputy General-Coordinator, Surveillance of Diseases in Elimination, Ministry of Health

Colombia

Sra. Maria Juliana Tenorio Quintero
Ministra Consejera, Ginebra

Ghana

Dr Abraham Oduro*
Director, Research and Development Division, Ghana Health Service

Nicaragua

Mrs Rosalia Bohórquez Palacios
Ambassador, Permanent Representative, Geneva

Ms Geraldine Bautista Chamorro
Counsellor, Permanent Mission, Geneva

Oman

Mrs Talal Hilal Al Siyabi
Counsellor, Permanent Mission, Geneva

Philippines

Dr Ana Liza P. Hombrado-Duran*
Officer in Charge-Director IV, Research Institute for Tropical Medicine, Department of Health

Russian Federation

Mr Eduard Borisov
Third Secretary, Permanent Mission, Geneva

South Africa

Dr Niresh Bhagwandin*
Executive Manager: Strategic Research Initiatives, South African Medical Research Council

Fondation Mérieux

Ms Laurence Mazuranok
Partnerships and Fundraising Manager, Medical and Scientific Department, Fondation Mérieux

INDEPTH Network

Professor Oche Mansur Oche
Executive Director, INDEPTH Network

Institut Pasteur

Ms Kathleen Victoir
International Affairs, Institut Pasteur

International Federation of Anti-Leprosy Associations (ILEP)

Mr Elmuntasir Mukhier
Administrator, International Federation of Anti-Leprosy Associations

Annex 3 – JCB membership as of 1 January 2024



Annex 4 – STAC membership as of 1 July 2023

Until 31 December	
Professor Charles Mgone , Retired Executive Director of the European & Developing Countries Clinical Trials Partnership (EDCTP), Netherlands and Former Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, United Republic of Tanzania	2014–2023
Until 30 June	
Professor Margaret Gyapong (Chair), Director, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana	2022–2024
Professor Karen Barnes , Professor, Division of Clinical Pharmacology, Department of Medicine, University of Cape Town, Cape Town, South Africa	2022–2024
Professor Afif Ben Salah , Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Manama, Kingdom of Bahrain	2018–2025
Professor Claudia Chamas , Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	2016–2025
Dr Theeraphap Chareonviriyaphap , Head, Department of Entomology, Kasetsart University, Bangkok, Thailand	2022–2025
Dr Sara Irène Eyangoh , Directeur Scientifique, Centre Pasteur du Cameroun, Laboratoire National de Référence et de Santé Publique Ministère de la Santé Publique, Yaoundé, Cameroon	2016–2024
Professor Debra Jackson , Takeda Chair in Global Child Health and Deputy Director of the MARCH Centre, London School of Hygiene & Tropical Medicine, London, United Kingdom	2022–2024
Professor Mirkuzie Woldie Kerie , Senior Research Adviser (SRA), MCH Directorate, Federal Ministry of Health, Jimma, Ethiopia	2021–2024
Dr Caroline Lynch , Regional Adviser, Medicines for Malaria Venture, Chiang Mai, Thailand	2021–2024
Dr Thabi Maitin , Division Manager, Research Grants and Scholarship Funding, South African Medical Research Council, Tygerberg, South Africa	2022–2024
Professor Catherine (Sassy) Molyneux , Professor in Global Health, Health Systems Research Ethics Department, KEMRI- Wellcome Trust Research Programme, Kilifi, Kenya	2020–2025
Dr Alwyn Mwinga , Executive Director, Zambart, Lusaka, Zambia	2020–2025

Until 30 June	
Dr Emelda Aluoch Okiro , Head, Population Health Unit, KEMRI/Wellcome Trust Collaborative Programme, Nairobi, Kenya	2021–2024
Professor Leanne Robinson , Program Director, Health Security, Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health, Burnet Institute, Melbourne, Australia	2022–2025
Professor Stephen Bertel Squire , Professor of Clinical Tropical Medicine; Dean of Clinical Sciences and International Public Health, Liverpool School of Tropical Medicine, Liverpool, United Kingdom	2017–2025
Dr Marta Tufet Bayona , Head of Policy, Gavi, Geneva, Switzerland	2022–2025
Professor Andrea Winkler , Co (joint)-Director, Center for Global Health, School of Medicine, Technical University of Munich, Munich, Germany	2022–2024