

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

**WHO headquarters**  
**Geneva, Switzerland**  
12–13 June 2024



Meeting documentation and presentations: <https://tdr.who.int/groups/joint-coordinating-board/jcb47-documents>

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## I. Introduction

The 47th 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 12 and 13 June 2024. The session was chaired by Dr Sunil De Alwis of Sri Lanka, and was attended by all JCB members except the United Nations Development Programme and the World Bank, 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 is whether they attended remotely or in-person.

The deliberations of JCB47 focused on TDR's achievements since JCB46 and plans from 2024 onwards. Important decisions taken included approval of the 2023 reports, including the Results Report, the Risk Management Report and the Financial Management Report, as well as the 2024–2025 Performance Framework 2024–2029, which will guide TDR's work during the next six years.

### Panel session: Celebrating TDR's 50th anniversary. Five decades of impact, influence and improving global health

Prior to the opening of the Board meeting, a panel of distinguished guests, including WHO Director-General Dr Tedros Ghebreyesus, Dr Kerstin Jonsson Cissé from Swedish Sida, Dr Gordon A. Awandare from the University of Ghana and Chair of TDR's Scientific and Technical Advisory Committee, Professor Margaret Gyapong, each gave testimony to the strengths and achievements of TDR during the five decades since its inception. Dr Tedros mentioned his own personal association with TDR as a fellow, as well as many colleagues who had benefited from TDR scholarships. He encouraged TDR to be more aggressive in pushing back on the rising trend of anti-science voices saying, "It's a dangerous world where science is compromised and politicized. It is because of science that the world is where it is and where it ought to be and for this reason alone, science should be protected. We should all side with science and nothing else. Thanks again TDR for your commitment and service to science."

A full list of panel members can be found in Annex 1.

## II. Summary of proceedings

### Item 2. Welcome and report by the outgoing Chair of the Joint Coordinating Board, including any decisions between sessions

#### **Key messages**

- In his opening remarks, **Dr Vic Arendt**, outgoing Chair of the Board, welcomed JCB members and observers and distinguished panellists for their remarks celebrating the 50th anniversary of TDR. He mentioned the briefing session on Tuesday, which was open to all JCB members and observers. A special welcome was extended to Cuba and Equatorial Guinea as new members in 2024. Dr Arendt said that as Chair of JCB he has had close contact with the Special Programme throughout the year and attended two crucial meetings of the Standing Committee, one which took place in Geneva in November 2023 and the other in New York in April 2024 hosted by UNICEF, that included discussions concerning the Strategy, programme activities and plans regarding financing, accessing funding in the future, developing an investment case which will be useful for fundraising both designated (DF) and undesignated (UD) funds in the years to come. He also mentioned that discussions concerning implementation of the strategic framework and implementation research in programmes run by collaborators were carried out. Dr Arendt also talked about the two meetings with the directors of TDR

and HRP<sup>1</sup> over common issues and possible collaborations between the two special programmes.

- **Dr John Reeder** welcomed all delegates and thanked the outgoing chair for his work. He appreciated Dr Arendt's role in managing the affairs of the Board during the particularly difficult period of the pandemic by keeping solid discussions going around the JCB. Dr Reeder appreciated Dr Arendt's willingness to extend the duration of his chairmanship to help TDR navigate the COVID-19 crisis and thanked him for his contributions.
- Dr Arendt reflected on his time with TDR and the privilege of serving as JCB Chair for the past four years, a particularly turbulent period. Despite COVID-19 dominating the agenda for much of that time, TDR has emerged with many achievements, not only working with WHO to successfully manage the pandemic but also continuing with implementation and research activities and training tools to deliver via online platforms. He mentioned the many successful TDR alumni who hold leadership positions across the globe in research in public health. He went on to say that TDR is well placed to deal with public health challenges and eliminating these diseases with good value for money. He urged donors to continue supporting TDR and to act as its ambassadors to spread the word through their networks to find more funding in the next few years. He wished TDR great success for the future.

**The reflections presented by the outgoing Chair of JCB were accepted with appreciation.**

## Statutory business

### 1. Election of the Chair and Vice-chair

Dr Arendt expressed appreciation and thanks to Dr Tahir bin Aris (Malaysia) for his able vice-chairing of the Board during the past three years. He went on to mention that, following a recommendation by the Standing Committee, Dr Sunil De Alwis (Sri Lanka) was selected as Chair for the next three years and Dr Daniel Eibach (Germany) as Vice-chair of the Board for the next two years. As no objections were raised, the appointments of both the Chair and Vice-chair were confirmed.

#### Decisions

- **Appointed Dr Sunil De Alwis (representative of Sri Lanka) as Chair for the next three years.**
- **Appointed Dr Daniel Eibach (representative of Germany) as Vice-chair for the next two years.**

### 2. Appointment of the Rapporteur

**The Chair** informed the Board that Dr Iris Cazali Leal (Guatemala) had kindly agreed to act as Rapporteur of JCB47.

#### Decisions

- **Appointed Dr Iris Cazali Leal (representative of Guatemala) as Rapporteur of JCB47.**

From this point forward, the meeting was chaired by the incoming Chair, Dr Sunil De Alwis (representative of Sri Lanka).

<sup>1</sup> UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

### 3. Adoption of the Agenda

The Draft Agenda of JCB47 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.

#### JCB47

- Adopted the agenda of the meeting.

### 4. Declarations of interests

Declaration of interest forms submitted by members were accepted.

#### JCB47

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

## Item 3. Progress since JCB46

### 1. Director's report

**Dr John Reeder, Director TDR**, presented an overview of the Programme's achievements during the past year, plans for 2024–2027 and relevant updates on specific items such as personnel changes.

#### **Key messages**

- Referred delegates to the **2023 Annual Report**, which was developed in time for STAC in March 2024 and has since been distributed and used as an advocacy tool.
- TDR's Strategy 2024–2029 outlines its support for country-led implementation research to improve the health and well-being of people burdened by infectious diseases of poverty. It was finalized following rigorous and inclusive discussions for over a year before being presented to the JCB for approval. The new document is focused on getting real engagement between research training, research support, global engagement and to drive that towards improved evidence and impact. TDR is working closely with the Standing Committee and STAC to ensure that the Theory of Change is keeping to its track. The focus of the Strategy will rest on letting real engagement drive results. TDR is a science-based organization and our efforts will be guided by evidence, and our work will need to be proactive about big global health challenges related to climate change.
- To measure the outcomes of the Strategy, an updated performance framework has been developed. It has been designed to meet the requirements of the broad base, with the new Strategy being well reflected while the fundamentals remain unchanged. It has added indicators for major global health challenges and will continue to measure what TDR does (technical achievements) and how it works (core values, managerial performance), and serve for accountability and continuous improvement.

Some of the **key achievements of the three areas** of Research for implementation, Research capacity strengthening and Global engagement include:

- Bangladesh became the first country in the world to successfully eliminate visceral leishmaniasis (VL) as a public health problem. TDR was one of the leading partners to support research over more than



two decades on new diagnostic tools and treatments and their implementation, which helped accelerate this monumental achievement.

- A new regional network of national TB programmes in Southern and Eastern Africa (SEARN-TB) was launched, targeting 24 countries in the region. This new network builds on the successes of the West and Central African Regional Network for TB control (known as WARN/CARN-TB).
- One Health is operationalized as a transdisciplinary ecosystem approach to address various diseases (including fascioliasis, schistosomiasis, vector-borne diseases) in the context of climate change through eight projects in Africa.
- TDR participated in an investigation to understand the resurgence of yellow fever in Cameroon, respond early to outbreaks and work towards eliminating epidemics by 2026. This root cause analysis will inform efforts to strengthen the routine immunization programme and ensure vaccination with a high coverage rate.
- Eight universities in low- and middle-income countries (LMICs) affiliated with TDR's research capacity strengthening work have co-developed a curriculum on implementation research for integration within Master of Public Health programmes. Since 2015, 486 students have obtained Master of Public Health degrees through TDR's postgraduate training scheme, focused on implementation research.
- TDR-supported regional training centres managed eight sessions of the MOOC on implementation research, delivered in English, French, Russian and Spanish, to more than 4300 registered participants; they also conducted 40 in-person scientific courses for 1257 students, with 64% being women.
- *Foundations of Implementation Research: A Lecture Series for Global Health Impact* has been launched.
- Some of the achievements for global engagement included 27 implementation research projects being awarded Impact Grants in collaboration with WHO regional offices.
- TDR provided technical assistance to WHO-led priority-setting exercises, including those pertaining to One Health, antimicrobial resistance in human health, health and migration and a research roadmap for neglected tropical diseases (NTDs).
- Through a collaboration with HRP, a virtual repository of resources has been launched to support efforts to incorporate sex and gender in health research.
- The second edition of the *TDR Global: Women in Science* compendium, will be published later this year, including four new profiles.
- The *Global Health Matters* podcast continues to reach more listeners globally, with a total of 30 episodes having been produced over the last three years. The podcast has been downloaded more than 60 000 times by listeners in 204 countries, with a growing audience in LMICs.
- Most of TDR's key performance indicators are progressing as per expectations, with the proportion of open access publications reaching 97%; and actual funding going to women scientists reaching 49%.

Dr Reeder also presented some of the priorities for each of the strategic priority areas for the remainder of 2024.

- **A brief overview of the finances** was presented.
  - Despite the difficult funding environment, TDR was able to start the biennium with the full US\$ 40 million funding scenario as approved by the JCB. In the 2022–2023 biennium, TDR not only achieved all that it had set out to do, but also saved some funds going forward. Although financial security is guaranteed in the short term, concern remains about the sources of funding in the long term due to existing global uncertainties.

- **Key staff changes include:**

- **Dr Abraham Aseffa**, Unit Head Research for implementation, will retire at the end of June. Before joining TDR in 2020, Abraham was Director of the Armauer Hansen Research Institute in Ethiopia.
- **Dr Christine Halleux** will take over from Abraham on 1 August as Unit Head IMP. Christine previously worked in TDR from 2009–2020, prior to moving to the Quality Assurance, Norms and Standards Department. Before joining WHO, she worked for several years in the field with Médecins Sans Frontières.
- **Ms Christine Coze**, Technical Assistant Director's Office, will retire in September after 29 years in WHO; 19 years with TDR and 19 Joint Coordinating Boards.

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

- JCB congratulated TDR on its 50th anniversary and lauded its global impact on South-South capacity sharing with an increasing number of TDR fellows working in countries in Africa and Asia. It queried TDR's plans for sustaining the South-South capacity sharing in the future. The Secretariat responded by saying that deeper inroads in capacity sharing has been one of the exciting outcomes of building broader research bases in countries. A good example of this is TDR's research network on drug-resistant TB, and implementation of the SORT IT approach by using locally trained facilitators, which helps TDR to achieve its aim at ownership by countries. Networking is essential to these programmes, and TDR will focus on countries that suffer from resource constraints to ensure that everybody is included. Democratizing research and access form a critical aspect of the capacity sharing exercise.

**Recommendations**

- **Welcomed the update on recruitment of the Director TDR and acknowledged the advanced set of skills required to lead the Programme. Recommended that WHO allow a period of overlap between the terms of the outgoing and incoming Director to allow for smooth transition.**

## 2. Report of the Standing Committee

**Ms Ann Robins**, current Chair of the Standing Committee, summarized the decisions and recommendations from the two meetings that took place in Geneva and New York since JCB46, including:

- Congratulating TDR on the high-profile elimination of VL in Bangladesh and its role in implementation research in the process.
- Approved implementation of the programme budget and workplan for 2024–2025 at the US\$ 40 million level. Agreed to increasing the proportion of DF funding moving forward with the 2026–2027 budget scenario levels, reiterating the value of this approach in the current challenging context to assist in addressing the four global challenges as outlined in the strategy and to support additional fundraising. Stressed concerns about the funding situation after 2025 and noted the urgency of diversifying the donor base by approaching BRICS countries and other non-traditional donors.
- TDR's efforts on the solid technical and implementation mechanism in place to allow for results on the new strategy to be demonstrated as early as end of the first year of its implementation in 2024 appreciated.
- Recommended focusing on one or two global challenges and developing an overarching integrated project proposal which can serve as the basis for fundraising project-specific funds. Reiterated the need for these to be closely aligned with the activities of the Programme funded by undesignated funds.



- Welcomed the revised version of the TDR Performance Framework and recommended that additional indicators of geographic diversity be included in addition to gender and involvement of disease endemic countries. Recommended developing a *dashboard of results* which would be available on TDR's website.
- Recommended that the investment case be used for fundraising activities as planned, and to complement the current strategy.
- Welcomed progress made and the timeline for recruitment of the new TDR Director. Agreed to hold extraordinary meetings of the Standing Committee during the process as required.
- Recommended that TDR use the identities/logos of the four co-sponsors in its communications (which is already being actioned) and closely engages with each agency in the process of dissemination of results, achievement or planning via partnership and global engagement processes currently in place.

#### **JCB47**

- **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 (STAC)**

**Professor Margaret Gyapong** presented an overview of the work done by STAC during the past year.

#### **Key messages**

- At its meeting in March 2024, STAC reviewed several reports, including those from the scientific working groups (SWGs), the 2023 Results Report and 2023 Risk Management Report and financial reports including implementation for TDR's activities.
- STAC congratulated the Programme for meeting its targets and demonstrating good progress on all its key performance indicators.
- Specific items mentioned include:
  - Efforts made to include innovative approaches into the new strategy, including development of an investment case for resource mobilization.
  - There should be a clear linkage between the Performance Framework 2024–2029 and the team annual reports.
  - TDR's approach to authorship by LMIC colleagues and junior researchers, especially in assisting with negotiating power for authorship, should be communicated to a wider audience and included in trainings as part of research planning, knowledge management and dissemination of research results.
  - There is the need for rationalization of training resources (e.g. MOOCs) and presenting the full range of modules available on a user-friendly site.
  - TDR should continue supporting capacity building for data management and data analysis across its activities; explore opportunities for additional IR (e.g. health economics evaluation, root cause analysis) to strengthen policy engagement and operational systems related to global challenges addressed by its activities. Continue working with WHO regional offices and departments (ethics, research entities, etc.) and engage in further partnerships with regional and global organizations (e.g. Africa CDC and others).

**Discussion points**

- 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.

**JCB47**

- Welcomed the report presented by Chair STAC.

## 4. Programme performance overview

**Dr Michael Mihut, Unit Head, Programme Innovation and Management**, gave a brief introduction, detailing how TDR's revised Performance Framework will provide new tools to measure the Programme's contribution towards translating innovation into health impact in disease endemic countries (DECs) for the benefit of those burdened by infectious diseases of poverty. This revision aligns with the 2024–2029 strategy and its objectives, while building on lessons learned from previous versions and recommendations from the Programme's Seventh External Review. The Sustainable Development Goals (SDGs), which provide a global framework and targets for action in partnership with all global and local players, are the common objectives of TDR, its co-sponsors, donors, and partners. In this context, this version of the Performance Framework showcases potential anticipated linkages between TDR's outcomes and their contribution to reaching the WHO targets from GPW13 and GPW14, contributing to the 2030 global agenda.

**Key messages**

- Regarding gender equity, in 2022–2023, 50% of funded contracts and grants went to women, a huge progress from only 22% in 2012. A peak was also reached in 2023 on the proportion of TDR-supported open access publications, which helps TDR's efforts to democratize science and make evidence available in low-resource settings. The proportion of women as lead authors, however, has not shown much progress over the last six years and requires more attention to monitor steps that can be taken to improve this indicator.
- The Performance Framework (developed in 2009) is a key document which guides TDR on how to monitor and report in three main areas of its functioning namely, the TDR Programme, strategic priority area and project level (Expected results progress report). It continues to measure what TDR does (technical achievements) and how TDR works (core values, managerial performance); serves for accountability and continuous improvement.
- TDR's investment case, which is under development, will summarize the returns on investment for health where we attribute TDR's contribution to health impacts and lives saved. On the advice of the Standing Committee, a health economist is studying the impact of activities such as VL elimination in Bangladesh, TDR's contribution to malaria, onchocerciasis, schistosomiasis, TB over the decades.

**Discussion points**

- JCB thanked Dr Mihut for his detailed and precise presentation.
- Congratulated TDR on the revised performance framework and sought explanation to the risk of global epidemic marked 'closed', as pandemics could occur again in the future. TDR explained that in the event of a global health emergency taking place, its systems have been adapted to working remotely, and the focus is now on building resilience against pandemics in countries and globally. If needed in the future, the risk can be reactivated.

- The case for TDR's value for money using WHO's 5Es (effectiveness, equity, ethics, efficiency, economy) was appreciated and suggestions made for making it more visible so that it reads complete. TDR responded that the cost-effective aspect of its work will be a part of the investment case and that its position in the UN family affords it a unique value which will also be reflected.
- Responded to a query regarding updating risks as they developed by saying that the risk management document is a living document and new risks are regularly added as they appear following internal discussions and consultation with governing bodies and advisory groups. Portfolio review meetings are held twice a year where risks are discussed and new risks identified.
- Clarification was sought on TDR's progress in gender equity internally, as part of integrating external evaluation along with the new strategy and performance indicators. TDR confirmed that there has been progress on this indicator and that WHO's human resources department has policies to advance gender parity into its hirings.
- TDR confirmed that a new Director will start in 2025 and that efforts are being made to ensure that the handover process and transition period goes as smoothly as possible.
- As for year-to-year variation of the gender indicators, TDR clarified the target for the indicator on publications specifically addressing gender. TDR worked with HRP recently on a report on gender roles and women and gender intersectionality.
- Underscored the need to continue measuring gender indicators, as the issue of gender is becoming more politicized in its role in health. TDR responded that gender will remain a cross-cutting theme in its work.
- To broaden its donor base, TDR will finalize the investment case document and share it with JCB, together with a short document detailing the key data that can be utilized to showcase the Programme's value in reducing the burden of neglected diseases of poverty.

#### JCB47

- **Approved the 2023 TDR Results Report.**
- **Approved the TDR Risk Management Report, 2023.**
- **Approved the 2024–2029 Performance Framework.**

#### Recommendations

- **Welcomed the report on management and assessment of risks and recommended that potential risks be continuously monitored and new risks added as needed.**
- **Recommended that TDR further explore how health and migration related issues can be addressed through the current TDR priorities by engaging with research and health communities in the countries most affected.**
- **Recommended that JCB members and observers and the TDR Secretariat enhance efforts to diversify and increase the resource base of TDR's budget.**

## Item 4. Financial report 2022–2023 and outlook 2024–2027

**Dr Mihut** presented the Financial Management Report for 2022–2023 and the Outlook 2024–2027, looking at financial performance in the context of WHO's biennial 2022–2023 financial cycle, and subsequently moving to the 2024–2027 outlook.

### *Key messages*

- Overall, a very good implementation rate, with good cost optimization and value for money.
- Financial implementation is monitored on a monthly basis in order to identify potential issues and to allow for redistribution of funds. As at 31 December 2023, US\$ 35.5 million had been spent or committed through legal agreements (commitments of US\$ 2.6 million). This represents overall 89% of the US\$ 40 million budget scenario and the revised planned costs. Additionally, operations activities (UD and DF) at 102% of the original US\$ 40 million budget scenario.
- Staff costs were 20% lower than budget (savings of US\$ 3.2 million). Savings were mainly due to vacant positions, gaps due to the lengthy WHO recruitment process and lower actual costs than the WHO standard costs that must be used for planning purposes according to WHO rules.
- Operations support costs were 43% lower than budget (savings of US\$ 1.7 million). Savings were made on WHO administrative charges (which are calculated at the end of the reporting period), running costs, information systems and governance meetings.
- US\$ 5.3 million in staff costs and operations support was covered by designated funds, which is US\$ 3.1 million more than in the conservatively planned US\$ 40 million budget scenario. This additional contribution from designated funds translates directly to savings in undesignated funds.
- US\$ 2.7 million of the savings in undesignated funds was reallocated to operations activities during the biennium, increasing the value for money of TDR's work. Thus, the implementation rate of undesignated-funded activities reached 110% of the US\$ 40 million scenario.
- Additional savings were carried forward to the next biennium, at the recommendation of the Standing Committee, to ensure funding for the US\$ 40 million budget scenario in 2024–2025 and to build resilience following a large cut in undesignated funds from a major contributor to TDR. This had also been agreed by the JCB in June 2023.
- Two budget scenarios for 2024–2025 were approved by the JCB and the Standing Committee in 2023, with 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\$ 33 million undesignated funds; US\$ 17 million designated funds). TDR began implementing the US\$ 40 million budget scenario in January 2024 and implementation is on track.
- Preparing for development of the 2026–2027 programme budget, two budget scenarios, similar to previous biennia but with a greater proportion of designated funds, are proposed: a lower scenario at US\$ 40 million (US\$ 23 million undesignated funds; US\$ 17 million designated funds) and a higher scenario at US\$ 50 million (US\$ 28 million undesignated funds; US\$ 22 million designated funds).
- For revenue projections and financing of the proposed budget scenarios, a forecast revenue range has been developed to reflect the current level of uncertainty concerning the ability of donors to maintain existing levels of contributions and the impact of fluctuating foreign exchange rates. It is reviewed and updated continuously.
- The current revenue projection is US\$ 16–23 million undesignated and US\$ 7–17 million designated. The undesignated funds forecast is based on historical levels of contributions adjusted according to current information from donors. The designated funds forecast includes donors that have a history as regular contributors, those in advanced discussion with TDR and a fundraising target currently at US\$ 11 million.

**Discussion points**

- The JCB thanked Dr Mihut for his clear presentation.
- Referring to funding trends, it was pointed out that a significant funding gap currently exists for the 2026–2027 biennium. Should the gap persist late in 2025, it may require a contingency plan to be implemented, freezing some activities as well as staff positions. Between now and 2026 TDR will continue fundraising extensively, including seeking advice and ideas from JCB members.

**JCB47**

- **Approved the financial management report 2022–2023 and outlook 2024–2027, including budget scenario levels for the 2026–2027 biennium.**
- **Approved the certified financial statement for the year ended 31 December 2023.**

**Item 5. Update from TDR co-sponsors****Key messages**

- On behalf of UNICEF, **Ann Robins**, Chief, PHC/HSS (Implementation Research) MNCAH Programme, gave an overview of UNICEF's current work and joint collaborations, including:
  - One in three SDG targets off track for 2030—UNICEF response in 190 countries with US\$ 6 billion for child survival.
  - Progress on child survival, health and well-being faces multiple challenges, including 67 million children missing out entirely or partially on routine immunization between 2019 and 2021; 50% of preventable deaths exist in fragile humanitarian settings with nearly 37 million children worldwide displaced due to conflict and violence; over 1 million child deaths due to environmental risks, plus an increase in climate-related disasters has put 1 billion children at risk.
  - UNICEF implementation research activities are “embedded” within programmes (Primary Health Care) to better understand factors that influence and improve implementation to drive change for children. UNICEF has successfully built a presence in 190 countries with heavy sub-national networks.
  - Ongoing and planned IR 2024–2025 country projects include improving immunization coverage and equity (focusing on integrated service delivery, gender, PHC approach etc.) and management and prevention of childhood noncommunicable diseases.
  - UNICEF–TDR collaboration on IR includes development of an IR handbook for decision-makers; TDR regional training capacity where UNICEF country networks need capacity building in IR; and building an online IR repository with a multi-partnered IR website (under construction) that will act as a single source for all IR resources.
  - Between 2015 and 2023 UNICEF demonstrated the proof of concept for IR in health immunization, birth registration, maternal newborn and child health and early childhood development. In 2024–2025 UNICEF will promote IR as a government-led, necessary and cost-effective component to MNCAH programmes to improve implementation, accelerate uptake of innovations, strengthen health systems and primary health care.
- On behalf of WHO, **Dr Farrar** 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:
  - Reiterating WHO's strong support to TDR's work. Dr Farrar reflected on the extraordinarily difficult

times the world is experiencing with conflicts, geopolitical tensions, inequality, polarization of societies and undermining of scientific thinking. He stressed that there is no coming out of this difficult era without making a strong case for scientific thinking and a brighter future. The world is facing many big challenges including climate change, epidemic risks, poverty, inequality, demographic shifts that will have profound impact on its future and the key to navigating these challenges will involve embracing complexity and discovering what science can do to provide solutions to these momentous issues.

- At the recently concluded WHA, there emerged challenges with discussion on technical issues and issues that divide the world on complex topics such as gender, diversity, inclusion, and inequality. However, there were moments of optimism with agreements on the INB (International Negotiating Body) and negotiations around the pandemic, agreement on the international health regulations and willingness to continue INB discussions in multilateral ways.
- GPW14 for 2025–2028 had a lot of support at the WHA for being inclusive and engaged. Concerning science and its partnerships with HRP, TDR and the Alliance for Health Policy and Systems Research, there was agreement on the central role of WHO as a scientific agency, with scientific credibility at its core.
- TDR is in a perfect place within the broader WHO family but not WHO core, which allows for flexibility and liberal understanding of the Science Division.
- Stressed that TDR guidelines should be of the highest quality and must include prequalification with guidelines. Dr Farrar reiterated that digitalization of all products was essential for supporting and funding the scientific ecosystem in countries using domestic resources because domestic ownership is critical to a country's culture, its economic growth and improving health. It is also crucial to learn how countries use their scientific advice in government. Without the two being linked, there will be missed opportunities for progress.

*There were no updates from the World Bank and UNDP due to their absence from the session as a result of scheduling conflicts.*

### **Discussion points**

JCB thanked the presenters for the updates on their work and collaboration with TDR.

- Concern was raised that despite TDR's ideal placement within the WHO network, issues with funding have emerged in the form of a risk of diversion of funds from TDR where countries directly fund WHO. Dr Farrar agreed that due to the existing difficult economic climate, fundraising is becoming a tough challenge. He reassured that TDR plays a unique role that is complementary to WHO's work and does not overlap with its core deliverables.

## **Item 6. 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 to ensure impact through deep engagement and partnerships rooted in multidisciplinary and multi-stakeholder approaches to health issues. These efforts underlie longer-term capacity building measures in areas that face challenges with research and health systems in communities. Recordings of the presentations are available on the TDR website.

**Professor Gordon Awandare**, Pro Vice-Chancellor for Academic and Student Affairs and founding Director of the West African Centre for Cell Biology of Infectious Pathogens at the University of Ghana in Accra, presented on his experience from the perspective of a leader of a university that has been enhancing its research capacity and the importance of research capacity and research systems in countries. Professor Awandare congratulated TDR on its 50th anniversary, while emphasizing the need to focus on science and innovation to achieve a skills revolution in Africa. He also stressed that for research to thrive



on the continent there needs to exist a sustainable research ecosystem.

### ***Discussion points***

- The persistent problem of brain drain was discussed. The reasons for the issue continuing were attributed to inadequate remuneration along with the lack of a competitive research environment at African universities that fails to inspire young, ambitious researchers and scientists.
- Suggestions to stem the problem included inviting departing scientific talent back to the continent through temporary teaching appointments and research collaborations. The phenomenon of brain drain to foreign universities in early career is quite common but it was communicated that it would be unwise to send out the message that international scientific collaboration is not worthy. Eventually, countries can invest in 'brain circulation' by bringing back senior researchers to raise more funds. Professor Awandare agreed and said that the University of Ghana regularly collaborates with African scientists based abroad that leads to a lot of new learning. These interactions also add value to the University's programmes.

**Professor Vanessa Cruvinel**, Coordinator of the Stop, Think and Discard Extension Programme at the University of Brasilia in Brazil, presented on research in the area of vector-borne diseases, poverty and community engagement. Using TDR's framework on multisectoral approaches, its guidance on detailed strategies and programmes involving different sectors, Professor Cruvinel demonstrated how vector-borne diseases, such as the high incidence of dengue in Brasilia, could be prevented and its transmission controlled.

### ***Discussion points***

- Professor Cruvinel mentioned that to ensure that different sectors could be brought together to work towards a united goal, she used TDR's guide on multisectoral approach to write her proposal. The initiative led to hygienic disposal of waste to prevent dengue transmission in Brasilia.
- The Stop, Think and Discard initiative is being implemented all across Brazil through federal and local government networks working together to combat the transmission of dengue. The initiative enjoys the support of government agencies through cleaning drives, vaccination for children and installation of emergency operating centres to reduce the spread of disease. Also based on the success of one drive, it has been reproduced in other communities.
- Measures to sustain these initiatives in resource-deprived communities were discussed and Professor Cruvinel said that a system of government-mandated checks to regulate sanitation drives helps in controlling disease outbreaks. The fact that dengue poses a huge disease burden to Brazil helps in sustaining these initiatives through funding and surveillance from government agencies.
- Non-profit agencies such as Fiocruz also work with the Ministry of Health to contain the risk of dengue. They conduct many activities on behalf of the Ministry to educate, raise awareness among the local population and invest in diagnostic tools.

## **Item 7. 50 years of TDR and the global health agenda**

**Dr Aslanyan** presented this item which included videos focusing on the work of TDR and the Programme's achievements and contributions to global health. He mentioned that post-COVID it became important to have the capacity in countries to roll out vaccinations, not only to prevent disease outbreak and transmission but to dismantle vaccine hesitancy.

**Discussion points**

- JCB appreciated the videos demonstrating TDR's work in countries in the areas of capacity building, implementation research and integration of measures in public health policies across regions.
- The *Global Health Matters* podcast has been critical in democratizing conversation, connecting silos and amplifying diverse voices in global health, which is evolving faster each day. With its wide reach of having listeners in more than 180 countries, the podcast is playing a critical role in building global engagement, especially in the global south.
- JCB greatly appreciated and welcomed the videos demonstrating TDR's work and impact. A link to the videos is available on [the JCB47 web page](#).

**Item 8. TDR Governance**

No end of term vacancies will occur on the JCB on 1 January 2025 and therefore no election was required under any paragraph of the Memorandum of Understanding.

**1. Membership of the Scientific and Technical Advisory Committee**

Dr Aslanyan presented the proposed STAC membership from 1 July 2024.

- Terms of reference for STAC have been updated and made available on the website.
- STAC agreed to combining the two Scientific Working Groups that met in 2023 to only one SWG from 1 April 2024, with smaller working groups engaged to address specific issues as they arise.

**JCB47**

- **Endorsed the proposed membership of STAC from 1 July 2024.**

**2. Updates from the informal meetings of resource contributors and disease endemic country representatives****Discussion points**

- Dr Dirk Mueller, the JCB resource contributors' representative (United Kingdom), spoke about the meeting of resource contributors and recipient countries. He thanked all participants for their valuable inputs that revealed a lot of information about country infrastructure and impact. Participants reiterated the need to use the new strategy and investment case to explore funding opportunities and approach countries that have promised to be donors in the past, e.g. China. Exploring relationships with countries that have good relations with TDR was also stressed as a strategy to meet funding needs.
- Dr Iris Cazali Leal, the JCB disease-endemic country representative (Guatemala), mentioned that arboviruses and climate change, measles and malaria were discussion. Participants requested better circulation of information among JCB members to help plan programme interventions and researching new viruses and vectors. For example, Bangladesh and Cuba are working on new strategies to approach diseases that they did not have before and it would be good to share information on how they are proceeding to tackle these challenges.

## Item 9. Date and place of JCB48 and JCB49

### Decision

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

**JCB48** will be held on Wednesday 18 and Thursday, 19 June 2025 (with a briefing session on Tuesday, 17 June).

**JCB49** will be held on Wednesday 17 and Thursday, 18 June 2026 (with a briefing session on Tuesday, 16 June)

Both meetings will be held in Geneva.

## Item 10. Closing session

### *Concluding remarks*

- In his closing remarks, Dr Sunil De Alwis congratulated the Board on a productive meeting and thanked members and observers for their support to TDR.
- Representative on behalf of Switzerland made the following remarks: “Switzerland wishes to extend its profound appreciation for TDR’s efforts and congratulates it for its outstanding achievements. TDR’s relentless efforts to reduce the burden of infectious diseases that disproportionately affect the poor and the vulnerable populations have been remarkable. TDR’s ground-breaking research and commitment to capacity building have significantly advanced global health. We’re particularly grateful to TDR for fostering collaborations among researchers, institutions and governments ensuring that scientific breakthroughs transition into real world to benefit those in need. Your work exemplifies the true spirit of dedication to excellent public health. As we participate in JCB47, we are reminded of TDR’s profound impact over the years—from improving health care to assisting the development of new treatments to your contributions as a beacon of hope for millions. Thank you, TDR and team, for your unwavering commitment and for setting the highest standards in tropical diseases research and training, paying particular attention to gender inclusion and equity. Happy birthday, TDR, the best is yet to come.”
- The Chair concluded that the meeting achieved its objectives and thanked members and observers for their active participation in this JCB meeting, reminding participants that recommendations would be integrated into the report based on the notes taken by the Secretariat in collaboration with the Chair, the Vice-chair and the Rapporteur.
- TDR Director thanked the JCB and said that TDR is the vehicle for their investments, interests and countries, as it turns 50. TDR’s achievements belong as much to the teams as they do to its donors. He thanked the TDR staff for their tireless efforts.
- 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 Sunil De Alwis (representative of Sri Lanka) as Chair for the next three years.
  2. Appointed Dr Daniel Eibach (representative of Germany) as Vice-chair for the next two years.
  3. Appointed Dr Iris Cazali Leal (representative of Guatemala) as Rapporteur for JCB47.
  4. Adopted the agenda of the meeting.
  5. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
  6. Welcomed the Standing Committee's report which was considered very useful for the deliberations of the JCB.
  7. Welcomed the report presented by Chair STAC.
  8. Approved the 2023 TDR Results Report.
  9. Approved the TDR Risk Management Report, 2023.
  10. Approved the 2024–2029 Performance Framework.
  11. Approved the financial management report 2022–2023 and outlook 2024–2027, including budget scenario levels for the 2026–2027 biennium.
  12. Approved the certified financial statement for the year ended 31 December 2023.
  13. Endorsed the proposed membership of STAC from 1 July 2024.
  14. Dates of future JCB sessions are:
    - JCB48 will be held on Wednesday 18 and Thursday, 19 June 2025 (with a briefing session on Tuesday, 17 June).
    - JCB49 will be held on Wednesday 17 and Thursday, 18 June 2026 (with a briefing session on Tuesday, 16 June).
- Both meetings will be held in Geneva.

#### Recommendations

1. Welcomed the update on recruitment of the Director TDR and acknowledged the advanced set of skills required to lead the Programme. Recommended that WHO allow a period of overlap between the terms of the outgoing and incoming Director to allow for smooth transition.
2. Welcomed the report on management and assessment of risks and recommended that potential risks be continuously monitored and new risks added as needed.
3. Recommended that TDR further explore how health and migration related issues can be addressed through the current TDR priorities by engaging with research and health communities in the countries most affected.
4. Recommended that JCB members and observers and the TDR Secretariat enhance efforts to diversify and increase the resource base of TDR's budget.

## IV. Annexes

## Annex 1 – Agenda

### PRE-MEETING DAY, Tuesday, 11 June 2024

**Anytime** **BADGE COLLECTION – MAIN RECEPTION (PARTICIPANTS MUST BE REGISTERED IN INDICO)**

**14:00** **REFRESHMENTS**

**14:30–16:00** **Briefing session**

Salle U1, B building (via the main reception). Refreshments will be available from 14:00.

*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.*

### Wednesday, 12 June 2024

Time	Agenda item	Action / Information	Reference Documents
09:00–10:00	<b>1. Celebrating TDR’s 50th anniversary: 50 years of impact, influence and improving global health</b> Moderated by Dr Garry Aslanyan, the distinguished panel will include: <ul style="list-style-type: none"> <li>♦ Tedros Ghebreyesus, Director-General of the World Health Organization</li> <li>♦ Jeremy Farrar, WHO Chief Scientist and TDR Special Programme Coordinator</li> <li>♦ John Reeder, Director TDR</li> <li>♦ Kerstin Jonsson Cissé, Head of the Research Cooperation Unit at Sida</li> <li>♦ Gordon A. Awandare, Pro Vice-Chancellor for Academic and Student Affairs and Founding Director of the West African Centre for Cell Biology of Infectious Pathogens, University of Ghana</li> <li>♦ Margaret Gyapong, Chair of TDR’s Scientific and Technical Advisory Committee</li> <li>♦ Peter Hotez, Dean of the National School of Tropical Medicine at the Baylor College of Medicine in Houston, Texas</li> </ul>		
10:00–10:30	<b>2. Welcome and report by the outgoing Chair of the Joint Coordinating Board, including any decisions between sessions of the JCB</b>  <b>Statutory business</b> <i>In accordance with the TDR Memorandum of Understanding, the Chair of JCB will be elected for a 3-year term of office and the Vice-chair of JCB will be elected for a 2-year term of office.</i> <ol style="list-style-type: none"> <li>2.1 Election of the Chair and Vice-chair</li> <li>2.2 Appointment of the rapporteur</li> <li>2.3 Adoption of the agenda</li> <li>2.4 Declarations of interests</li> </ol>	Election of Chair and Vice-chair from among the JCB members  Appointment of the rapporteur  Adoption of the agenda	Report of JCB46, June 2023 TDR/JCB46/23.3  Draft Agenda TDR/JCB47/24.1/Rev.1 Draft Annotated Agenda TDR/JCB47/24.1a



**10:30–11:00** **COFFEE BREAK**



## Wednesday, 12 June 2024 (continued)

Time	Agenda item	Action/Information	Reference Documents
11:00–12:00	<b>3. Progress since JCB46</b> 3.1 Director's report <i>Dr Reeder will provide an overview on the follow-up action taken on decisions and recommendations of JCB46 and the TDR Director's report.</i>	Information	TDR 2023 Annual Report  Follow-up to the JCB46 decisions and recommendations TDR/JCB47/24.4
12:00–14:00	<b>LUNCH BREAK</b>		
14:00–14:10	3.2 Report of the Standing Committee <i>Ms Ann Robins, UNICEF, will report on the Standing Committee's activities since JCB46.</i>	Information	Standing Committee 114 and 115 decisions and recommendations TDR/SC114/23.3; TDR/SC115/24.3
14:10–14:20	3.3 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 STAC46 TDR/STAC46/24.3  <a href="#">STAC SharePoint</a> (send a request for access when prompted)
14:20–15:00	3.4 Programme performance overview <ul style="list-style-type: none"> <li>▪ Key performance indicators 2023</li> <li>▪ Risk management</li> </ul> <i>Dr Michael Mihut, Unit Head, Programme Innovation and Management, will present this item.</i>	Approval	TDR Performance Framework 2024–2029 TDR/STRA/24.2 2023 TDR Results Report TDR/STRA/24.3 TDR Risk Management Report, 2023 TDR/JCB47/24.5 Portfolio Prioritization Model TDR/JCB47/24.6
15:00–15:30	3.5 Financial report 2022–2023 and outlook 2024–2027 <ul style="list-style-type: none"> <li>▪ Financial report 2022–2023</li> <li>▪ Outlook 2024–2027</li> </ul> <i>Dr Mihut will present the financial report certified by the WHO Comptroller, the financial outlook 2024–2027 and the financial statement.</i>	Approval	TDR financial management report 2022–2023 and outlook 2024–2027 TDR/JCB47/24.7  Certified Financial Statement for the year ended 31 December 2023 TDR/JCB47/24.8
15:30–16:00	<b>COFFEE BREAK</b>		
16:00–17:00	<b>4. Update from TDR co-sponsors</b> <ul style="list-style-type: none"> <li>▪ UNICEF – <i>Ms Ann Robins</i></li> <li>▪ UNDP – <i>Dr Mandeep Dhaliwal</i></li> <li>▪ World Bank – <i>Dr Fatima Barry</i></li> <li>▪ WHO – <i>Dr Jeremy Farrar</i></li> </ul>	Information	



## Thursday, 13 June 2024

Time	Agenda item	Action / Information	Reference Documents
09:00–09:45	<b>Informal meeting of TDR resource contributors (Auditorium Z1/2)</b> Chaired by the RC representative on the JCB, Dr Dirk Mueller (United Kingdom)		
09:50–10:30	<b>Informal meeting of disease endemic country representatives (Auditorium Z1/2)</b> 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	<b>COFFEE BREAK</b> (outside Auditorium Z1/2, B building)		
11:00–12:30	<b>5. Moderated technical session and Q&amp;A</b>  <i>Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager, will moderate this session.</i>  <u>Overview and background</u>  Experience from the perspective of a leader of a university that has been enhancing its research capacity and the importance of research capacity and research systems in countries.  <i>Presented by Professor Gordon Awandare, Pro Vice-Chancellor for Academic and Student Affairs and founding Director of the West African Center for Cell Biology of Infectious Pathogens at the University of Ghana in Accra.</i>  Research in the area of vector-borne diseases, poverty and community engagement.  <i>Presented by Professor Vanessa Cruvinel, Coordinator of the Stop, Think and Discard Extension Program at the University of Brasilia in Brazil.</i>	Information	
12:30–14:00	<b>LUNCH BREAK</b>		

## Thursday, 13 June 2024 (continued)

Time	Agenda item	Action / Information	Reference Documents
14:00–14:30	<b>6. 50 years of TDR and the global health agenda</b> <i>Dr Garry Aslanyan will present this item.</i>	Information	
14:30–15:00	<b>7. TDR Governance</b> <b>7.1</b> 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 2024 TDR/JCB47/24.9 TDR Scientific and Technical Advisory Committee and Scientific Working Group Terms of Reference TDR/JCB47/24.10
	<b>7.2</b> Updates from the informal meetings of resource contributors and disease endemic country representatives	Information	
	<b>No end of term vacancies will occur on the JCB on 1 January 2025 and therefore no election is required under any paragraph of the Memorandum of Understanding.</b>	Information	Note on the membership of the Joint Coordinating Board TDR/JCB47/24.11 <b>Documentation available on the website:</b> <ul style="list-style-type: none"> <li>- List of JCB members</li> <li>- JCB membership wheel</li> <li>- History of membership on TDR's Joint Coordinating Board, 1978–2024</li> <li>- Memorandum of Understanding</li> </ul>
15:05–15:10	<b>8. Date and place of JCB48 and JCB49</b> <i>Confirmation of the dates of JCB48 in 2025 and JCB49 in 2026. Both meetings will be held in Geneva.</i>	Decision	
15:10–15:20	<b>9. Summary of decisions and recommendations</b> <i>The Rapporteur will present a summary of the decisions and recommendations of the meeting.</i>	Endorsement	
15:20–15:30	<b>10. Closing Session</b> Any other business Concluding remarks <ul style="list-style-type: none"> <li>▪ Chair JCB</li> </ul>		
<b>15:30</b>	<b>REFRESHMENTS AVAILABLE</b>		

## Annex 2 – List of participants

### Panel session

Dr Tedros Ghebreyesus, Director-General, World Health Organization

Dr Jeremy Farrar, Chief Scientist / TDR Special Programme Coordinator

Dr John Reeder, Director TDR

Ms Kerstin Jonsson Cissé, Head, Research Cooperation Unit, Partnerships and Innovation Department, Swedish International Development Cooperation Agency (Sida)

Professor Gordon A. Awandare, Pro vice-Chancellor, Academic and Student Affairs, Founding Director, West African Center for Cell Biology of Infectious Pathogens, University of Ghana

Professor Margaret Gyapong, Chair of the TDR Scientific and Technical Advisory Committee

Professor Peter Hotez, Dean, National School of Tropical Medicine, Baylor College of Medicine

Moderated by Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager

### Members

#### Bangladesh

Professor Nazmul Islam

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

#### Belgium

Monsieur Koen Van Acoleyen

Ministre conseiller, Responsable du Développement, de l'Aide humanitaire et des Migrations, de la Santé et de l'Environnement, Mission permanente, Genève

Monsieur Enrico Balducci\*

Consolidation de la Société & Développement Social – Bureau Santé, SPF Affaires étrangères, Commerce extérieur et Coopération au développement, Brussels

#### Burkina Faso

Dr Hamed Sidwaya Ouédraogo

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

\* *Attended remotely*

#### China

Dr Shizhu Li

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

Dr Shan Lv

Chief, Global Health Center, National Institute of Parasitic Diseases (IPD), Chinese Center for Disease Control and Prevention (China CDC), Shanghai

#### Cuba

Dr Vivian Kourí Cardellá

Director, Instituto de Medicina Tropical “Pedro Kourí” (IPK), Havana

Ms Aixa López González

Third Secretary, Permanent Mission, Geneva

Ms Aixa Paumier López

Third Secretary, Permanent Mission, Geneva

#### Drugs for Neglected Diseases initiative

Ms Thi Hanh Cao

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

## Equatorial Guinea

**Ms Josefa Natalia Sipi Saka**  
Public Health Research Project Coordinator,  
Department of Public Health, Ministerio de  
Sanidad y Bienestar Social, Malabo

## Fiocruz (Fundação Oswaldo Cruz)

**Dr Samuel Goldenberg**  
Researcher, Oswaldo Cruz Foundation (Fiocruz),  
Rio de Janeiro

## Germany and Luxembourg Constituency

**Dr Vic Arendt**  
Consultant, Ministère des Affaires étrangères et  
Européennes, Luxembourg

**Dr Daniel Eibach**  
Senior Policy Advisor, Division 101, Pandemic  
prevention and preparedness, One Health, BMZ,  
Federal Ministry for Economic Cooperation and  
Development, Berlin

**Madame Clarisse Geier**  
Secrétaire de Légation, Desk ONU et agences  
spécialisées, Direction de la coopération au  
développement et de l'action humanitaire,  
Ministère des Affaires étrangères et Européennes,  
Luxembourg

**Dr Isabella Napoli**  
Senior Scientific Officer, DLR Projektträger -  
Project Management Agency, Federal Ministry of  
Education and Research (BMBF), Bonn

**Madame Anne Koch**  
Attachée, Coopération et Action Humanitaire,  
Développement, Migration et Santé, Mission  
Permanente du Grand-Duché de Luxembourg à  
Genève

**Madame Anne Weber**  
Attachée, Santé, Mission Permanente du Grand-  
Duché de Luxembourg à Genève

**Madame Lucille Binnering**  
Mission Permanente du Grand-Duché de  
Luxembourg à Genève

## Guatemala

**Dra. Iris Lorena Cazali Leal**  
Jefe de Unidad de Enfermedades Infecciosas y  
Nosocomiales, Hospital Roosevelt, Ciudad de  
Guatemala

## India and Thailand Constituency

**Dr Tanu Jain\***  
Director, National Center for Vector Borne Disease  
Control, New Delhi, India

**Dr Darin Areechokchai\***  
Deputy Director, Division of Vector-Borne  
Diseases, Department of Disease Control, Ministry  
of Public Health, Nonthaburi, Thailand

**Mr Patawee Treekarunasawad\***  
Minister-Counsellor, Permanent Mission of  
Thailand, Geneva

## Japan

**Dr Ikumi Morooka**  
Officer, Office of Global Health Cooperation,  
International Affairs Division, Minister's  
Secretariat, Ministry of Health, Labour and  
Welfare, Tokyo

**Ms Aya Ishizuka**  
Second Secretary, Permanent Mission, Geneva

## Kyrgyzstan

**Dr Sagynbu Abduvalieva**  
Head, Department of Pathology Newborns and  
Premature Babies, National Center of Maternity  
and Childhood, Bishkek

## Malaysia

**Dr Ami Fazlin Syed Mohamed**  
Director, Institute for Medical Research, Selangor

**Dr Nurulhusna Binti Ab Hamid\***  
Research Officer, Medical Entomology Unit,  
Institute for Medical Research, Selangor

**Ms Nurhafiza Md Hamzah\***  
Health Counsellor, Permanent Mission, Geneva

\* Attended remotely

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## Mexico

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### Sr. Fabián Correa-Morales\*

Subdirector del programa de Enfermedades Transmitidas por Vector, Centro Nacional de Programas Preventivos y Control de Enfermedades (CENAPRECE), Ciudad de México

### Sra. Priscila Escamilla\*

Secretaría de Salud, Ciudad de México

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## Morocco

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### Dr Tarik El Madani

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

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## Nigeria

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### Dr Olusola Ayoola\*

Head, Health Systems Research, Federal Ministry of Health, Abuja

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## Panama and Spain Constituency

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### Sra. Carmen Ávila Ortega

Representante Permanente Alternativa de Panamá, Ginebra

### Dr. Juan Miguel Pascale\*

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

### Dr Melva Cruz Pimentel\*

Director General of Public Health, Ministry of Health, Panama

### Dra. Raquel de Mock

Coordinación de Enfermedades desatendidas, Ministerio de Salud, Panama

### Dña. Elena María Doménech Cruz\*

Subdirección General de Programas Internacionales de Investigación y Relaciones Institucionales, Health Research for Development, National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid

### Sr. Israel Cruz Mata\*

Head of International Health Department, Instituto de Salud Carlos III | National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid

### Sra. Alicia Cebada Romero

Profesora Titular de Derecho Internacional Público, Instituto de Salud Carlos III | National Health Research Institute of Spain, Ministerio de Economía y Competitividad, Madrid

### Sra. Carmen Martínez de la Peña

Consejera, Misión Permanente de España, Ginebra

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## Republic of Korea

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### Dr Minwon Lee

Minister Counsellor (Health), Permanent Mission, Geneva

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## Sri Lanka

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### Dr Sunil De Alwis

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

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## Sweden

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### Ms Kerstin Jonsson Cisse

Head, Research Cooperation Unit, Partnerships and Innovation Department, Swedish International Development Cooperation Agency (Sida), Sundbyberg

### Dr Teresa Soop

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

### Mr Markus Moll\*

Research Advisor, Research Cooperation Unit, Swedish International Development Cooperation Agency (Sida), Sundbyberg

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## Switzerland

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### Dr Olivier Menzel

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



## 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, London

Dr Amy Bloom\*

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

## Zambia

Dr Gersham Chongwe

Director, Tropical Diseases Research Centre, Ndola

## United Nations Children's Fund

Mr Benjamin Schreiber

Associate Director Partnerships, Geneva

Ms Ann Robins\*

Senior Adviser Health and Unit Chief Primary Health Care and Health Systems Strengthening, New York

## United Nations Development Programme

Not able to attend.

## World Bank

Not able to attend.

## 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 Charlotte Hogg

Head of Awards, Revenue and Donor Reporting; Representative of the Comptroller and Director of Finance

Mr Craig Lissner

Head of the HRP Secretariat

## Special Programme Staff

### Director's Office

Dr John Reeder, Director

Dr Garry Aslanyan, Manager, Partnerships and Global Engagement

### Administrative Support to the JCB

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Ms Elisabetta Dessi

Ms Maki Kitamura

Dr Mariam Otmani Del Barrio

Ms Izabela Suder-Dayao

Dr Robert Terry

### Programme Innovation and Management

Dr Mihai Mihut, Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Cathrine Thorstensen

### Research for Implementation

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Dr Florence Fouque

Ms Ekua Johnson

Mr Abdul Masoudi

Dr Corinne Merle

Dr Emmanuelle Papot

Dr Vanessa Veronese

Ms Michelle Villasol-Salvador

Dr Gildas Yahouedo

Dr Rony Zachariah

\* Attended remotely

## Research Capacity Strengthening

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Dr Georges Danhouno

Ms Tina Donagher

Mr Daniel Hollies

Dr Eddy Kamau

Dr Mahnaz Vahedi

## Report writer

Ms Debashree Majumdar

## TDR Consultants

Dr Megha Raj Banjara

Ms Nolwenn Conan

Dr Beatrice Halpaap

Dr Anastasia Kalbarczyk

Dr Chandani Kharel

Dr Annette Kuesel

Dr Michael Penkunas

Ms Nadisha Sidhu

Ms Jennifer Woodside

## Other participants

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### Chair, TDR Scientific and Technical Advisory Committee (STAC)

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Professor Margaret Gyapong

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

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### Presenters

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Professor Gordon A. Awandare

Pro vice-Chancellor, Academic and Student Affairs, Founding Director, West African Center for Cell Biology of Infectious Pathogens, University of Ghana, Legon, Accra, Ghana

Professor Vanessa Cruvinel

Coordinator of the Stop, Think and Discard Extension Program, University of Brasilia, Brasília, Brazil

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### Advisers

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Professor Peter Hotez

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Ms Maria Elena Bottazzi

Senior Associate Dean, National School of Tropical Medicine, Baylor College of Medicine, Houston, Texas, USA

Dr David Diemert

School of Medicine and Health Sciences, George Washington University, Washington, USA

Mr Douglas Soriano

Senior Coordinator / Executive Support, National School of Tropical Medicine, Baylor College of Medicine, Houston, Texas, USA

## Observers

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### Burundi

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Dr Joseph Nyandwi\*

Associate Professor, Faculty of Medicine, University of Burundi, Bujumbura

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### Cameroon

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Dr Florence Zeh Kakanou\*

Chef de Division de la Coopération, Ministère de la Santé publique, Yaoundé

M. Theophile Olivier Bosse\*

Premier Conseiller, Mission Permanente, Genève

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### Djibouti

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Dr Garad Abdoukader Mohamed\*

Conseiller Technique du Ministre de la Santé, Ministère de la Santé, Djibouti

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## Egypt

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Ms Amany Elhabashy\*

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

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## Iraq

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Dr Tala Khudair Abbas\*

Specialist Physician, Centre for Communicable  
Disease Control, Public Health Directorate,  
Ministry of Health, Baghdad

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## Niger

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M. Abdoul Aziz Daouda Salifou\*

Mission permanente, Genève

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## Peru

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Sr. Óscar Roberto Escalante Maldonado\*

Director Ejecutivo, Dirección Ejecutiva de  
Enfermedades Transmisibles, Centro Nacional de  
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## Russian Federation

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Mr Eduard Borisov

Third Secretary, Permanent Mission, Geneva

Mr Eduard Salakhov\*

Counsellor, Health Attaché, Permanent Mission,  
Geneva

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## Saudi Arabia

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Dr Saeed Al Garni

Executive Director for, Vector-borne and Zoonotic  
Diseases, Ministry of Health, Riyadh

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## Fondation Mérieux

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Ms Laurence Mazuranok

Partnerships and Fundraising Manager, Medical  
and Scientific Department, Fondation Mérieux,  
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## Institut Pasteur

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Mr Vincent Richard\*

Institut Pasteur, Paris, France

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## Instituto de Higiene e Medicina Tropical (IHMT)

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Professor Maria Rosário de Oliveira Martins\*

Deputy Director, Instituto de Higiene e Medicina  
Tropical, Lisbon, Portugal

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## Medicines for Malaria Venture (MMV)

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Ms Madhu Sivaraja

Intern, Medicines for Malaria Venture, Geneva

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## Palestine

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Dr Ibrahim Khraishi\*

Ambassador, Permanent Observer, Geneva

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## SightSavers

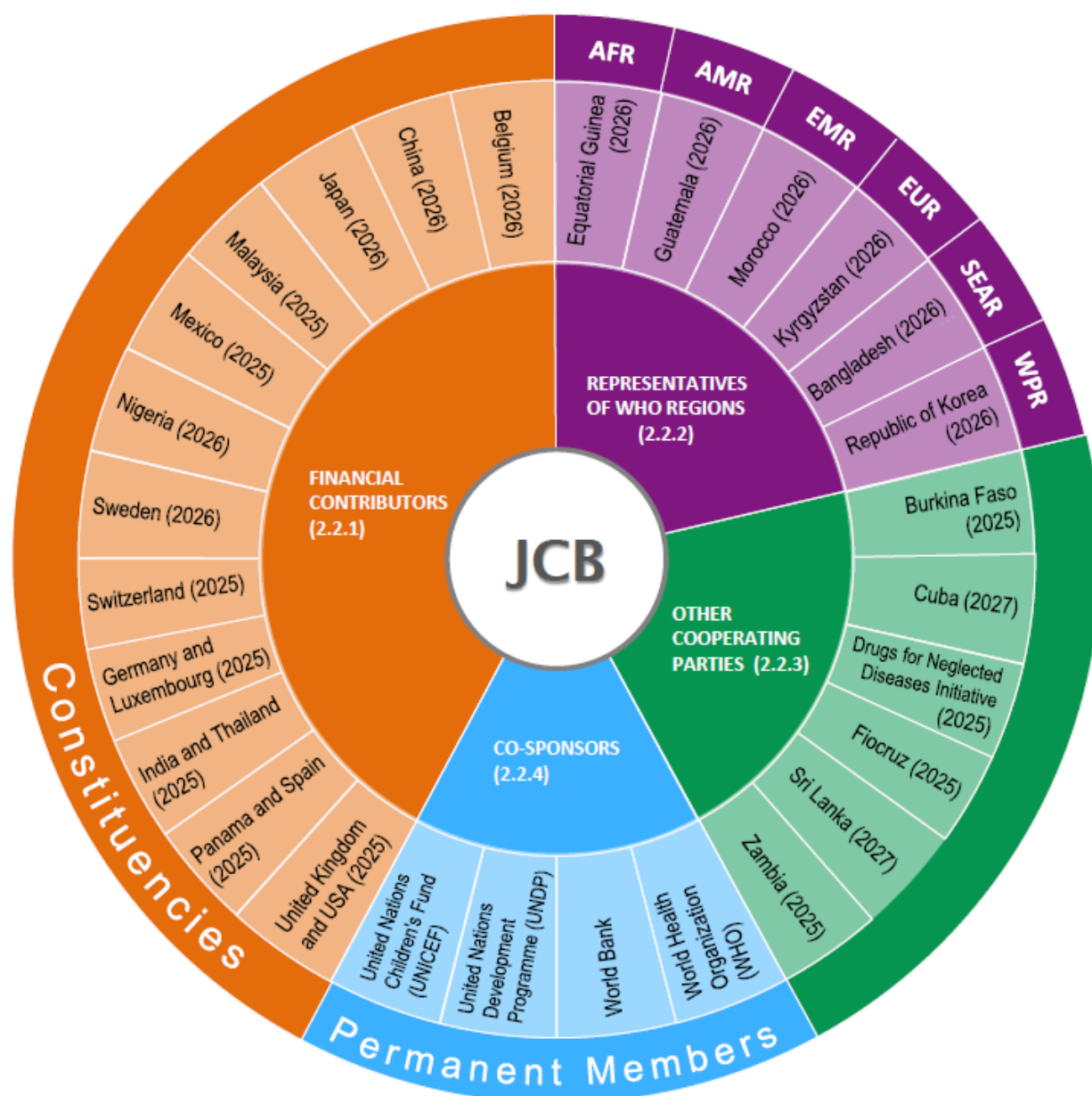
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Mr Richard Selby\*

Head of Portfolio - NTD Research, Sightsavers,  
Chippenham, United Kingdom

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## Annex 4 – JCB membership from 1 January 2025



## Annex 5 – STAC membership from 1 July 2024

<b>Professor Margaret Gyapong</b> , Director, Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana	<b>2022–2026</b>
<b>Professor Karen Barnes</b> , Professor, Division of Clinical Pharmacology, Department of Medicine, University of Cape Town, Cape Town, South Africa	<b>2022–2026</b>
<b>Professor Afif Ben Salah</b> , Vice Dean for Graduate Studies and Research, Arabian Gulf University, Manama, Kingdom of Bahrain	<b>2018–2025</b>
<b>Professor Claudia Chamas</b> , Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil	<b>2016–2025</b>
<b>Professor Theeraphap Chareonviriyaphap</b> , Full Professor, Department of Entomology, Faculty of Agriculture, Kasetsart University, Bangkok, Thailand	<b>2022–2025</b>
<b>Professor Debra Jackson</b> , Takeda Chair in Global Child Health and Co-Director, MARCH Centre, London School of Hygiene & Tropical Medicine, London, United Kingdom	<b>2022–2026</b>
<b>Professor Mirkuzie Woldie Kerie</b> , Senior Research Adviser, MCH Directorate, Federal Ministry of Health, Jimma, Ethiopia	<b>2021–2025</b>
<b>Dr Caroline Lynch</b> , Regional Adviser, Medicines for Malaria Venture, Chiang Mai, Thailand	<b>2021–2026</b>
<b>Dr Thabi Maitin</b> , Recent past - Division Manager, Research Capacity Development, South African Medical Research Council, Cape Town, South Africa	<b>2022–2025</b>
<b>Professor Catherine Molyneux</b> , Professor in Global Health, Health Systems Research Ethics Department, KEMRI- Wellcome Trust Research Programme, London, United Kingdom	<b>2020–2025</b>
<b>Dr Alwyn Mwinga</b> , Executive Director, Zambart, Lusaka, Zambia	<b>2020–2025</b>
<b>Dr Emelda Aluoch Okiro</b> , Head, Population Health Unit, KEMRI/Wellcome Trust Collaborative Programme, Nairobi, Kenya	<b>2021–2026</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, Melbourne, Australia	<b>2022–2025</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, Liverpool, United Kingdom	<b>2017–2025</b>
<b>Dr Marta Tufet Bayona</b> , Head of Policy, Gavi, Geneva, Switzerland	<b>2022–2025</b>
<b>Professor Andrea Sylvia Winkler</b> , Co (joint)-Director, Center for Global Health, School of Medicine, Technical University of Munich, Munich, Germany	<b>2022–2026</b>