I. Introduction

The thirty-fifth meeting of the Scientific and Advisory Committee (STAC) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at WHO headquarters in Geneva from 18 to 20 March 2013. The meeting was chaired by Professor Mario-Henry Rodriguez-Lopez from Mexico and attended by 11 STAC members. The Chair of the Joint Coordinating Board (JCB), Dr Sue Kinn, together with selected WHO headquarters and Special Programme staff also attended the meeting.

II. Summary of Proceedings

AGENDA ITEM 1 - Introductions and adoption of the agenda

1. Welcome/opening

Key messages

- Dr John Reeder, Director of TDR, opened the meeting by welcoming the participants. He emphasized that STAC(35) is an important step in the implementation of TDR’s strategy for 2012-2017 and the first meeting after the reorganization of TDR.

2. Introductions and adoption of the agenda

Professor Rodriguez-Lopez, Chair of STAC(35), initiated the introduction of STAC members, the Chair of the TDR Joint Coordinating Board (JCB) and other participants including WHO headquarters and Special Programme staff. Chair STAC proposed the adoption of the agenda.

Decision

- The proposed agenda for STAC(35) was adopted without change.
AGENDA ITEM 2 - Message from Chair, TDR Joint Coordinating Board (JCB)

Key messages

- Dr Sue Kinn shared with participants a generally upbeat mood in the JCB for the future of TDR.
- The JCB accepted recommendations of TDR STAC(34) after a high level of scrutiny of TDR’s plans and budget.
- There have been changes in the governance of TDR, such as reducing the size of the JCB, a change in the composition of the TDR Standing Committee (SC) to ensure more representative membership as well as terms of reference for JCB members which are currently being developed. All of these measures were aimed at making TDR more efficient and competitive.

AGENDA ITEM 3 - Director’s Report including update on TDR’s reorganization

Key messages

- The Director acknowledged all financial contributors to TDR in 2012.
- TDR’s new strategy for 2012-2017 as approved by the JCB has been well received by donors and stakeholders.
- Re-organization of TDR has been completed. Financial affairs have been stabilized, with all funds advanced by WHO to be paid back by the end of 2013. TDR has been moved to the HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) cluster with a staff reduction of 34 people since January 2012.
- There has been an unexpected US$ 3 million reduction in the contribution from the Government of Norway. Some savings of funds have been redeployed to operations. The business case which is expected to provide funding from UK/DFID over five years (£12 million) has been approved.
- Work of TDR with WHO control programmes and regional offices is work in progress that is moving towards development of joint workplans and an annual meeting with regional focal points with plans to consult and discuss the 2014-2015 programme portfolio.
- In 2014-2015 the focus will be on research capacity strengthening and intervention and implementation research (IIR). This should lead to relevant solutions (main output) that should influence policy (outcome) and result in impact (decrease burden of diseases). In building the portfolio, considerations included strategic relevance and scientific opportunity, trying to avoid duplication with peer organizations. New initiatives have been started, existing projects are being completed. The outlook for activity in the 2014-2015 biennium is sound and positive.
- A two-tier budget for 2014-2015 was requested by the SC with a conservative budget of US$ 50 million with a potential scale-up to US$ 60 million. A proposed Strategic Development Fund would enable flexible strategic engagement with opportunities that arise. The percentage of funds directly funding operations will double from 31% in 2012-2013 to 63% in 2014-2015. The allocation of funds to projects (including staffing) will be 85% of the total funds available.

Issues

- TDR needs to be fully aware of any residual credibility gap arising from the situation in the recent past and work to bridge any remnants.
- TDR was advised to bring in the network of TDR alumni to act as “ambassadors” that would participate in global discussions.
- More than influencing policy, TDR is also in a position to identify gaps with specific new products.
Decisions
• STAC strongly commended TDR’s reorganization and progress over a one year period with clear directions moving forward.

AGENDA ITEM 4 - Follow-up on STAC recommendations 2012

12.1 TDR has already implemented a number of recommendations from STAC-34 such as having new strategic directions for IIR (Intervention and implementation Research) and RCS/KM (Research Capacity Strengthening and Knowledge Management) where TDR assumes the role of facilitator rather than implementer of its research portfolio with RCS and where the Programme demonstrates its comparative advantage in its response to the needs of disease endemic countries.
• Ad hoc committees will provide scientific advice in place of scientific advisory committees.

Issues
• There is a need to get input on research questions from disease control programmes in addition to academia to facilitate widely implementable programmes towards making significant impact in communities.

Recommendations:

1. STAC recommended that TDR continue to implement all STAC(34) recommendations.
2. STAC recommended that TDR engage professionals in national programmes and health services in order to enhance their collaboration with academia and facilitate translation of innovation to policy.

AGENDA ITEM 6 - Brief report on technical progress in 2012 and planned activities in 2013

Research on neglected priorities (Piero Olliaro / Yeya Toure)

Key messages
• Progress has been made in 2012 on various projects related to improved access to interventions, control tools and strategies, diagnostics testing and product R&D (projects that are being transitioned out).
• Highlights in 2012 include achievements in visceral leishmaniasis control, vector control methods and community-based management of children with fever. Significant progress has been made in projects addressing dengue fever, TB control, TB/HIV co-infection, malaria, Chagas disease and onchocerciasis.
• A new project on developing vector and vector-borne disease control tools and strategies in the context of environmental and climate change has been initiated and will be ongoing until 2016.

Issues
• With too many activities/projects, there is a challenge to understand how projects were chosen and how responsive these were to actual needs. Since these projects were approved before 2011, TDR is now in the clearing up stage.
• It is evident that in the past TDR had assumed an implementation type of approach rather than a facilitation approach.
• There is an attempt to align remaining activities in the new set-up with progress to all projects focusing on strategic objectives.
Research Capability Strengthening and Knowledge Management (Fabio Zicker)

**Key messages**

- Achievements include publication of the Global Report on Research for Infectious Diseases of Poverty followed by three reports published in the WHO Technical Report Series in parallel with progress on research capacity strengthening activities (through grants and fellowships).

**Issues**

- The Science Wheel (Elsevier/Scopus) may be used to monitor research outputs by publications.

**Recommendations:**

3. **STAC noted the progress of research activities in the transition period and endorsed the TDR Research Report as well as the Research Capacity Strengthening and Knowledge Management Report for 2012.**

4. **STAC recommended retaining the aspirational 50% target for gender equity and identification of innovative mechanisms and strategies to increase the percentage of women involved in capacity building efforts.**

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**AGENDA ITEM 7 - Performance overview**

Key performance indicators 2012 and revised performance assessment framework and TDR’s financial update (Beatrice Halpaap)

**Key messages**

- The 2012-2013 biennium is a transition phase towards full implementation of the new strategy.
- The planned cost for 2012-2013 is US$ 53.4 million. Savings are due to reorganization and renegotiation of existing grants.
- Financial implementation in 2012 represented US$ 26 million (on track).
- TDR made significant progress on the delivery of expected results. Key performance indicators show achievements in the field of technical outputs, application of core values and managerial effectiveness.
- The TDR results chain has been finalized, a business case has been developed and a revised Performance Assessment Framework (including a list of key performance indicators) has been drafted in line with TDR’s strategy for 2012-2017.

**Recommendation:**

5. **STAC endorsed the 2012 TDR results report and the 2013 Revision of the Performance Assessment Framework.**
AGENDA ITEM 8 - TDR Risk management

Report on risk management planning (Fabio Zicker)

*Key messages*
- A new policy on risk management has been implemented by TDR. The policy addresses risks both at the programme and project level.
- Significant risks have been prioritized, action plans drafted and progress is being monitored.

*Recommendation:*

6. **STAC welcomed the TDR risk management policy and requested a report on progress to STAC(36).**

AGENDA ITEM 9 - Follow-up on specific issues

Strategy for positioning TDR in international initiatives (Garry Aslanyan)

*Key messages*
- Assessing societal impact of interventions could be part of TDR’s role in international initiatives and could add to the scientific credibility of TDR.
- Piloting some of the partnerships may be helpful to initiate operationalization of this strategy.

Transition of product R&D activities (Piero Olliaro)

*Key messages*
- Projects and activities have been identified for phase-out or transfer to partners in 2012. Some of them have been transferred to partners, others have been completed and those remaining will be completed before the end of 2013.

*Issues*
- TDR needs to pilot the strategy that will position TDR as a global leader in health research. TDR’s science and integrity in the context of societal impact and its links to various countries provide a comparative advantage.
- TDR has to take a more proactive stance in global health.

*Recommendation:*

7. **STAC requested TDR to report on the operationalization of strategies for TDR to further develop its leadership role in global health research at STAC(36).**
AGENDA ITEMS 10 and 11 - TDR interface with WHO departments

Global Malaria Programme (GMP) (Pascal Ringwald)
Stop TB (STB) (Christian Lienhardt)
Neglected Tropical Diseases (NTD) (Lorenzo Savioli)
Public Health and Environment (PHE) (Maria Neira)

Key messages

- While there was a clear interface between GMP and TDR in the area of malaria rapid diagnostic tests, areas for future collaboration should be identified.
- Ongoing TDR research projects may provide valuable input for TB control policies and guidelines. Implementation research and capacity strengthening were identified as areas for collaboration in support of TB control programmes.
- With the roadmap for NTDs developed in 2011, came a scale-up of drug donations; at the same time progress in countries has been relatively slow. Future joint activities (NTD and TDR) to improve the implementation in countries can be envisaged. Capacity building at country level remains a potential area of collaboration which could also attract resources from other stakeholders such as government agencies and the private sector. There is a need for a new generation of people to do assessment/monitoring of progress of large-scale programme implementation. More research will be needed in the area of drugs and diagnostics, moving towards elimination and possible emergence of drug resistance.
- In the areas of public health and environment, there is a need to revitalize primary prevention actions. Operational research with TDR may provide the basis for making a stronger case for primary prevention. Possible areas of collaboration may be related to the effects of climate change on infectious diseases and vector control.

Issues

- There is a need for TDR to discuss further with GMP on collaborative initiatives.
- TDR may have great influence in the area of capacity building for control programmes.
- Flexible funding such as co-funding (from NTD and TDR) could give immediate results.

Recommendation:

8. **STAC recommended that TDR further strengthen collaboration with WHO departments and regional offices in research and capacity building.**

AGENDA ITEM 12 - Proposed projects/expected results for 2014-2015 biennium

12.2 Intervention and Implementation Research

Key messages

- The outlook for 2014-2015 includes deliverables that would address three areas: critical gaps hindering control objectives (dengue response, drug resistance), evidence for policy (methodologies, safety data, evidence platforms) and effective implementation of proven interventions (visceral leishmaniasis elimination, community treatment of childhood fever).
• New projects such as SORT-IT (structured operational research and implementation research training that aims at embedding OR/IR in national programmes) have the potential of attracting a wide spectrum of stakeholders at global, regional and country levels, while strengthening collaboration with disease control programmes in WHO and in countries themselves.

Issues
• Implementation research may help address bottlenecks to access and scaling up. TDR should consider what the programmes need and the potential impact of work that is proposed to be done in training.
• The importance of research ethics was highlighted in research and RCS activities.

12.3 Research on Vectors, Environment and Society

Key messages
• Projects aimed at improving vector control for HAT, malaria, dengue and Chagas disease are ongoing in parallel with work on eco-bio-social strategies in integrated vector management.
• Three new projects to be initiated in 2014 will address: innovative ways of increasing sustainability of interventions delivery (social entrepreneurship), evaluating the scale-up of community-based vector control interventions in urban areas (dengue fever) and linking vectors resistance to control failure (malaria).

12.4 Research Capacity Strengthening and Knowledge Management

Key messages
• Activities in 2014-2015 will cover three main areas: research capacity strengthening, gap analysis for agenda setting and partnership and engagement.
• Re-engaging with regions through the small grants programme and regional training centres will be a priority.

Issues
• RCS should include specific training activities for women.
• TDR should capitalize on its past investments to reach new objectives and consider alumni network, training centres and south-south collaboration in RCS activities. The alumni network may have an important role in RCS and mentoring. Networking should include representation from control programmes and academia.
• It is important to report on evaluation of the impact of training courses and fellowships that have been granted to show value for money.
• For advocacy purposes, TDR may wish to use slogans that would easily communicate the Programme’s message.

Recommendations:

9. STAC recommended that RCS include research ethics training relevant for implementation and public health research for researchers and members of ethics review committees.
10. STAC recommended that TDR utilize alumni, existing networks and south-south collaboration in RCS initiatives.
AGENDA ITEM 13 - Programme budget 2014-2015

Proposed programme budget scenarios, priorities and expected results (John Reeder)

Key messages

• The budget for 2014-2015 aims at striking the right balance between capacity strengthening and research. TDR’s approach is that there should be no research with capacity building and no capacity building without research.

• A more formal process has been introduced to screen and prioritize project proposals based on strategic relevance, technical and scientific merit, and feasibility.

• Access to an Innovation Fund outside of the currently planned projects would allow TDR to respond to new and emerging needs and opportunities during the course of the 2014-2015 biennium.

• TDR presented two budget scenarios based on US$ 50 million and US$ 60 million levels.

• An estimated 85% of funds will go to operations (including project staff) with 63% of funds directly channelled into operations activities (versus 31% in 2012-2013).

Issues

• Regional training centres in the WHO African and Eastern Mediterranean regions have already been considered and budgeted in the workplan (need to start implementation).

• The proposed Innovation Fund may be used to respond to countries’ needs and to leverage funds from countries, regions and global initiatives on health research.

• TDR was cautioned about doing research rather than funding or supporting research as the former may convey the perception of loss of neutrality.

Recommendations:

11. STAC recommended that the proposed Innovation Fund should be renamed the Strategic Development Fund. Funds should be allocated through an uncomplicated process and could be used to leverage funding from other sources.

12. STAC authorized the TDR Director to approve up to US$ 100 000 per project from the Strategic Development Fund, guided by the principles of innovation and leverage.


AGENDA ITEM 15 - STAC and advisory committees of TDR

Follow-up on JCB recommendations (Prof Mario Henry Rodriguez-Lopez)

Recommendation:

14. STAC recommended that the Chairs of Special Advisory Groups (SAGs) may remain even if their respective term on STAC has ended.
AGENDA ITEM 17 - Draft recommendations by STAC(35)

Draft recommendations were presented by the STAC(35) rapporteur, discussed and agreed in the plenary session, with input from all STAC members present.

1. STAC recommended that TDR continue to implement all STAC(34) recommendations.
2. STAC recommended that TDR engage professionals in national programmes and health services in order to enhance their collaboration with academia and facilitate translation of innovation to policy.
3. STAC noted the progress of research activities in the transition period and endorsed the TDR Research Report as well as the Research Capacity Strengthening and Knowledge Management Report for 2012.
4. STAC recommended retaining the aspirational 50% target for gender equity and identification of innovative mechanisms and strategies to increase the percentage of women involved in capacity building efforts.
5. STAC endorsed the 2012 TDR results report and the 2013 Revision of the Performance Assessment Framework.
6. STAC welcomed the TDR risk management policy and requested a report on progress to STAC(36).
7. STAC requested TDR to report on the operationalization of strategies for TDR to further develop its leadership role in global health research at STAC(36).
8. STAC recommended that TDR further strengthen collaboration with WHO departments and regional offices in research and capacity building.
9. STAC recommended that RCS include research ethics training relevant for implementation and public health research for researchers and members of ethics review committees.
10. STAC recommended that TDR utilize alumni, existing networks and south-south collaboration in RCS initiatives.
11. STAC recommended that the proposed Innovation Fund should be renamed the Strategic Development Fund. Funds should be allocated through an uncomplicated process and could be used to leverage funding from other sources.
12. STAC authorized the TDR Director to approve up to US$ 100 000 per project from the Strategic Development Fund, guided by the principles of innovation and leverage.
14. STAC recommended that the Chairs of Special Advisory Groups (SAGs) may remain even if their respective term on STAC has ended.

AGENDA ITEM 18 - Date and place of STAC(36)

- STAC(35) agreed that the thirty-sixth meeting of the STAC (STAC[36]) should take place in Geneva from 25 to 27 March 2014. In preparation for the next meeting, a request was made to have documentation ready for review one month prior. In addition, presentations should be sent to STAC members one week in advance.
### Draft Annotated Agenda

**Plenary Sessions:** Salle C; **In-Camera:** Salle C

#### Monday, 18 March

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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<tbody>
<tr>
<td>10:30-10:40</td>
<td><strong>Welcome/opening</strong> Dr John Reeder, Director, TDR</td>
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<tr>
<td>10:40-11:00</td>
<td>1. <strong>Introductions and adoption of the agenda</strong></td>
<td>Prof. Mario-Henry Rodriguez-Lopez, Chair, STAC</td>
<td>Draft STAC-35 agenda</td>
<td>TDR/STAC(35)/13.1</td>
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<td>11:00-11:20</td>
<td>2. <strong>Message from Dr Sue Kinn, Chair, TDR Joint Coordinating Board (JCB)</strong></td>
<td>Information</td>
<td>Draft report of JCB(35)</td>
<td>TDR/JCB(35)/12.3</td>
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<td>11:20-11:40</td>
<td>3. <strong>Director’s Report including update on TDR’s reorganization</strong> Dr John Reeder</td>
<td>Information</td>
<td>The TDR Structure, including organigram</td>
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<td>11:40-12:00</td>
<td>4. <strong>Follow-up on STAC recommendations 2012</strong> Prof. Mario-Henry Rodriguez-Lopez</td>
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<td>Report of STAC(34)</td>
<td>TDR/STAC(34)/12.3</td>
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<td>12:00-12:30</td>
<td>5. <strong>Discussion on items 3 and 4</strong></td>
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<td>12:30-14:00</td>
<td><strong>Lunch break</strong></td>
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<td>14:00-15:30</td>
<td>6. <strong>Brief report on technical progress in 2012 and planned activities in 2013</strong></td>
<td>- Research on neglected priorities (Piero Olliaro / Yeya Toure) - Research Capability Strengthening and Knowledge Management (Fabio Zicker)</td>
<td>Recommendation(s)</td>
<td>TDR Research Report TDR/STAC(35)/13.5 RCS/KM report TDR/STAC(35)/13.6 List of TDR funded research articles 2012 RCS/KM Strategy - Improving the Impact of Health Research</td>
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### Monday, 18 March (continued)

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<tr>
<td>15:30-16:00</td>
<td>Coffee break</td>
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| 16:00-16:40| 7. Performance overview | - Key performance indicators 2012 and revised performance assessment framework (Beatrice Halpaap) | Recommendation(s) | 2012 TDR results report TDR/STAC(35)/13.7  
TDR Performance Assessment Framework, Revision 2013 TDR/STRA/13.1  
Financial update TDR/STAC(35)/13.8 |
|            |              | - TDR’s financial update (Beatrice Halpaap)                           |            |                                                                                     |
| 16:40-17:00| 8. TDR Risk management | - Report on risk management planning (Fabio Zicker)                 | Recommendation(s) | Report from consultation on TDR Risk Management TDR/STAC(35)/13.9  
Risk Management Policy & Procedures TDR/POL/2  
TDR Significant Risks TDR/STAC(35)/13.10 |

#### Summary recommendations of the afternoon

FROM 17:30 - STAC INFORMAL DRINKS IN TDR OFFICES V BUILDING, 2ND FLOOR

### Tuesday, 19 March

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| 09:00-09:45| 9. Follow-up on specific issues  | - Strategy for positioning TDR in international initiatives (Garry Aslanyan)  
- Transition of product R&D activities (Piero Olliaro) | Recommendation(s) | Positioning TDR TDR/STAC(35)/13.11 |
|            |              |                                                                      |            |                           |
| 09:45-10:15| 10. TDR interface with WHO departments | - Global Malaria Programme (Pascal Ringwald)  
- Stop TB (Christian Lienhardt) | Recommendation(s) |                              |
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|            |              |                                                                      |            |                           |
| 10:15-10:45| Coffee break |                                                                      |            |                           |</p>
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<td>10:45-11:15</td>
<td>11.</td>
<td>TDR interface with WHO departments</td>
<td>Recommendation(s)</td>
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<td>- Neglected Tropical Diseases <em>(Denis Daumerie)</em></td>
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<td>- Public Health and Environment <em>(Maria Neira)</em></td>
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<td><em>Discussion</em></td>
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<td>Team leaders presentations</td>
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<td>Implementation Research TDR/STAC(35)/13.12</td>
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<td>RCS/KM TDR/STAC(35)/13.14</td>
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<td>12:45-14:00</td>
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<td><strong>Lunch break</strong></td>
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<td>- Proposed programme budget scenarios, priorities and expected results <em>(John Reeder)</em></td>
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<td><em>Discussion</em></td>
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<td>WHO Open access policy</td>
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<td><em>(Robert Terry)</em></td>
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<td>15:00-15:30</td>
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<td><strong>Coffee break</strong></td>
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<td>15:30-16:00</td>
<td>15.</td>
<td>STAC and advisory committees of TDR</td>
<td>Information</td>
<td>Terms of Reference for STAC and SAGs TDR/JCB(35)/12.13/rev1</td>
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<td></td>
<td>- Follow-up on JCB recommendation <em>(STAC Chair)</em></td>
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<td><em>Discussion</em></td>
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<td>16:00-16:30</td>
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<td><strong>Summary recommendations of the day</strong></td>
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FROM 19:00 - STAC INFORMAL DINNER AT MONTBRILLANT HOTEL
## Wednesday, 20 March

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<tr>
<td>09:00-10:00</td>
<td>16.</td>
<td>In camera session with Director TDR</td>
<td>Recommendation(s)</td>
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<td>- STAC closed discussion on issues requiring special attention.</td>
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<td>10:00-10:30</td>
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<td>10:30-11:30</td>
<td>17.</td>
<td>Draft recommendations by STAC(35)</td>
<td>Recommendation(s)</td>
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<td>- STAC rapporteur will present STAC recommendations made during the meeting</td>
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<td>11:30-11:40</td>
<td>18.</td>
<td>Date and place of STAC(36)</td>
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<td>25-27 March 2014, WHO HQ, Geneva</td>
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<tr>
<td>11:40-12:30</td>
<td>19.</td>
<td>Any other business</td>
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**CLOSE OF STAC(35)**
LIST OF PARTICIPANTS

STAC Members

Professor Maged AL-SHERBINY, Assistant Minister for Scientific Research Ministry of Higher Education and State Ministry for Scientific Research, Cairo, Egypt

Professor Myriam AREVALO-HERRERA*, Professor, School of Health, Department of Clinical Laboratory, Universidad del Valle, Cali, Colombia

Dr Vicente Y. BELIZARIO, JR., Vice-Chancellor for Research and Executive, Director, National Institutes of Health, University of the Philippines, Manila, Philippines

Dr Yves CHAMPEY*, Médecin Paris Region, Chair, Strategic Committee for the Pole Development and its Ecosystem (DevEco), Paris, France

Dr Carol A. DAHL, Executive Director, The Lemelson Foundation, Portland, OR, USA

Professor Asma ELSONY*, Director, The Epidemiological Laboratory House, Khartoum, Sudan

Professor Bruno GRYSEELS, Director, Institute of Tropical Medicine, Antwerpen, Belgium

Dr Ikram GUIZANI, Head of Laboratory, Institut Pasteur de Tunis, Ministère de la Santé Publique, Tunis-Belvedere, Tunisia

Dr Vishwa KATOCHE*, Secretary to the Government of India Department of Health Research Ministry of Health & Family Welfare, New Delhi, India

Dr Poloko KEBAABETSWE, Director, Health Service Research Unit University of Botswana, Gaborone, Botswana

Professor Christos (Kitsos) LOUIS, Chairman, Department of Biology University of Crete, Greece

Dr Florencia LUNA, Director, Bioethics Program of FLACSO Latin American, University of Social Sciences, Buenos Aires, Argentina

Professor Lenore MANDERSON*, Director, Social Sciences and Health Research Unit Caulfield Campus Monash University, Caulfield East, Victoria, Australia

Professor Anne J. MILLS, Vice Director for Academic Affairs, London School of Hygiene and Tropical Medicine, London, United Kingdom

(Chair) Professor Mario-Henry RODRIGUEZ-LOPEZ, Researcher at the Center for Research for Infectious Diseases, National Institute of Public Health, Morelos, México, Mexico

Dr Ananda Rajitha (Raj) WICKREMASINGHE, Dean of the Faculty of Medicine & Professor of Public Health, University of Kelaniya, Ragama, Sri Lanka

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Other participants

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