Special Programmes:


The Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases (TDR) acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy. This paper describes the background and composition of JCB TDR.

Currently, Maldives represents the WHO South-East Asia Region until 31 December 2018 under category 2.2.2 of the Memorandum of Understanding, and there are two Member States from the Region (India and Thailand) that are members of JCB under category 2.2.1 until 31 December 2017. The Seventy-first session of the WHO Regional Committee for South-East Asia in 2018 would be required to take a decision on the regional membership for a four-year period from 2019 onwards to replace Maldives.

Currently, there is no representation from the SEA Region for JCB membership under category 2.2.3.

The Fortieth Session of the Joint Coordinating Board for TDR (JCB TDR) was held at WHO headquarters in Geneva on 19–21 June 2017.

Recommendations

- The HLP Meeting recommended that the summary report of the Fortieth Session of the JCB be submitted to the Seventieth Session of the Regional Committee for noting.
Definitions

1. The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of international technical cooperation initiated by WHO and cosponsored by UNICEF, UNDP, the World Bank, and WHO, and operates within a broad framework of intergovernmental and interagency cooperation and participation. The two interdependent objectives are developing improved tools for the control of tropical diseases and strengthening the research capability of the affected countries themselves.

2. The TDR is governed by three bodies:
   - The Joint Coordinating Board (JCB);
   - The Standing Committee; and
   - The Scientific and Technical Advisory Committee (STAC).

3. The relevant governance documents are:
   - Memorandum of Understanding (MoU);
   - Resolutions of the World Health Assembly and the Executive Board of WHO; and
   - Procedures for the selection of members of the Joint Coordinating Board.

4. The Cooperating Parties are:
   - those governments contributing to Special Programme resources; providing technical and/or scientific support to it; and who are directly affected by the diseases dealt with by the Special Programme;
   - those intergovernmental and other non-profit-making organizations contributing to Special Programme resources or providing technical and/or scientific support to it.

5. WHO is the Executing Agency.

6. Special Programme resources are the financial resources made available to it by governments and organizations through the Tropical Diseases Research Fund, an international fund administered by the World Bank, the WHO Voluntary Fund for Health Promotion, and other agency funds.

The Joint Coordinating Board

Functions

7. The JCB shall, for the purpose of coordinating the interests and responsibilities of the Parties cooperating in the Special Programme, have the following functions:

   - review and decide upon the planning and execution of the Special Programme by keeping itself informed of all aspects of its development, and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and STAC;
approve the proposed plan of action and budget for the coming financial period, prepared by the Executing Agency and reviewed by the Standing Committee;

- review the proposals of the Standing Committee and approve arrangements for the financing of the Special Programme in that period;

- review the proposed longer-term plans of action and their financial implications;

- review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon, submitted by the external auditor of the Executing Agency;

- review periodic reports that evaluate the progress of the Special Programme towards the achievement of its objectives;

- endorse the proposals of the Executing Agency and the Standing Committee for STAC membership;

- consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party;

- endorse the proposals of the Executing Agency and the Standing Committee for STAC membership; and

- consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

8. The guideline for the JCB representatives selected by the WHO Regional Committee is given in Annex 1.

Composition

9. JCB consists of 28 members. Originally, its membership was for a three-year period, but those selected for membership from 2009 onwards serve for a period of four years.

- Twelve members shall be representatives from governments contributing to the Special Programme resources, selected by the contributors themselves. Each such representative may also serve as a representative of a constituency established by governments under this membership category. Each constituency will develop its own procedure to designate its representative to the Board. In the event a government intends to serve also as a representative of a constituency on the Board, it shall indicate this in its application for membership, it being understood that each government participating in that constituency shall be entitled to rotate as the representative of that constituency at any session of JCB (Paragraph 2.2.1 of the MoU).

- Six members shall be government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme (Paragraph 2.2.2 of the MoU).

- Six members, designated by JCB itself, from among the remaining Cooperating Parties (Paragraph 2.2.3 of the MoU).

- The remaining four members shall be drawn from the four co-sponsors of JCB (UNDP, UNICEF, World Bank and WHO) that comprise the Standing Committee.
10. Members of JCB shall serve for a period of four years and may be re-appointed. Other Cooperating Parties may, at their request, be represented as Observers upon approval by JCB.

**Membership of the JCB from the South-East Asia Region**

11. At present, the following three Member States from the South-East Asia Region are members of JCB:

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<th>Member State</th>
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*Joint constituency

- Category 2.2.3 of the Memorandum of Understanding (members selected by JCB itself from among the remaining Cooperating Parties)
  - No government from the South-East Asia Region is a member under category 2.2.3.

12. Present and past representatives to JCB from the South-East Asia Region from the 2000 till date are given in Annex 2.

**The Standing Committee**

**Composition and functions**

13. The Standing Committee shall comprise the co-sponsors, namely UNDP, UNICEF, the World Bank, and WHO. It shall have the following functions:

- review the plan of action and budget for the coming financial period, as prepared by the Executing Agency, in time for presentation to JCB not less than 45 days before the annual session of JCB;
- take proposals to JCB for financing of the Special Programme for the coming financial period;
- approve reallocation of resources between programme areas and scientific working groups of the Special Programme during a financial period, upon recommendation by STAC and the Executing Agency, and report such reallocations to JCB;
- examine the reports submitted by STAC to the Executing Agency and the comments thereon, make necessary observations, and transmit these, with comments as appropriate, to JCB;
- review particular aspects of the Special Programme, including those that may be referred to it by JCB, and present findings and recommendations in the form of reports to JCB;
- inform JCB, as required, regarding Special Programme matters of interest to it.
**Information on the Fortieth Session of the JCB**

- The Fortieth Session of the TDR Joint Coordinating Board (JCB) was held at WHO headquarters, Geneva, on 19–21 June 2017.
- A summary report of the attendance of JCB members at the Fortieth Session is attached, as Annex 3.
- The Member Governments in 2017 are: Maldives, India, and Thailand.

**Dates and venues of future JCB sessions**

14. At its Fortieth Session, JCB confirmed that Fourth-first session of the JCB will take place in Geneva on 18–20 June 2018.

**Scientific and Technical Advisory Committee (STAC)**

**Composition**

15. STAC shall comprise 15 scientists and other technical personnel who will serve in their personal capacities to represent the broad range of biomedical and other disciplines required for Special Programme activities. Members of STAC, including the Chairman, will be selected on the basis of scientific or technical competence by the Executing Agency, in consultation with the Standing Committee and with the endorsement of JCB.

- Members of STAC, including the Chairman, shall be appointed to serve for a period of two years, and will be eligible for re-appointment. To maintain continuity of membership, the expiration of the initial terms of office of members of STAC will be staggered.

**Functions**

16. The STAC shall have the following functions:

- review, from a scientific and technical standpoint, the content, scope, and dimensions of the Special Programme, including the diseases covered and approaches to be adopted;
- recommend priorities within the Special Programme, including the establishment and dis-establishment of scientific working groups, and all scientific and technical activities related to the Programme; and
- provide the JCB and the Executing Agency with a continuous independent evaluation of the scientific and technical aspects of all activities of the Special Programme.

17. For these purposes, the STAC may propose and present for consideration such technical documents and recommendations as it may deem appropriate.
Annex 1

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)
Joint Coordinating Board (JCB):
Guidelines for JCB representatives selected by the WHO regional committees

Background issues

1. This document is intended to provide guidelines for those selected by the regional committees for JCB membership.

2. Regional representatives are encouraged to participate proactively in discussions at the JCB session. Representatives from disease-endemic countries and other regional representatives can contribute to TDR; to do this, they should play an active role during JCB sessions.

3. To facilitate participation of the regional representatives at JCB, they need to be briefed about TDR before arriving for their first JCB session. A regional representative should be well-versed not only with his/her country’s relationship with TDR, but also know about TDR activities in the Region. A good briefing should enable representatives to participate in and contribute to discussions at the JCB session and benefit the cause of TDR.

4. The TDR Secretariat and the regional offices will assist with this briefing.

Guidelines on the role of representatives

5. A few guidelines on the roles of regional representatives are listed below:

- recognizing the importance of voicing the needs of the country, the Region, and disease-endemic countries in the Board’s deliberations, represent both the country and the Region at the JCB session;

- familiarizing themselves with the work of TDR and regional issues by:
  - reading background information provided by the Programme and/or the Regional Office – the TDR website is www.who.int/tdr
  - contacting (or visiting):
    ▪ current and/or past representatives who have attended JCB sessions;
    ▪ key national or neighbouring country scientists familiar with the work of TDR (details to be provided by TDR); and
    ▪ the Regional Office.

- securing national briefing before the JCB session and providing feedback to the government after the JCB session;
• securing briefing from the Regional Office before the JCB session and providing feedback to it after the JCB session, with possible attendance at the Regional Committee meeting, at TDR's expense, if appropriate;

• participating in the following meetings just prior to the JCB session:
  - JCB briefing meeting, and
  - meeting of regional representatives, aimed primarily at disease-endemic countries;

• participating in the virtual network of regional representatives;

• keeping JCB dates free to ensure attendance for the whole term of office if nominated by the government for the full period; if not nominated for the full period or if changes occur, briefing the successor and ensuring the availability of suitable alternates in case of absence and briefing them thoroughly; and

• providing briefing to the next regional representative at the end of the term of office.

6. It is recommended that all JCB representatives should possess the following qualifications:

• expertise in the field of one or more of the communicable diseases dealt with by TDR, preferably from the research side or with good knowledge of research issues;

• experience, preferably as a research coordinator in or linked to the Ministry of Health or Science and Technology, with experience in the overall coordination of national health research activities and collaboration with the Regional Office and TDR;

• fluency in English or French, the working languages of WHO as the executing agency for TDR;

• familiarity with the working of WHO or other UN specialized agencies and past experience related to their governing body and/or international scientific meetings; and

• knowledge of the work of TDR or willingness to rapidly acquire such knowledge.

7. Cooperating Parties participating as observers should preferably also meet the above-mentioned criteria.
Annex 2
Past and present representatives to JCB from the South-East Asia Region (2000 – till date)

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Annex 3

Summary report of the attendance of JCB members at the Fortieth session of the Joint Coordinating Board (JCB)
Geneva, Switzerland, 19–21 June 2017

Decisions and recommendations

Decisions

1. Dr Modest Mulenga (representative of Zambia) was elected as Chair for a term of 3 years.
2. Dr Vic Arendt (representative of the constituency of Germany and Luxembourg) was elected as Vice-Chair for a term of 2 years.
3. Dr Susanna Hausmann (representative of the constituency of Norway and Switzerland) was appointed Rapporteur for JCB40.
4. The Agenda of JCB40 was adopted as presented.
5. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
6. The 2016 Annual Report was approved.
7. The report of the Standing Committee was endorsed.
8. The report of STAC was endorsed.
9. The 2016 TDR Results Report was approved.
10. The 2016 Risk Management Report was approved.
11. The 2016 financial reports were approved.
12. The 2018–2023 Strategy and proposed adjustments were approved with some recommendations.
13. The Programme Budget and Workplan for the 2018–2019 biennium were approved.
14. JCB resource contributors selected for membership under paragraph 2.2.1 of the MoU, for a four-year term beginning 1 January 2018, were the governments of:
   • Malaysia (re-elected)
   • Nigeria (re-elected) *
   • India and Thailand constituency (re-elected)
   • Norway and Switzerland constituency (re-elected)
15. JCB resource contributors agreed to Spain joining Panama in a constituency for the remaining duration of Panama’s term, until 31 December 2020.
16. JCB selected for membership under paragraph 2.2.3 of the MoU, for a four-year term beginning 1 January 2018, the following Cooperating Parties:
   • DNDi (re-elected)
   • INDEPTCH Network (elected)
17. Confirmed that the Forty-first session of the JCB will take place in Geneva from 18–20 June 2018.

18. Agreed that the Forty-second session of the JCB will take place in Geneva from 24–26 June 2019.

Recommendations

1. Recommended that the Results Report highlight selected publications showing the highest impact, especially for advocacy, policy change and decision-making.

2. Recommended that implementation of the new Strategy address endemic and emerging diseases, particularly in the poorest countries and among the most vulnerable populations.

3. Recommended improving collaboration and visibility in WHO regions, particularly in the African Region.

4. Recommended that TDR develop a version of the new Strategy that can be used in communicating with current and potential funders, with specific examples of activities and expected results as part of its implementation.

5. Recommended using the new Strategy as an opportunity to further engage with WHO departments and research programmes.

6. Recommended exploring various strategies for resource mobilization, including through country offices of WHO and possible in-kind contributions.

7. Recommended that the Secretariat further explore the process of encouraging the formation of constituencies to broaden participation of interested parties.