
The Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases Research (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 the Joint Coordinating Board for TDR.

Myanmar represents the WHO South-East Asia Region for a four-year period from 1 January 2019 till 31 December 2022 under Paragraph 2.2.2 of the Memorandum of Understanding.

Sri Lanka represents the SEA Region for JCB membership under Paragraph 2.2.3 from 2019–2022.

The Forty-second Session of the Joint Coordinating Board for TDR (JCB TDR) was held at WHO headquarters in Geneva on 25–26 June 2019.

The HLP Meeting made the following recommendations on this Agenda item:

**Action by WHO**

1. Present the final report of the Forty-second Session of the TDR Joint Coordinating Board held in June 2019 in Geneva to the Seventy-second Session of the WHO Regional Committee for South-East Asia.

This Working Paper and the HLP Meeting recommendation are submitted to the Seventy-second Session of the WHO Regional Committee for South-East Asia for its consideration.
Introduction

1. The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO. It operates within a broad framework of intergovernmental and interagency cooperation and participation and has three core areas: research, research capacity strengthening, and global engagement.

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; 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. Its membership, since 2009, is for a four-year period.
   • 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 are designated by the 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 Member States from the South-East Asia Region are members of JCB:

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<td>Sri Lanka</td>
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* Joint constituency

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; and
- inform JCB, as required, regarding Special Programme matters of interest to it.
Information on the Forty-second Session of the JCB

- The Forty-second Session of the TDR Joint Coordinating Board (JCB) was held at WHO headquarters, Geneva, on 25–26 June 2019.
- A summary report of the attendance of JCB members at the Forty-second Session is attached as Annex 3.
- The Member governments in 2019 are: India and Thailand (MoU 2.2.1), Myanmar (MoU 2.2.2) and Sri Lanka (MoU 2.2.3).

Dates and venues of future JCB sessions

14. At its Forty-second Session, JCB confirmed that its Forty-third session will take place on 16–17 June 2020 (briefing session on 15 June 2020) and the Forty-fourth session will take place on 22-23 June 2021 (briefing session on 21 June 2021). Both meetings will be held in Geneva.

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 Forty-second session of the Joint Coordinating Board (JCB)
Geneva, Switzerland, 25–26 June 2019

Attendance

Members: Belgium, Burkina Faso, China, DNDi, Ecuador, Egypt, Georgia, INDEPTH Network, Luxembourg and Germany Constituency, Mexico, Myanmar, Nigeria, Panama and Spain Constituency, Peru, Philippines, Sri Lanka, Sweden, Switzerland and Norway Constituency, Thailand and India Constituency, UK and USA Constituency, Zambia, UNICEF, UNDP and WHO.

Observers: Greece, Italy, Mozambique, Russian Federation, United Arab Emirates, Bill & Melinda Gates Foundation, Institut Pasteur, Instituto de Higiene e Medicina Tropical (IHMT), Medicines for Malaria Venture (MMV), PATH, The COHRED Group (Council on Health Research for Development).

Decisions

1. Appointed Dr Ning Xiao (representative of the People’s Republic of China) as Vice-Chair for the next two years.
2. Appointed Dr Teresa Soop (representative of Sweden) as Rapporteur for JCB42.
3. Adopted the Agenda of JCB42.
4. Accepted the declarations of interests as presented to the Secretariat, with no conflicts foreseen.
5. Approved the 2018 Annual Report.
6. Endorsed the report of the Standing Committee.
7. Endorsed the report by Chair STAC.
8. Approved the 2018 TDR Results Report.
11. Approved the Programme Budget and Workplan for the 2020–2021 biennium.
12. Approved the proposed membership of STAC.
13. Dates of future JCB sessions are:

   JCB43 will be held on 16–17 June 2020 (briefing session on 15 June).
   JCB44 will be held on 22–23 June 2021 (briefing session on 21 June).
   Both meetings will be held in Geneva.

Recommendations

(1) Welcomed and supported the appointment of Director TDR to take on the dual roles of Director TDR and Director of the new WHO Research for Health Department.

(2) Sought reassurance that the change will have no impact on TDR’s budget and workplan, that the two roles are kept separate and WHO will finance the research division elements of the Director’s time. Requested that any potential conflicts of interests are resolved as they arise.

(3) Requested that the risks and opportunities at strategic, programmatic and governance levels for TDR are assessed, and that the arrangement is evaluated in a year’s time.
(4) Recommended that TDR consider analysing the proportion of corresponding authors from disease endemic countries, in addition to the current first authors and last authors, of TDR supported publications.

(5) Recommended to further raise TDR’s profile within the research related accelerator plan of the SDG3 Global Action Plan by promoting implementation research.

(6) Further improve the visibility of TDR funders in its products.

(7) Consider targeted country-based advocacy and communication efforts, using tools such as national information sheets, highlights of achievements.

(8) Continue reiterating the unique added value of TDR within the overall health research architecture.