



UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR
 RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR)

SIXTEENTH SESSION OF THE JOINT COORDINATING BOARD

Geneva, 29 and 30 June 1993

Revised Draft Agenda Items Nos. 5 and 6.4

REPORT OF THE STANDING COMMITTEE
 TO THE SIXTEENTH SESSION OF THE JOINT COORDINATING BOARD

This report provides information for the Sixteenth Session of the Joint Coordinating Board (JCB) on the Standing Committee's activities since JCB(15). The Committee continues to review and advise on the overall management of the Programme, including its plan of action, budget and financing.

The Standing Committee has met three times since JCB(15) - on 1 July 1992 after the closure of JCB(15), at WHO headquarters, Geneva; on 10 November 1992, at UNDP Headquarters, New York; and on 26 March 1993, at the World Bank, Washington, D.C. The next meeting will be held at WHO headquarters, at the time of JCB(16).

This report is divided into three sections. Sections A and B include matters which should be discussed under the Report of the Standing Committee, Revised Draft Agenda item no. 5 for general issues and item no. 6.4 for issues relating to TDR Towards the Year 2000. Section C includes matters which relate to other agenda items and should be discussed under the respective agenda item.

The Board is invited to comment on the Standing Committee's activities and to decide on action to be taken as a result of the Committee's recommendations.

CONTENTS

	<u>Page</u>
<u>Section A:</u>	
1. Collaboration with Other Organizations Working in Similar Areas	2
2. Fundraising Activities and Mechanisms	3

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior written permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.

	<u>Page</u>
3. Observer Status at JCB Sessions	4
4. Presenters at the JCB	4
<u>Section B:</u>	
5. Prospective Thematic Review on the Scientific Directions of TDR, Including Relevant Recommendations by the Scientific and Technical Advisory Committee (STAC) at its Fifteenth Meeting	4
6. Functions and Composition of the Scientific and Technical Advisory Committee	6
7. Third External Review of TDR	7
<u>Section C:</u>	
8. Eleventh Programme Report and Other Communications Activities	8
9. Financial Report for 1992 and Revised Programme Budget for the 1992-1993 Biennium; Financial Status in 1992-1993	8
10. Proposed Programme Budget for the 1994-1995 Biennium and Estimates for 1996-1997	8
11. Date and Place of the Seventeenth Session of the JCB and Place of Future Sessions	9
Annex 1 Examples of TDR's Collaboration with Other Organizations Working in Similar Areas	10
Annex 2 List of Observers Approved by the Standing Committee to Attend Sessions of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (as at 26 March 1993)	15
Annex 3 Nominations for Membership of the Scientific and Technical Advisory Committee from 1 January 1994	16
Annex 4 Third External Review and Evaluation of the Special Programme: Preliminary Terms of Reference	26

A. Matters for discussion under Revised Draft Agenda item no. 5 - Report of the
Standing Committee: General Issues

1. Collaboration with Other Organizations Working in Similar Areas

Over the years the Joint Coordinating Board has emphasized the importance of close collaboration between TDR and other organizations working in similar areas to maximize the use of resources, strengthen areas of common interest and avoid duplication of effort. The Programme continues its collaboration with many multilateral and bilateral agencies and foundations with interests and programmes related to research on tropical diseases, and tries to strengthen this collaboration where appropriate and to identify new collaborators as TDR's activities evolve. Examples of this collaboration are given in Annex 1.

The Standing Committee is pleased with this collaboration and welcomes the recommendation arising out of the Prospective Thematic Review on the Scientific Directions of TDR to examine the possibility of setting up a global partnership for

tropical disease research activities with the other major actors in this field (see section 7 below).

2. Fundraising Activities and Mechanisms

The Standing Committee continues its fundraising activities with existing and potential contributors through correspondence, visits and personal contacts. The Director of the WHO Division of Control of Tropical Diseases is invited to take part in the Standing Committee's discussions on fundraising to facilitate the coordination of approaches to contributors to both programmes. The Committee pursues all possible fundraising mechanisms, including designated contributions, contributions in non-convertible currencies, parallel funding, and contributions in kind, in line with the policies approved by the JCB. Details of designated contributions received during 1992 are included in the Financial Report for 1992 and Second Revised Programme Budget for the 1992-1993 Biennium, document TDR/JCB(16)/93.5.

TDR also pursues any opportunities for funding "noted projects". These are good research proposals that have been reviewed by the appropriate TDR Steering Committee but which the Programme is unable to fund due to lack of resources. The projects are then sent to potential contributors for funding, especially through bilateral sources. However, to date, TDR has not been successful in finding contributors willing to fund such projects.

With regard to contributions in kind, TDR receives many such contributions which are considered as an integral part of Programme operations, i.e. projects supported by TDR are supplemented by the national institutions receiving the grants, through the provision of facilities, equipment and the time of the Principal Investigators. JCB(2) in 1979 agreed that other contributions in kind, such as equipment and supplies, could be accepted for the Programme provided they met certain criteria - relevance, quality, suitability, spare parts availability, availability of technical (maintenance) support, and realistic value - and provided they contributed to the implementation of approved projects which were part of TDR's priority activities set by the Scientific and Technical Advisory Committee and the JCB. At the end of 1992, TDR received a contribution in kind from the company Toshiba of ten notebook personal computers equipped with Quest clinical trials software. The computers are being used by TDR staff and the clinical trials software was evaluated by TDR and introduced to participants in a training course for clinical monitors.

JCB(15) in 1992 requested the Standing Committee to collaborate with other organizations working in similar areas which had a comparative advantage, including UNICEF with respect to applied research, to maximize the use of their ability to raise funds for common objectives. TDR's collaborative efforts with other organizations are referred to in section 1 above and Annex 1. The Standing Committee hopes that the possibility of establishing a global partnership for tropical disease research will lead to closer collaboration with the other major actors in this field, not only regarding scientific and technical cooperation, but also regarding fundraising and resource-sharing.

With respect to UNICEF, TDR is in contact with UNICEF representatives in the four African countries where TDR is supporting large-scale trials of insecticide-impregnated bednets for the reduction of childhood mortality from malaria. In three out of the four countries, UNICEF is providing insecticide and nets - another form of contribution in kind. The Standing Committee welcomes this collaboration with UNICEF and hopes that this will increase in the future as TDR's applied field research activities expand. Annex 1 includes details of the agencies collaborating with TDR in the bednet trials. In addition, the Government of the United Kingdom has provided supplementary funding to support the coordinator of the trials.

The Government of Norway is also providing a contribution in kind by paying for the secondment (for 10 months each in both 1993 and 1994) of a communication expert to assist TDR in the development of a health communication strategy for tropical diseases.

Further opportunities for appropriate contributions in kind will be explored in line with the JCB policy and provided they do not represent a conflict of interest.

Despite its fundraising efforts, TDR has not received sufficient funds to meet the level of the approved Programme Budget for the 1992-1993 biennium - US\$ 76.8 million. Consequently the budget has had to be reduced to US\$ 70.7 million and the level of the Proposed Programme Budget for the 1994-1995 Biennium is set even lower, at US\$ 66.7 million. The Standing Committee is very concerned about the situation. The Committee thanks those contributors which have been able to increase their contributions and once again urges all JCB participants to increase their own efforts to raise funds for the Programme. The Committee's comments on the financial situation in 1992-1993 and on the budget for 1994-1995 are given in sections 9 and 10 below.

3. Observer Status at JCB Sessions

In 1980, JCB(3) agreed that requests for observer status should be submitted to the Standing Committee for approval at least 15 days before the next scheduled session of the JCB. [The previous deadline, set by JCB(1) in 1978, was 60 days before the next scheduled session of the JCB.] Recent experience has shown that a deadline of 15 days is too short and the Standing Committee asks the Board to agree that requests for observer status should be submitted to the Standing Committee for approval at least 30 days before the next scheduled session of the JCB.

At the time of the Standing Committee meeting on 26 March 1993, no further requests for observer status at sessions of the JCB had been received. A list of observers approved by the Standing Committee is attached as Annex 2.

4. Presenters at the JCB

Four of the technical presentations to JCB(16) relate to the recommended strategy for TDR and provide examples of activities being carried out with TDR support under the three consolidated areas of strategic research, product research and development, and applied field research, including considerations for research capability strengthening. The Standing Committee thanks the four scientists who have kindly agreed to present the results of their research and to describe their collaboration with the Programme.

The Committee is also grateful to the other two presenters at JCB(16): Professor G. T. Castillo, Chairperson of the Prospective Thematic Review (PTR) on the Scientific Directions of TDR, who will introduce the PTR and the recommendations of STAC-15 on TDR's future strategy; and Professor D. T. Jamison, Staff Director, World Development Report 1993, The World Bank, who will present the conclusions of the World Development Report 1993: Investing in Health, which are relevant to the goals of TDR.

The Standing Committee has reviewed the experience with the keynote address at JCB sessions which had been proposed by the Standing Committee in 1989. The Committee recommends a flexible practice. The keynote address will be continued if a suitable speaker and topic can be identified to fit with the JCB theme(s), or such an address will be incorporated into the technical presentations [as is the case for JCB(16)], or omitted altogether from a particular session where it is not considered necessary.

B. Matters for discussion under Revised Draft Agenda item no. 6.4 - Report of the Standing Committee: Issues Relating to TDR Towards the Year 2000

5. Prospective Thematic Review on the Scientific Directions of TDR, Including Relevant Recommendations by the Scientific and Technical Advisory Committee (STAC) at its Fifteenth Meeting

As requested by JCB(15) in 1992, representatives of the Standing Committee participated in the meeting held in September 1992 on the Prospective Thematic Review on the Scientific Directions of TDR. Since the meeting the Standing Committee has monitored

the PTR process and has examined the comments and recommendations of STAC-15 relating to the PTR. The Standing Committee agrees with STAC's conclusions and recommendations concerning the strategy for TDR Towards the Year 2000. [The Standing Committee's comments on STAC's conclusions and recommendations relating to other matters are given elsewhere in this document, under the appropriate subject.]

In view of the importance of setting a strategy for TDR Towards the Year 2000, the Standing Committee agreed that a public affairs document on the strategy should be prepared for presentation to JCB(16). This document, TDR/PTR-SCI/93, summarizes the evolution of the Programme, the rationale, process and results of the Prospective Thematic Review, including details of the recommended organizational structure of TDR, the recommendations concerning the Scientific and Technical Advisory Committee, and describes the action required by JCB(16) and issues for the future.

The Standing Committee endorses the results of the PTR and the recommended strategy:

- the shift towards product development and applied field research, but the need to continue strategic research to conceive new products and capitalize on research breakthroughs;
- the need to accelerate the pace of product development and to focus on high-priority products with high potential for impact on disease control;
- the need to ensure that the tools are used in the field and therefore greater attention should be paid to user requirements and to overcoming field constraints;
- the need for research capability strengthening activities to be linked to R&D activities and to the field to ensure the availability of trained staff in the endemic countries to develop and deliver the tools, and the need for special attention to be given to the least developed countries;
- the need to concentrate on TDR's comparative advantages and to use the limited resources in the most effective way; and
- the need to consolidate activities to lead to a more integrated approach and free resources for high-priority tasks.

The Standing Committee agrees with the recommended organizational structure to implement the strategy, based on three consolidated areas of strategic research, product research and development, and applied field research, and supports STAC's recommendation that the new structure come into effect from 1 January 1994. The Standing Committee also endorses the STAC recommendation that a coordinator be appointed for each of the TDR target diseases to ensure disease by disease coordination in the new structure and to retain a disease-specific dimension within the Programme. The Standing Committee recommends that TDR budgets and financial reports continue to give financial allocations by disease, in addition to allocations by the three consolidated areas of strategic research, product research and development, and applied field research.

The Standing Committee's comments on the role of STAC to ensure coordination among the three consolidated areas and to maintain a disease-specific dimension within the Programme are given in section 6 below.

With regard to research capability strengthening activities, the Standing Committee strongly supports STAC's recommendations and agrees that:

- these activities continue to be a major priority, especially regarding the least developed countries;
- a single, smaller Research Strengthening Group should continue to give overall direction and to manage training and institution strengthening activities and review training applications; and

- activities should be reviewed by STAC in two years' time, in view of the impact which the other recommended changes in the Programme's structure might have on this area.

The Standing Committee notes that planning meetings on applied field research and on strategic research will be held in May and September 1993 respectively and that the reports of these meetings will be presented to the appropriate JCB session.

The Standing Committee would like to stress that in the recommended strategy for TDR Towards the Year 2000, the Programme's peer review mechanisms will not be changed and neither will its network approach, and that efforts will be increased to ensure that as much product research and development work as possible is carried out in the developing endemic countries. Component activities, which will be more focused on high-priority tasks, will continue to be advertised and the Programme will remain open in all areas to investigator-initiated approaches.

If the Board approves the recommended strategy, the Standing Committee will monitor its implementation and will advise the Programme Director and the JCB if any changes seem desirable.

6. Functions and Composition of the Scientific and Technical Advisory Committee

In its terms of reference agreed to by JCB(15), the PTR on the Scientific Directions of TDR was requested to explore changes in the function and composition of STAC with a view to ensuring a more multidisciplinary group to meet the evolving needs of the Programme. Other comments by JCB(15) on STAC's composition were that the changes should yield a stronger representation of the social and economic disciplines; lead to a more integrated approach; ensure a better balance to take into account the needs of the developing endemic countries; and that, from 1994 onwards, members with industrial experience be included to review and advise on product development issues. In 1991, JCB(14) decided to review in two years' time the practice of the JCB Chairman attending the annual meeting of STAC. The question of possible participation of JCB members in STAC meetings was also raised during the meeting on the PTR on the Scientific Directions of TDR in September 1992. At this meeting it was stressed that STAC's composition should reflect more appropriately the balance among the three areas of strategic research, product research and development, and applied field research, and that STAC could play an important role in securing communication and collaboration among the three areas by reviewing Programme activities by disease, which would further help in retaining a disease-specific dimension within the Programme.

The Standing Committee has examined the functions and composition of STAC. The Standing Committee does not consider that it is necessary to change section 4 of the TDR Memorandum of Understanding (document TDR/CP/78.5 Rev.88) concerning the functions, composition and operation of STAC.

With regard to STAC functions, the Standing Committee agrees that STAC should play an important role in securing collaboration among the recommended new steering committees and among the three consolidated areas of strategic research, product research and development, and applied field research. The Standing Committee recommends that STAC review activities by disease to help retain a disease-specific dimension within the Programme. In addition, STAC must carry out a comprehensive analysis of the three consolidated areas of strategic research, product research and development, and applied field research, and of the research capability strengthening area.

With respect to the composition of STAC, the Standing Committee agrees with the comments made by JCB(15) and during the PTR meeting in September 1992 as described above, with the exception of the participation of JCB members in STAC. The Standing Committee recommends that the composition of STAC should be more multidisciplinary and reflect appropriately the balance among the three consolidated areas of strategic research, product research and development (including members with industrial experience) and applied field research, taking into account the needs of the developing endemic

countries. The Committee considers that there are both advantages and disadvantages regarding the participation in STAC of the JCB Chairman and JCB members. On balance the Committee believes that their participation may compromise JCB's independent examination of STAC's recommendations and have the potential for undue influences by JCB Chairmen/members on STAC's activities. The Standing Committee therefore recommends to the Board that the current practice of the JCB Chairman attending STAC meetings be discontinued.

The recommendations of the Executing Agency and the Standing Committee for STAC membership from 1 January 1994 are contained in Annex 3.

7. Third External Review of TDR

At the request of the Joint Coordinating Board, two external reviews of the Programme have been carried out by External Review Committees. The first Committee met in 1981-1982 to review the first five years of operations (1977-1981 inclusive) and made its report to JCB(5) in 1982. The review focused on guiding the planning, organization, operation and management of the Programme over the next five years (1982-1986). The second external review was carried out five years later in 1986-1987 and examined TDR's achievements, the fundamental basis for its existence and its future role and development. The second External Review Committee submitted its report to JCB(11) in 1988. JCB(11) agreed that "the continued existence of TDR was compellingly justified" and that "the Programme was clearly needed for at least another ten years". The Board requested that "a review of the continuing need for the Programme should be set in motion in 1994 to be completed and considered by the Board in 1996 to coincide with the twentieth anniversary of the start of TDR's operations".

In line with the request by JCB(11), the Standing Committee has examined a possible third external review. In view of the credibility and legitimacy which external reviews provide, the Standing Committee recommends that a third external review be carried out.

The Standing Committee considers that the review should focus on the future. Four broad objectives are proposed:

1. To review the future opportunities for the Special Programme
2. To review the portfolio of TDR's target diseases
3. To examine a global partnership for tropical disease research with the other major actors in this field, TDR's role in the partnership and its mode of interaction with the other partners
4. To examine resource implications for tropical disease research

Objective 2 would include an examination of the collaboration between TDR's leprosy component and tuberculosis research activities which was agreed to by JCB(15) in 1992. The Standing Committee is pleased to note that this collaboration has started well. With regard to objective 3, STAC-15 has recommended that a Prospective Thematic Review be carried out on the global partnership, the results of which would be presented to STAC-16 in March 1994. The Standing Committee suggests that the matter be taken further by the third External Review Committee which would have the report of this PTR as the main background document.

With regard to funding of the review, in light of the Programme's financial constraints, the cost is not included in the TDR Proposed Programme Budget for the 1994-1995 Biennium. The Standing Committee recommends that TDR seek additional funds to cover the cost and calls upon JCB participants to provide the additional support required - estimated at US\$ 230 000. To save costs, the Standing Committee recommends that the External Review Committee consist of only three individuals, and recommends an accelerated schedule with the review starting after JCB(17) in 1994 and its report being presented to JCB(18) in 1995.

Preliminary terms of reference for the third external review are attached as Annex 4.

If the Board agrees to proceed with a third external review in accordance with the proposed terms of reference, JCB participants will be asked to submit names and curricula vitae of potential members of the External Review Committee to the JCB Chairman by 1 October 1993, and to submit written pledges of contributions towards the cost of the review to the Special Programme Coordinator by 1 March 1994. JCB(17) in 1994 will receive for approval details of the proposed members of the External Review Committee which will begin its work as soon as possible after JCB(17). JCB(18) in 1995 will receive the report of the External Review Committee.

C. Matters on which there are other specific items on the revised draft agenda for JCB(16), where discussion should take place

8. Eleventh Programme Report and Other Communications Activities (Item 6.1 of the Revised Draft Agenda)

The Standing Committee is very pleased with the Eleventh Programme Report which represents a useful document, not only for JCB members and observers, but also for all those working on the tropical diseases especially in the developing endemic countries.

The Standing Committee continues to monitor TDR's communications activities and is pleased with the progress and outputs.

9. Financial Report for 1992 and Revised Programme Budget for the 1992-1993 Biennium: Financial Status in 1992-1993 (Item 7.1 of the Revised Draft Agenda)

The Standing Committee has reviewed the Financial Report for 1992 and Second Revised Programme Budget for the 1992-1993 Biennium, document TDR/JCB(16)/93.5. The Committee notes with concern that total funds estimated to be available in 1992-1993 are only US\$ 71.4 million. The second revised budget for 1992-1993 is US\$ 70.7 million, which is US\$ 6.1 million lower than the approved budget of US\$ 76.8 million, and the Standing Committee regrets that this may have to be reduced still further to ensure a minimum closing balance of US\$ 1 million at the end of the biennium. In accordance with the Procedures for Budget Revision approved by the JCB, the Standing Committee has approved the adjustments which had to be made to bring the budget level in line with the estimates of available funds.

The Standing Committee is pleased with the Programme's efforts, despite the reduced funds available, to maintain the percentage of resources allocated to Operations (funds for contracts for research and development and for research capability strengthening) above 70% and the percentage of resources allocated to Personnel Services below 20% of the budget. The Committee also appreciates the Programme's efforts to continue to improve financial management and control.

The financial report on the complete 1992-1993 biennium, together with the Opinion of the WHO External Auditor, will be submitted to JCB(17) in 1994.

The Standing Committee agrees with STAC-15 that the scarcity of funds limits TDR's options and reduces funding of high-priority activities. As indicated under section 2 above, the Standing Committee will pursue its fundraising activities and hopes that it will be possible to identify new contributors to TDR.

10. Proposed Programme Budget for the 1994-1995 Biennium and Estimates for 1996-1997 (Item 7.2 of the Revised Draft Agenda)

The Standing Committee has reviewed the Proposed Programme Budget presented by the Executing Agency, based on the recommendations of STAC-15, and taking into account the views expressed during the Prospective Thematic Review on the Scientific Directions of TDR and by JCB(15).

The Committee agrees with the budget level of US\$ 66 677 500 recommended by STAC-15, based on the level of funds expected to be available to the Programme in the 1994-1995 biennium and allowing for a minimum carry-over of US\$ 1 million into the 1996-1997 biennium. This is US\$ 4 049 500 or 5.7% less than the second revised budget of US\$ 70 727 000 for the 1992-1993 biennium, and US\$ 10 167 500 less than the JCB-approved budget of US\$ 76 845 000 for the 1992-1993 biennium. The Standing Committee considers that it is more prudent to present a realistic, reduced budget level without a funding gap, which should avoid major adjustments in the budget during the biennium. However, the Standing Committee is concerned with the implications of this reduced budget on Programme activities. Funding of projects will be even more limited, the probability of new discoveries will be reduced and, most importantly, there will be consequences for the people suffering from the diseases.

The Standing Committee commends STAC-15 for its thorough review of priorities for 1994-1995, based on the criteria suggested by JCB(15), and agrees with STAC's recommendations concerning resource allocations to scientific and technical activities in the biennium. The Proposed Programme Budget for 1994-1995 shows a shift of resources from strategic research to applied field research, with allocations to product research and development remaining more or less unchanged. This shift is not related to the decline in TDR's financial resources but is a policy shift in line with the recommended strategy for TDR Towards the Year 2000.

For the sake of transparency and in view of the fact that the JCB has not yet approved the recommended future strategy for TDR, the 1994-1995 budget has been prepared based on the current Programme structure. This will also facilitate comparison with the 1992-1993 budget. Nevertheless, tables showing allocations by the recommended new structure are included in the 1994-1995 budget and these figures will be used in the biennium if the JCB approves the new strategy and organizational structure. The proposed programme budget for the 1996-1997 biennium will fully incorporate the new structure, if approved, but as recommended under section 5 above, programme budgets and financial reports will continue to show allocations by disease as well as by the three consolidated areas of strategic research, product research and development, and applied field research. The *modus operandi* of such budgeting/reporting is being considered and may require some modifications in the financial monitoring/reporting systems.

The Standing Committee is very pleased that TDR is making every effort to maintain in 1994-1995 its policy of more than 70% of resources being allocated to Operations and less than 20% to Personnel Services. This becomes more difficult as budgets are reduced and personnel costs stay constant or increase. The Committee draws the attention of the JCB to the fact that 15 staff posts were cut in the 1992-1993 biennium and a further 4½ posts are proposed to be cut in the 1994-1995 biennium. The TDR staffing level is now at a minimum. Nevertheless, the Committee has requested the Programme Director to monitor the staffing situation, especially the possibility of making any further cuts when the recommended new strategy has been fully implemented.

11. Date and Place of the Seventeenth Session of the JCB and Place of Future Sessions
(Item 9 of the Revised Draft Agenda)

The Standing Committee recommends that JCB(17) take place at WHO headquarters, Geneva, on Tuesday and Wednesday 28 and 29 June 1994.

The Standing Committee has discussed the possibility of a JCB session taking place outside Geneva in the near future. JCB(6) in 1983 decided that JCB sessions would take place outside Geneva only on an exceptional basis and not more than once in any five-year period. Only the Seventh Session of the JCB in 1984 has been held outside Geneva, in Bangkok, Thailand. The Standing Committee asks the JCB for its views on holding a JCB session outside Geneva in the near future.

EXAMPLES OF TDR'S COLLABORATION WITH OTHER ORGANIZATIONS
WORKING IN SIMILAR AREAS

Administration générale de la Coopération au Développement, Ministère des Affaires étrangères, du Commerce extérieur et de la Coopération au Développement, Brussels, Belgium

- Joint funding of research projects on Chagas disease and leishmaniasis with institutions in Bolivia.

Asian Development Bank, Manila, Philippines

- TDR and the Bank will be jointly appraising a reforestation loan with a view to examining its potential impact upon malaria and reducing any negative impact. In the long term it is hoped to incorporate a systematic appraisal of the health impact of loans as part of the initial loan appraisal process within the Bank.

British Leprosy Relief Association/International Federation of Anti-Leprosy Associations (LEPRA/ILEP), Colchester/London, United Kingdom

- TDR and LEPRA/ILEP are co-sponsoring a major leprosy vaccine trial in Malawi, with TDR providing the leprosy vaccine and a small annual grant for the trial and covering the cost of an independent trial monitor. LEPRA/ILEP covers the local costs of the trial.

Commission of the European Communities (CEC), Brussels, Belgium

- TDR collaborates with the Commission's Life Sciences and Technologies for Developing Countries Research Programme which includes research on tropical diseases.
- TDR has initiated, together with CEC and the United States Agency for International Development, the establishment of "A Coordinated Global Strategy for Malaria Vaccine Development and Clinical Testing". The three agencies share information and are developing a plan to coordinate research and development of malaria vaccines, including clinical and field trials of candidate vaccines in endemic countries.
- There is co-sponsorship of scientific meetings and mutual invitations to meetings on topics of interest to both CEC and TDR.

Conselho Nacional de Desenvolvimento Científico e Tecnológico (National Council of Scientific and Technological Development) - CNPq, Brasilia, Brazil

- Memorandum of Understanding signed in 1992 between CNPq and TDR concerning a partnership for training Brazilian research workers in disciplines related to TDR target diseases prevalent in Brazil. CNPq funds fellowships in conjunction with research and development and institution strengthening projects funded by TDR in Brazil.

Danish International Development Agency (DANIDA), Ministry of Foreign Affairs, Copenhagen, Denmark

- DANIDA and TDR have collaborated in providing institution strengthening and training to the Medical Research Centre in Mwanza, United Republic of Tanzania and to the Blair Research Laboratories in Harare, Zimbabwe. Much of the training component of this collaboration has been carried out through the Danish Bilharziasis Laboratory (DBL).

Directorate General for Development Cooperation, Ministry of Foreign Affairs of Italy, Rome, Italy

- Collaboration includes joint strengthening of the research capability of the Centre de Lutte contre le Paludisme, Ouagadougou, Burkina Faso, and support for Chagas disease control programmes in Argentina and Uruguay.

Edna McConnell Clark Foundation, New York, N.Y., USA

- TDR participates in the Foundation's Task Force on Schistosome Vaccine Development, the main purpose being to coordinate schistosomiasis vaccine research and, specifically, trials in nonhuman primates. TDR also collaborates with the Foundation in the development of an onchocerciasis vaccine.
- The Foundation participates in the Partnership for Child Development (together with the Rockefeller Foundation, the James S. McDonnell Foundation, the United Nations Development Programme and WHO/TDR), specifically on Phase II clinical studies on multidisease chemotherapy in school-age children with schistosomiasis and geohelminth infections.

Indian Council of Medical Research (ICMR), New Delhi, India

- TDR and ICMR closely collaborate in the clinical trials carried out in India on leprosy vaccine, and ivermectin and diethylcarbamazine for lymphatic filariasis.

Institut français de Recherche scientifique pour le Développement en Coopération (ORSTOM), Paris, France

- Production of a video illustrating the TDR/ORSTOM project on biological control of vectors in Maroua, Cameroon, for the testing of *Bacillus sphaericus* against *Culex* mosquitos.
- It is planned to set up a joint working group to strengthen linkages among basic research, applied research and training needs in West Africa.

International Development Research Centre (IDRC), Ottawa, Canada

- Collaboration with IDRC includes joint funding of an IDRC/TDR award for the best research paper on women and tropical diseases (begun in 1991 and now in its third year); joint workshop on gender analysis in 1993; research on control strategies for leishmaniasis in Latin America, focusing on community participation; programme on house improvement to control Chagas disease in collaboration with the University of Asunción and the Ministry of Public Health and Social Welfare of Paraguay; and installation of ground stations for the satellite information network HealthNet administered by SatelLife in each of the four sites in Africa for the TDR studies on the use of insecticide-impregnated bednets for the reduction of childhood mortality from malaria, and support for training and maintenance of the ground station equipment.

International Laboratory for Research on Animal Diseases (ILRAD), Nairobi, Kenya

- The laboratory is one of the centres of the global agricultural research network sponsored by the Consultative Group on International Agricultural Research and has as part of its mandate research on animal African trypanosomiasis. Collaboration with TDR involves sharing of results and the appointment of scientists to serve on the TDR Steering Committee on African Trypanosomiasis.

John D. and Catherine T. MacArthur Foundation, Chicago, Illinois, USA

- Coordination of research on molecular entomology, including joint funding of projects and training of scientists from developing countries.

Merck and Co., Inc., Rahway, New Jersey, USA

- Close collaboration in carrying out operational research on onchocerciasis in West Africa and in conducting clinical trials with ivermectin in lymphatic filariasis. The drug ivermectin is provided at no cost by the company which also provides expert advice.

- Joint production of a video on onchocerciasis/ivermectin for presentation at an event held to celebrate five years of continuing free donation of ivermectin.

Ministère de la Coopération et du Développement, Paris, France

- Funding of Chagas disease research projects with institutions in Bolivia and Peru and collaboration with institutions in West Africa working on tropical disease research.

Ministry of Public Health of the People's Republic of China, Beijing, China

- Memorandum of Understanding signed in 1992 between the Ministry of Public Health of the Government of the People's Republic of China and TDR to collaborate in promoting and implementing a programme for training research workers at the Master's level in areas related to the TDR target diseases prevalent in China.
- The Ministry obtained a loan from the World Bank to fund its schistosomiasis control programme. The World Bank and the Chinese Government invited TDR to participate in a Joint (TDR/Chinese Government) Research Management Committee (JRMC) to oversee the scientific integrity of operational research relating to schistosomiasis control. TDR provides technical expertise for research funded under the Bank loan.

National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health, Bethesda, Maryland, USA

- TDR collaborates with the Division of Microbiology and Infectious Diseases, Parasitology and Tropical Diseases Branch, in the Global Alliance Against Tropical Diseases.
- Other collaboration is in the area of schistosomiasis vaccine research, mutual invitations to meetings on topics of interest to both parties, and a representative of NIAID is co-opted on the Steering Committee on Immunology of Mycobacterial Diseases.

Onchocerciasis Control Programme in West Africa (OCP), Ouagadougou, Burkina Faso

- Joint OCP/TDR project for the development of a macrofilaricidal drug (MACROFIL). The project includes all research required to bring the drug to the point of registration.
- Field trials of products developed with TDR support to control onchocerciasis, such as DNA probes for differentiating forest and savanna onchocerciasis, are done in collaboration with OCP. Products which are ready for control use are handed over for use in the OCP area.

Organisation de Coordination et de Coopération pour la Lutte contre les Grandes Endémies (OCCGE), Bobo-Dioulasso, Burkina Faso, and Organisation de Coordination pour la Lutte contre les Endémies en Afrique centrale (OCEAC), Yaoundé, Cameroon

- TDR collaborates with these two organizations, especially in the field evaluation of new tools for the control of sleeping sickness.

Rockefeller Foundation, New York, N.Y., USA

- The current five-year partnership grants funded under the joint TDR-Rockefeller Foundation venture will be completed by the end of 1993. A continuation of this programme is being considered.
- The Foundation collaborates with WHO/TDR in several other areas, including in the Partnership for Child Development (together with the Edna McConnell Clark Foundation, the James S. McDonnell Foundation and the United Nations Development Programme), specifically

on Phase II clinical studies on multidisease chemotherapy in school-age children with schistosomiasis and geohelminth infections.

South East Asian Ministers of Education Organization, Regional Tropical Medicine and Public Health Project (SEAMEO-TROPMED), Bangkok, Thailand

- Memorandum of Understanding signed in 1991 between SEAMEO-TROPMED and TDR to collaborate in a scheme for training research workers at the Ph.D. level in areas related to the TDR target diseases prevalent in the South-East Asian region. The scheme is called the Joint SEAMEO-TROPMED/TDR Fellowships.

Swedish Agency for Research Cooperation with Developing Countries (SAREC), Stockholm, Sweden

- Collaboration with SAREC includes funding of Chagas disease research projects in institutions in Argentina, Chile and Uruguay; joint development of a research agenda for tropical diseases and the environment; and training of Somali scientists.
- TDR reviews proposals for SAREC-supported research on the TDR diseases.

Former Task Force on Health Research for Development - now Council on Health Research for Development (COHRED), Geneva, Switzerland

- TDR has collaborated with the Task Force in the Essential National Health Research initiative and co-funded a national workshop on identification of health research priorities in Guinea.

United Nations Children's Fund (UNICEF)

- UNICEF collaborates with TDR in the large-scale trials of insecticide-impregnated bednets in Africa to reduce childhood mortality from malaria by providing bednets or curtain material and insecticide for the trials. The trials are being conducted in four sites:

Gambia. UNICEF has provided all of the insecticide required for the first year and part of that required for the second year (additional funds have been provided by Action Aid, Christian Children's Fund, Save the Children Fund and the Ministry of Health of the Gambia);

Ghana. UNICEF has committed funds expected to cover all material costs for the first year;

Kenya. UNICEF has promised all of the insecticide and one third of the nets for the first year;

Burkina Faso. Approaches to UNICEF are still in process.

United Nations Development Programme (UNDP), New York, N.Y., USA

- Collaboration with UNDP includes facilitating the exchange of information among health professionals in developing countries and with their colleagues in other parts of the world through the satellite information network HealthNet administered by SatelLife; production of reports for broadcast in UNDP's regular televisual magazine programme AZIMUTHS and of compilation of footage for future news, training, education or exhibition purposes; participation in the Partnership for Child Development (with the Edna McConnell Clark Foundation, the James S. McDonnell Foundation, the Rockefeller Foundation and WHO/TDR); and co-sponsorship of meetings.

United States Agency for International Development (USAID), Washington, D.C., USA

- USAID, the Commission of the European Communities (CEC) and TDR have established "A Coordinated Global Strategy for Malaria Vaccine Development and Clinical Testing". (See under CEC for details)
- USAID also collaborates with TDR in the organization of the country control programme on Chagas disease in Bolivia and testing of efficacy of insecticidal paints and fumigant canisters following the standard Montevideo protocol.
- USAID has also participated, with the Rockefeller Foundation and TDR, in supporting the partnership grant at the Ecole de Médecine, Bamako, Mali.

Walter Reed Army Institute of Research (WRAIR), Washington, D.C., USA

- Collaboration in the advanced development and registration of arteether injection for treatment of severe malaria.

Wellcome Trust, London, United Kingdom

- Cooperation in the clinical monitoring of a Wellcome-sponsored Phase III comparative clinical trial of artemether injection versus quinine in the treatment of severe malaria in Viet Nam, and collaboration on an artemether Phase III trial in Kenya.
- Collaboration with the TDR Image Library on the Videodisc project, involving the production of graphics and video-compatible material for training and education, etc.

The World Bank, Washington, D.C., USA

- The World Bank has given a loan to the Ministry of Public Health of the Government of the People's Republic of China to fund its schistosomiasis control programme. The World Bank and the Chinese Government invited TDR to participate in a Joint (TDR/Chinese Government) Research Management Committee (JRMC) to oversee the scientific integrity of operational research relating to schistosomiasis control. TDR provides technical expertise for research funded under the Bank loan.
- Other possibilities for similar types of collaboration are being explored.

Other Nongovernmental Organizations

- TDR collaborates with relevant NGOs, e.g. for onchocerciasis operational research, leprosy and tuberculosis.

Other Collaborative Activities

- Some activities are carried out through designated contributions to TDR, e.g. contributions from the Government of the Netherlands designated for collaboration on the advanced development of novel artemisinin derivatives and formulations of antimalarial drugs based on artemisinin; and contributions from the Government of Norway designated for the Social and Economic Research Component towards research on women and tropical diseases. Designated contributions received in 1992 are listed in the Financial Report for 1992 and Second Revised Programme Budget for the 1992-1993 Biennium, document TDR/JCB(16)/93.5.

LIST OF OBSERVERS APPROVED BY THE STANDING COMMITTEE TO ATTEND SESSIONS
OF THE JOINT COORDINATING BOARD OF THE
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

(As at 26 March 1993)

Governments

Burundi	Malawi
Cameroon	Mali
China	Mexico
Costa Rica	Morocco
Ecuador	Mozambique
Finland	Niger
Greece	Pakistan
Hungary	Papua New Guinea
Indonesia	Peru
Iran (Islamic Republic of)	Portugal
Iraq	Romania
Italy	Russian Federation
Japan	Spain
Jordan	Sudan
Kuwait	Syrian Arab Republic
Liberia	Tunisia
Libyan Arab Jamahiriya	Yemen
Luxembourg	

Organizations, agencies etc.

African Development Bank, Abidjan, Côte d'Ivoire
 Aga Khan Foundation, Geneva, Switzerland
 Asian Development Bank, Manila, Philippines
 Commission of the European Communities (CEC), Brussels, Belgium
 Council of Directors of Institutes of Tropical Medicine in Europe (TROPMEDEUROPE),
 Budapest, Hungary
 Edna McConnell Clark Foundation, New York, N.Y., USA
 Inter-American Development Bank, Washington, D.C., USA
 International Development Research Centre (IDRC), Ottawa, Canada
 International Federation of Anti-Leprosy Associations (ILEP), London, United Kingdom
 International Federation of Pharmaceutical Manufacturers Associations (IFPMA), Geneva,
 Switzerland
 International Organization for Chemical Sciences in Development (IOCD), Strasbourg,
 France
 International Union of Biological Sciences (IUBS), Paris, France
 Japan Shipbuilding Industry Foundation (JSIF), Tokyo, Japan
 John D. and Catherine T. MacArthur Foundation, Chicago, Illinois, USA
 New England Biolabs Foundation, Beverly, Massachusetts, USA
 Organisation de Coördination et de Coopération pour la Lutte contre les Grandes Endémies
 (OCCGE), Bobo-Dioulasso, Burkina Faso
 Organisation de Coördination pour la Lutte contre les Endémies en Afrique centrale
 (OCEAC), Yaoundé, Cameroun
 Oswaldo Cruz Foundation (FIOCRUZ), Rio de Janeiro, Brazil
 Pan American Health and Education Foundation (PAHEF), Washington, D.C., USA
 River Blindness Foundation, Wilbraham, Massachusetts, USA
 Rockefeller Foundation, New York, N.Y., USA
 Rotary Foundation of Rotary International, Evanston, Illinois, USA
 Southeast Asian Ministers of Education Organization, Regional Tropical Medicine and
 Public Health Project (SEAMEO-TROPMED), Bangkok, Thailand
 Thrasher Research Fund, Salt Lake City, Utah, USA
 United Nations Environment Programme (UNEP), Nairobi, Kenya
 United Nations Industrial Development Organization (UNIDO), Vienna, Austria
 Wellcome Trust, London, United Kingdom

NOMINATIONS FOR MEMBERSHIP OF THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE
FROM 1 JANUARY 1994

Current and Proposed Members

NAME AND COUNTRY OF NATIONALITY	1993	1994	1995	1996	Area of Competence 1994
ABIOSE, Professor Adenike O., <u>NIGERIA</u>		-----	-----	-----	AFR
AGABIAN, Professor Nina M., <u>USA</u>					SR
ASAMOA-BAAH, Dr A., <u>GHANA</u>		-----	-----	-----	AFR
BIE, Dr S. W., <u>NORWAY</u>		-----	-----	-----	AFR
BLOOM, Professor B. R., <u>USA</u>		-----	-----	-----	SR
CASTILLO, Professor Gelia T., <u>PHILIPPINES</u>					AFR
ELION, Professor Gertrude B., <u>USA</u>		-----	-----	-----	PR&D
* GABR, Professor M., <u>EGYPT</u>					
GARATTINI, Professor S., <u>ITALY</u>					
GHIONE, Professor M., <u>ITALY</u>		-----	-----	-----	PR&D
JAMISON, Professor D. T., <u>USA</u>					AFR
MÄKELÄ, Professor P. Helena, <u>FINLAND</u>					
MOLYNEUX, Professor D. H., <u>UNITED KINGDOM</u>		-----	-----	-----	AFR
MOREL, Dr C. M., <u>BRAZIL</u>					SR
PETO, Professor R., <u>UNITED KINGDOM</u>		-----	-----	-----	AFR
PIKE, Professor M. C., <u>UNITED KINGDOM</u>					
RAJEWSKY, Professor K., <u>GERMANY</u>		-----	-----	-----	SR
RAMA RAO, Dr A. V., <u>INDIA</u>					PR&D
RILEY, Professor I. D., <u>AUSTRALIA</u>					AFR
SALAKO, Professor L. A., <u>NIGERIA</u>					
SALOMAO, Dr M. Angélica, <u>MOZAMBIQUE</u>					AFR
SANSONETTI, Dr P. J., <u>FRANCE</u>					SR
SERGIEV, Professor V. P., <u>RUSSIAN FEDERATION</u>		-----	-----	-----	AFR
SHIMAO, Dr T., <u>JAPAN</u>					
** SUGINO, Dr Y., <u>JAPAN</u>		-----	-----	-----	PR&D

- _____ - Period of current membership
 ----- - Period of proposed membership
 * - Co-opted in his capacity of Chairman of the WHO Global Advisory Committee on Health Research; the Chairman of this Committee in 1994 will be a co-opted member of STAC in 1994
 ** - Proposed co-optation in 1994
 AFR - Applied Field Research
 PR&D - Product Research and Development
 SR - Strategic Research

SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

Current/proposed members

¹ABIOSE, Professor Adenike O., Medical Director, National Eye Centre, National Institute of Ophthalmology, Kaduna, NIGERIA

AGABIAN, Professor Nina M., Director, Intercampus Program, Molecular Parasitology, School of Pharmacy, and Professor of Pharmaceutical Chemistry, University of California, San Francisco, and Professor of Biomedical and Environmental Health Sciences, School of Public Health, University of California, Berkeley, California, USA

¹ASAMOA-BAAH, Dr A., Director, Policy, Planning, Monitoring and Evaluation Division, Ministry of Health, Accra, GHANA

¹BIE, Dr S. W., Director, Norwegian Centre for International Agricultural Development, Agricultural University of Norway, As, NORWAY

¹BLOOM, Professor B. R., Professor and Chairman, Department of Microbiology and Immunology, Albert Einstein College of Medicine of Yeshiva University, New York, N.Y., USA

CASTILLO, Professor Gelia T., Professor of Rural Sociology, Department of Agricultural Education and Rural Studies, College of Agriculture, University of the Philippines at Los Baños, Laguna, PHILIPPINES

¹ELION, Professor Gertrude B., Scientist Emeritus, Burroughs Wellcome Co., Research Triangle Park, North Carolina, USA

¹GABR, Professor M., Formerly Head, Paediatric Department, Faculty of Medicine, Cairo University, Cairo, EGYPT

¹GARATTINI, Professor S., Director, "Mario Negri" Institute for Pharmacological Research, Milan, ITALY

¹GHIONE, Professor M., Formerly Professor of Parasitology, Faculty of Medicine, University of Milan, Milan, ITALY

JAMISON, Professor D. T., Professor, Graduate School of Education and Professor, School of Public Health, University of California, Los Angeles, California, USA

¹MÄKELÄ, Professor P. Helena, National Public Health Institute, Helsinki, FINLAND

²MOLYNEUX, Professor D. H., Director and Professor of Tropical Health Sciences, Liverpool School of Tropical Medicine, Liverpool, UNITED KINGDOM

MOREL, Dr C. M., President, Oswaldo Cruz Foundation, Rio de Janeiro, BRAZIL

Areas of Professional Activities

Paediatric ophthalmology; experimental chemotherapy of onchocerciasis; community treatment of blindness; development of field equipment for ophthalmological surveys.

Molecular parasitology.

Planning and evaluating health services; health economics.

Soil surveys, remote sensing, computer-aided cartography, desertification and development studies.

Immunology, especially humoral and cellular immunity. Leprosy and tuberculosis, the development of a recombinant BCG multivaccine vehicle, and application of basic research in biomedical sciences to health problems.

Rural sociology, and agricultural rural development.

Development of anti-cancer, anti-viral and anti-malaria drugs; research on cellular metabolism.

Nutrition, metabolic and endocrine and gastrointestinal disorders, paediatrics and parasitic diseases.

Cancer chemotherapy, neuropsychopharmacology, pharmacodynamics, drug toxicity and teratology, cellular molecular pathology, immunopharmacology, environmental contaminants, radiation and food additives.

Development of anti-infective drugs, especially tuberculosis, malaria, schistosomiasis and leishmaniasis.

Economics and health interventions in developing countries. Education strategies and economic development.

Microbiology, genetics, biochemistry and infectious diseases.

Parasitology, especially trypanosomiasis and leishmaniasis and host-parasite and vector-parasite relationships.

Molecular biology, biotechnology, health research in developing countries.

SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (continued)

<u>Current/proposed members</u>	<u>Areas of Professional Activities</u>
¹ PETO, Professor R., Imperial Cancer Research Fund (ICRF) Professor of Medical Statistics and Epidemiology, Clinical Trial Service Unit and ICRF Cancer Studies Unit, Radcliffe Infirmary, Nuffield Department of Clinical Medicine, University of Oxford, Oxford, <u>UNITED KINGDOM</u>	Experienced in sophisticated clinical trial design, and interested in working with tropical diseases.
⁴ PIKE, Professor M. C., Professor and Chair, Department of Preventive Medicine, University of Southern California School of Medicine, Los Angeles, California, <u>USA</u>	Epidemiology, with emphasis on epidemiology of hormone-related tumours. Breast cancer, endometrial cancer, ovarian cancer, cancer of the testis and cryptorchidism.
³ RAJEWSKY, Professor K., Professor of Molecular Genetics, Science Faculty, University of Cologne, Cologne, <u>GERMANY</u>	Immunology, especially immunogenetics, cellular and humoral immunology.
RAMA RAO, Dr A. V., Director, Indian Institute of Chemical Technology, Hyderabad, <u>INDIA</u>	Synthetic chemistry, natural products, chemistry, drug development and pharmaceutical manufacture.
RILEY, Professor I. D., Professor of Tropical Health and Director, Tropical Health Education Program, and Director of Public Health Courses, University of Queensland Medical School, Brisbane, <u>AUSTRALIA</u>	Tropical diseases, respiratory infections, medical education and research.
⁴ SALAKO, Professor L. A., Head, Department of Pharmacology and Therapeutics, University of Ibadan, Ibadan, <u>NIGERIA</u>	Experimental and clinical pharmacology, mostly in the fields of pharmacokinetics of chloroquine and determination of malaria parasite sensitivity to antimalarial drugs.
SALOMAO, Dr M. Angélica, National Director of Health, Ministry of Health, Maputo, <u>MOZAMBIQUE</u>	Operational research, and training of medical and paramedical staff.
SANSONETTI, Dr P. J., Head, Molecular Bacterial Pathogenicity Unit, and Chairman, Department of Bacteriology and Mycology, Pasteur Institute, and Chairman, Commission of Infectious and Parasitic Diseases, National Institute of Health and Medical Research, Paris, <u>FRANCE</u>	Microbiology and diarrhoeal diseases vaccines.
² SERGIEV, Professor V. P., Director, Martsinovskiy Institute of Medical Parasitology and Tropical Medicine, Moscow, <u>RUSSIAN FEDERATION</u>	Tropical medicine, parasitology, epidemiology and public health management.
⁴ SHIMAO, Dr T., Chairman, Board of Directors, Japan Anti-Tuberculosis Association, Tokyo, <u>JAPAN</u>	Epidemiology and research and training on tuberculosis and non-tuberculosis respiratory diseases.
⁵ SUGINO, Dr Y., Member of the Board, Takeda Chemical Industries, Ltd., Osaka, <u>JAPAN</u>	Biochemistry, virology, biotechnology and drug development.

1 = Proposed member from 1 January 1994

2 = Proposed extension

3 = Co-opted in his capacity of Chairman of the WHO Global Advisory Committee on Health Research

4 = Retiring member on 31 December 1993

5 = Proposed co-optation in 1994

CURRICULUM VITAE

ABIOSE, PROFESSOR ADENIKE O.

Country of Nationality: Nigeria

Date of Birth: 16 October 1943

Present Position: Medical Director, National Eye Centre, National Institute of Ophthalmology, Kaduna, Nigeria, 1985-present

Former Positions: Professor of Ophthalmology, 1982-93; Head, Department of Ophthalmology, 1979-91; Reader in Ophthalmology, 1979-82; Senior Lecturer in Ophthalmology, 1978-79, Ahmadu Bello University, Zaria

Senior Lecturer in Ophthalmology, College of Medicine, University of Lagos, Lagos, 1975-77

Senior Registrar, Ophthalmology, Lagos University Teaching Hospital, 1974-75

Registrar, Sussex Eye Hospital, Brighton, UK, 1973-74

Registrar in Ophthalmology, Royal Victoria Infirmary, University of Newcastle-upon-Tyne, UK, 1973

Qualifications: M.B., B.S., University of Ibadan, 1967

Diploma in Ophthalmology, Institute of Ophthalmology, London, 1970

Major Awards: Sir Kofo Abayomi Prize and Gold Medal in Psychiatry, 1967

Blair-Aitken Prize in Clinical Surgery, 1967

WHO Experience: Member, TDR Steering Committee on Macrophilicidides, 1991-93

Member, Mectizan Expert Committee, 1992-

Member, Expert Advisory Committee of the Onchocerciasis Control Programme in West Africa, 1992-94

Member, WHO Programme Advisory Group on the Prevention of Blindness, 1993-

Areas of Professional Activities: Paediatric ophthalmology; experimental chemotherapy of onchocerciasis; community treatment of blindness; development of field equipment for ophthalmological surveys

Publications: Publications in the fields of professional activities as shown above

CURRICULUM VITAE

ASAMOA-BAAH, DR ANARFI

Country of Nationality: Ghana

Date of Birth: 21 March 1958

Present Position: Director, Policy, Planning, Monitoring and Evaluation Division, Ministry of Health, Accra, Ghana, 1991-present

Former Positions: Deputy Regional Director in charge of Disease Control, Ministry of Health, Ashanti Region, 1988

District Medical Officer of Health, Offinso District and Health Coordinator, Catholic Diocese of Kumasi, Christian Health Association of Ghana, 1986-87

Medical Officer in Charge, St Patrick's Hospital, Maase, 1985

Qualifications: Bachelor's Degree in Medicine and Surgery, Ghana Medical School, 1983

Master's in Community Health, Liverpool School of Tropical Medicine, UK, 1989

Major Awards: Career Development Fellowship in Health Economics, International Health Policy Program, 1990-91

WHO Experience: Has worked with the WHO Division of Strengthening of Health Services on a number of projects, including restructuring the headquarters of the Ministry of Health, Ghana; reviewing the appropriateness of introducing health insurance in Ghana; and reviewing financial management, policy, strategy and human resources development in Ghana.

Areas of Professional Activities: Planning and evaluating health services; health economics

Publications: Publications in the fields of primary health care, immunization campaigns, and social determinants of malnutrition

CURRICULUM VITAE

BIE, DR STEIN WØLNER

Country of
Nationality: Norway

Date of Birth: 10 June 1943

Present Position: Director, Norwegian Centre for International Agricultural Development, Agricultural University of Norway, As, Norway, 1989-present

Former Positions: Research Scientist, Norwegian Computing Center, Oslo, and Special Adviser, Norwegian Red Cross, Oslo, 1986-88

Deputy Director, International Section, Norwegian Red Cross, 1985-86

Director of Research, Norwegian Computing Center, 1984-85

Director, Annual Summer School in Remote Sensing, 1984-88 and Professor, Remote Sensing and Picture Processing, University of Tromsø, 1983-88

Researcher, Norwegian Computing Center, 1978-84

Project Director, Earth Resources Information, Netherlands Soil Survey, Netherlands Geological Survey, 1972-77

Research Fellow, Cambridge University, UK, 1971-72

Research Fellow, Oxford University, UK, 1967, 1970, 1972

Secondary School Teacher, Ilboru Secondary School, Arusha, Tanzania, 1963

Qualifications: B.A., Oxford University, 1967

M.A., Oxford University, 1973

D. Phil., Oxford University, 1973

Areas of
Professional
Activities: Soil surveys, remote sensing, computer-aided cartography, desertification and development studies

Publications: Numerous publications in the fields of professional activities as stated above

CURRICULUM VITAE

ELION, PROFESSOR GERTRUDE B.

Country of Nationality: United States of America

Date of Birth: 23 January 1918

Present Positions: Scientist Emeritus, Burroughs Wellcome Co., Research Triangle Park, North Carolina, USA, 1967-present

Professor of Pharmacology, University of North Carolina at Chapel Hill, 1973-

Professor of Pharmacology and Experimental Medicine, Duke University, Chapel Hill, 1970-

Former Positions: Assistant to Research Director (Chemotherapy), 1963-67; Assistant to the Associate Research Director, 1955-63; Senior Research Chemist, 1950-55; Biochemist, Wellcome Research Laboratories, 1944-50

Research Assistant in Organic Synthesis, Johnson and Johnson, 1943-44

Food Analyst, Quaker Maid Company, 1942-43

Teacher, Secondary Schools of New York City, 1940-42

Research Assistant in Organic Chemistry, Denver Chemical Manufacturing Company, New York, 1938-39

Laboratory Assistant in Biochemistry, New York Hospital School of Nursing, 1937

Qualifications: A.B., Hunter College, New York, 1937
M.S., New York University, 1941
D.Sc., Honorary, George Washington University, Washington, D.C., 1969
D.M.Sc., Honorary, Brown University, Rhode Island, 1969

Major Awards: Garvan Medal, American Chemical Society, 1968
President's Medal, Hunter College, 1970
Hall of Fame, Hunter College, 1973
Distinguished North Carolina Chemist Award, North Carolina Institute of Chemists, 1981
Nobel Prize for Medicine, 1988
National Inventors Hall of Fame, 1991

WHO Experience: Member, TDR Steering Committee on Filariasis, 1983-87
Chairman, TDR Steering Committee on Chemotherapy of Malaria, 1988-91

Areas of Professional Activities: Development of anti-cancer, anti-viral and anti-malaria drugs; research on cellular metabolism

Publications: Numerous publications in the field of pharmaceutical research

CURRICULUM VITAEGHIONE, PROFESSOR MARIO

Country of Nationality: Italy

Date of Birth: 16 October 1922

Former Positions: Professor of Parasitology, Faculty of Medicine, University of Milan, Milan, Italy, 1984-92 (retired 1 November 1992)

Associate Professor of Microbiology, Faculty of Medicine, University of Milan, 1979-83

Scientific Supervisor, 1975-79; Director of Research and Development Division, 1972-75; Medical Director, 1968-72; Head of Chemotherapy Department, 1960-68; Researcher, 1954-60, Farmitalia, Milan

Associate Professor of Parasitology, Faculty of Medicine, University of Milan, 1972-73

Senior Physician, Hospital for Chest Diseases, Genoa, 1950-54

Attending Physician, Hospital for Chest Diseases, Padua, 1947-50

Qualifications: M.D., University of Pisa, Italy, 1947

Areas of Professional Activities: Development of anti-infective drugs, especially tuberculosis, malaria, schistosomiasis and leishmaniasis

Publications: Numerous publications in the field of pharmaceutical research, especially in infectious diseases and tropical diseases

CURRICULUM VITAE

PETO, PROFESSOR RICHARD

Country of Nationality: United Kingdom

Date of Birth: 14 May 1943

Present Position: Imperial Cancer Research Fund (ICRF) Professor of Medical Statistics and Epidemiology, Clinical Trial Service Unit and ICRF Cancer Studies Unit, Radcliffe Infirmary, Nuffield Department of Clinical Medicine, University of Oxford, Oxford, UK, 1992-present

Former Positions: University Reader in Cancer Studies, Nuffield Department of Clinical Medicine, University of Oxford, 1979-92

University Reader in Cancer Studies, Department of the Regius Professor of Medicine, University of Oxford, 1975-79

Lecturer, 1972-75, and Research Officer, 1969-72, Department of the Regius Professor of Medicine, University of Oxford

Research Officer, Statistical Research Unit, Medical Research Council, London, 1967-69

Qualifications: B.A., Natural Sciences, University of Cambridge, UK, 1965

M.Sc., Statistics, University of London, 1967

M.A., University of Cambridge and University of Oxford, 1974

Major Awards: Guy Silver Medal, Royal Statistical Society, 1986

Helmut Horten Foundation Award (with Sir Richard Doll), 1991

Gairdner Foundation Award, Canada, 1992

Frolich Award of the New York Academy of Sciences, 1993

Douglas Reid Medal, London School of Hygiene and Tropical Medicine, 1993

Polish Cardiac Society Medal of Merit, 1993

WHO Experience: Member, Expert Panel on Cancer, 1981-96

Areas of Professional Activities: Experienced in sophisticated clinical trial design, and interested in working with tropical diseases

Publications: Publications in the fields of causes of cancer, quantification of occupational cancer, diet, lifestyle and mortality in China

CURRICULUM VITAE

SUGINO, DR YUKIO

Country of Nationality: Japan

Date of Birth: 7 July 1928

Present Position: Member of the Board, Takeda Chemical Industries, Ltd., Osaka, Japan, 1992-present

Former Positions: Member of the Board, Vice President, Pharmaceutical Group, Takeda Chemical Industries, Ltd., 1991; Member of the Board, Vice President, Pharmaceutical Group, General Manager, Research and Development Division, 1989; Member of the Board, General Manager, Central Research Division, 1986; Director, Biotechnology Laboratories, 1981; Director, Biological Research Laboratories, 1978; Head, Laboratory of Molecular Biology, Biological Research Laboratories, 1971

Professor of Biochemistry, Institute for Virus Research, 1964-71; Assistant Professor, Department of Medical Chemistry, Faculty of Medicine, 1961-64; Assistant, Department of Medical Chemistry, Kyoto University, 1959-61

Research Biochemist, Research Laboratories, Takeda Chemical Industries, Ltd., 1952-59

Research Fellow, Institute of Infectious Diseases, Tokyo University, 1951-52

Visiting Professor, Johns Hopkins University, Baltimore, USA, 1968-69

Qualifications: B.S., Nagoya University, 1951

Ph.D., Nagoya University, 1959

Post-doctoral studies, University of Michigan, USA, 1959-61

Areas of Professional Activities: Biochemistry, virology, biotechnology and drug development

Publications: Numerous publications in the above areas of activities

THIRD EXTERNAL REVIEW AND EVALUATION OF THE SPECIAL PROGRAMME

PRELIMINARY TERMS OF REFERENCE

1. INTRODUCTION AND BACKGROUND

The Special Programme for Research and Training in Tropical Diseases (TDR) was established as an international response to major health problems of developing countries in the tropics. The Programme was planned and initiated by the World Health Organization (WHO) with the assistance and co-sponsorship of the United Nations Development Programme (UNDP) and the World Bank and operates under the guidance of, and with resources provided by, its Cooperating Parties represented by the Joint Coordinating Board (JCB). An interdisciplinary group of scientists serve in their personal capacities as the Scientific and Technical Advisory Committee (STAC) to advise the JCB on the Programme's scientific and technical activities and evaluate progress. The Programme coordinates, with members of the world's scientific community, the planning and management of goal-oriented lines of research and training and institution strengthening towards two interdependent objectives:

- to develop, through scientific research, new methods of prevention, diagnosis, treatment and control of the major tropical diseases - malaria, schistosomiasis, filariasis (both onchocerciasis and lymphatic filariasis), trypanosomiasis (African sleeping sickness and Chagas disease), leishmaniasis and leprosy; and
- to strengthen the capability of developing countries to undertake the research required to develop new disease control technologies.

The Programme was established in 1975 and began operations in 1976. Up to 31 December 1992 the Programme had granted direct support to institutions and scientists throughout the world for 5088 projects (totalling over US\$ 296 million) in 113 Member States of WHO, with over 55% of these funds going to institutions and scientists of developing countries. Over 5000 scientists have been involved in projects supported by TDR or in the management of TDR's scientific activities.

The Programme has made valuable contributions to the knowledge of the target diseases, to the development of new tools to prevent, diagnose and cure the diseases and strengthen the capacities of institutions in endemic countries to conduct research on these diseases relevant to national needs. The development of new tools is a long-term endeavour which can take 20 years or more. Up to 31 December 1992, 78 products had been developed with TDR support, of which more than 20 are in disease control use. For certain diseases, some of these tools have already had a measurable impact on disease control.

The Programme is financed by voluntary contributions from governments, international organizations, foundations and other nongovernmental sources.

At the request of the Joint Coordinating Board, two external reviews of the Programme have been carried out by External Review Committees. The first Committee met in 1981-1982 to review the first five years of operations (1977-1981 inclusive) and made its report to the Fifth Session of the Joint Coordinating Board in 1982. The review focused on guiding the planning, organization, operation and management of the Programme over the next five years (1982-1986). The report of the first External Review Committee is contained in Annex IV to the Report of the Fifth Session of the Joint Coordinating Board [document TDR/JCB(5)/82.3]. The second external review was carried out five years later in 1986-1987 and examined TDR's achievements, the fundamental basis for its existence and its future role and development. The second External Review Committee submitted its report to the Eleventh Session of the Joint Coordinating Board in 1988.

The report is contained in document TDR/JCB(11)/88.6 Rev.1.

JCB(11) agreed that "the continued existence of TDR was compellingly justified" and that "the Programme was clearly needed for at least another 10 years". The Board requested that "a review of the continuing need for the Programme should be set in motion in 1994 to be completed and considered by the Board in 1996 to coincide with the twentieth anniversary of the start of TDR's operations".

The TDR Standing Committee recommends an accelerated schedule, with the review starting after JCB(17) in 1994 and its report being presented to JCB(18) in 1995.

2. OBJECTIVES OF THE REVIEW

The proposed objectives of the third external review and evaluation of the Special Programme are as follows:

1. To review the future opportunities for the Special Programme
2. To review the portfolio of TDR's target diseases
3. To examine a global partnership for tropical disease research with the other major actors in this field, TDR's role in the partnership and its mode of interaction with the other partners
4. To examine resource implications for tropical disease research

3. SPONSORSHIP OF THE REVIEW

The review and evaluation of the Special Programme will be conducted under the authority of the TDR Joint Coordinating Board. The review will be carried out by an independent External Review Committee (ERC) which will report to the JCB.

4. COMPOSITION OF THE EXTERNAL REVIEW COMMITTEE

The External Review Committee will consist of three individuals with expertise in one or more of such fields as disease control, epidemiology and public health in tropical countries; scientific research and development, especially related to the scope of the Special Programme; the biological, economic and social sciences; and research management. The Committee members should not be receiving financial support from the Special Programme, or be serving as members of the Scientific and Technical Advisory Committee or other TDR scientific committees. There should be members from both developed and developing countries.

Members of the Committee will serve in their personal capacities.

The members of the External Review Committee will be selected by the JCB.

{The JCB is invited to submit names and *curricula vitae* of potential members of the External Review Committee to the JCB Chairman by 1 October 1993. After consultation with the Standing Committee, the JCB Chairman will propose to JCB(17) in 1994 for approval the names of the three members of the External Review Committee.}

5. SUPPORT FOR THE REVIEW

The Standing Committee is responsible for ensuring that appropriate administrative arrangements are made for the External Review Committee. The Executing Agency (WHO) will arrange secretariat support and other services and facilities as may be required. An executive secretary to the External Review Committee will be appointed to assist the Committee in its work. The executive secretary will be responsible for preparing or organizing special studies, reviews and discussions for the Committee, for drafting

reports for the consideration of the Committee and for organizing its work including meetings and site visits.

6. FUNDING OF THE REVIEW

The budget for the review is estimated at US\$ 230 000, but the cost of the review should be kept as low as possible without compromising its quality. In view of TDR's financial constraints, the cost of the review is not included in the TDR Proposed Programme Budget for the 1994-1995 Biennium. TDR will seek additional funds to cover the cost of the review.

[JCB participants are called upon to provide the additional funds required and to submit pledges in writing to the Special Programme Coordinator by 1 March 1994.]

7. OPERATION OF THE REVIEW

The External Review Committee will develop its own plans for the review following the guidelines provided by the JCB and the Standing Committee and taking note of the mechanisms employed by and the reports of the first and second External Review Committees. The External Review Committee will have access to records and reports of TDR, as well as to persons responsible for the implementation of all aspects of the Special Programme. The Eleventh Programme Report (covering the 1991-1992 biennium) and the document on TDR Towards the Year 2000: Strategic Considerations will serve as major background documents for the Committee.

The External Review Committee will begin its work as soon as possible after the Seventeenth Session of the Joint Coordinating Board in June 1994. It will prepare a report for comments by the Executing Agency, the Scientific and Technical Advisory Committee (STAC) and the Standing Committee by 31 January 1995. This report, together with the comments of the Executing Agency, STAC and the Standing Committee, will be submitted to the Eighteenth Session of the Joint Coordinating Board in June 1995. The Chairman of the External Review Committee will be present at the Eighteenth Session of the JCB.

8. REVIEW PROCESS

The External Review Committee will meet as required, to:

- (a) review TDR documentation;
- (b) interview (as necessary) representatives of the co-sponsors, Joint Coordinating Board, Scientific and Technical Advisory Committee and other TDR scientific committees, TDR secretariat and staff in related WHO programmes, research scientists and trainees, scientists involved in disease control activities, and representatives of other agencies working in the field of tropical disease research;
- (c) visit (as necessary) selected institutions, public health services, ministries or agencies; and
- (d) carry out any other investigations or activities deemed necessary for the review by the External Review Committee, the Standing Committee or the JCB.