



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

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD (JCB)

Kirchberg Conference Centre, Luxembourg  
4 and 5 July 1995

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## I. INTRODUCTION FOCUSING ON TDR'S TWENTIETH ANNIVERSARY

Representatives of 25 governments - elected members of the Joint Coordinating Board (JCB) - and of the three co-sponsoring agencies of the Special Programme for Research and Training in Tropical Diseases (TDR), met as JCB(18) at the Kirchberg Conference Centre, Luxembourg, on 4 and 5 July 1995. Representatives of eight governments and seven organizations participated in the session as official observers. The JCB members and observers participating in the session and the names of their representatives are listed in Annex 1 [document TDR/JCB(18)/95.2 Rev.1].

Mr G. Wohlfart, Secretary of State for Foreign Affairs, Trade and Cooperation of the Government of Luxembourg, welcomed the JCB participants to Luxembourg. He described the important task of the Programme to develop the tools required to control the heavy burden of tropical diseases. Mr Wohlfart referred to TDR's twentieth anniversary, to the main products already developed with the Programme's support and to TDR's future challenges. Mr Wohlfart mentioned the health needs of the developing countries and the declining resources for development assistance. For its part, the Government of Luxembourg was firmly committed to increasing its official development assistance from the current level of 0.4% of Gross National Product to 0.7% by the end of the century. In addition, the Government was increasing its contributions to WHO and TDR and Mr Wohlfart called upon the Member States represented at JCB(18) to make similar efforts.

Dr R. H. Henderson, Assistant Director-General of WHO and Special Programme Coordinator, on behalf of the three co-sponsoring agencies, thanked the Government of Luxembourg for hosting JCB(18). Dr Henderson referred to the Programme's progress over the 20 years. TDR had learned fundamental lessons in making research contribute to the problems of the developing countries and the research results were now offering many extraordinary opportunities. Unfortunately at the same time that past investment was bearing fruit, funds available were declining. Dr Henderson mentioned TDR's international partnership which involved JCB participants, scientists from around the world, governments of both developed and developing countries and many agencies, and stressed the importance of the joint commitment by all the partners to ensure that TDR could continue its crucial work against the tropical diseases. Dr Henderson referred to the personal contributions to TDR's success made by two eminent scientists present at JCB(18) - Dr A. O. Lucas, former Director TDR and Professor B. R. Bloom, outgoing Chairperson of the Scientific and Technical Advisory Committee (STAC). **JCB(18) thanked Dr Lucas for his participation in the session and expressed its deep gratitude to him for his excellent scientific and managerial leadership of TDR for half of the Programme's life. JCB(18) also expressed its deep gratitude to Professor Bloom for his six years of chairmanship of STAC and for his long-standing support and commitment to the Programme.**

Dr M. Badawy, Deputy Director, Technical Department, Arab Fund for Economic and Social Development, conveyed to JCB(18) the greetings of Mr A. Y. Al-Hamad, Director General and Chairman of the Board of Directors of the Arab Fund and his regrets that last minute developments had prevented him from attending JCB(18). On behalf of Mr Al-Hamad, Dr Badawy gave a keynote address on "Issues and Challenges in Economic Development: Approaching the 21st Century - Development Constraints and Opportunities". **The Board thanked Dr Badawy for her presentation of the keynote address on behalf of Mr Al-Hamad.**

JCB(18) elected Dr E. S. Garcia, Vice-President for Research and Environment, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, the representative of the Government of Brazil, as Chairperson of the Board until its Twentieth Session in 1997. The Board elected Dr R. Hemmer, Head of the Department of Infectious Diseases at the Luxembourg Hospital Centre, Luxembourg, as Vice-Chairperson until its Nineteenth Session in 1996.

JCB(18) expressed its gratitude to Dr C. Marchal, outgoing Chairperson JCB, for his guidance of the Board's deliberations during its past two sessions.

The Board adopted the agenda [document TDR/JCB(18)/95.1 Rev.1], attached as Annex 2.

JCB(18) approved the Report of the Seventeenth Session of the Joint Coordinating Board [document TDR/JCB(17)/94.3].

## 2. REPORT OF THE STANDING COMMITTEE

The Board reviewed the issues raised in the report of the Standing Committee [document TDR/JCB(18)/95.4], which were introduced by Mr T. S. Rothermel, Director, Science, Technology and Private Sector Division, United Nations Development Programme (UNDP), and Dr B. H. Liese, Director, Health Services Department, The World Bank.

### JCB(18):

(i) Noted with satisfaction TDR's collaboration with other organizations working in similar areas and with the pharmaceutical industry. Encouraged the Programme to maintain such collaboration to maximize the use of existing resources, through both informal mechanisms and formal agreements, including with organizations and industry in the developing countries.

(ii) Emphasized that TDR represents an essential part of the global effort to improve the health of the poor who are the most affected by the tropical diseases. Expressed its serious concern regarding the financial situation of the Programme, especially in view of TDR's excellent progress and promise. Encouraged TDR to pursue its fundraising activities in line with the mechanisms approved by the JCB. Reaffirmed that the preferred mode of funding to TDR was by means of undesignated contributions. Requested the Standing Committee to continue to report to the Board on all fundraising activities.

(iii) Stressed the importance of the three co-sponsoring agencies maintaining a high level of contributions to the Programme to demonstrate their commitment and set a good example for others to follow. Urged WHO to increase its contribution to TDR from WHO's regular budget at least to the level of 10% of TDR's budget, in order to bring the contribution up to a level comparable to the other two co-sponsors.

(iv) Requested further information on the planned Foundation for Tropical Diseases. Reiterated the concerns expressed by JCB(17) that (1) the Foundation should be legally and administratively independent; (2) its resources should be allocated in line with the priorities of TDR/Division of Control of Tropical Diseases (CTD); and (3) the Foundation's fundraising should be complementary to the fundraising of TDR to ensure no diversion of contributions that would otherwise be made direct to the Programme. Requested that the collaborative agreement to be established between the Foundation and TDR should be submitted to the Joint Coordinating Board for its consideration. Asked the Standing Committee to continue to monitor activities regarding the Foundation and to report to the JCB.

(v) Concurred with the decisions of the Standing Committee to accept six contributions designated for specific projects: from the African Development Bank Group; the Ford Foundation; the International Development Research Centre; the Rockefeller Foundation (two contributions); and the United Nations International Drug Control Programme.

(vi) Agreed to abolish the JCB briefing meetings but asked the Programme to provide, on request, appropriate briefing material to new JCB participants well in advance of the Board's sessions.

(vii) Requested TDR, in cooperation with relevant WHO programmes, to enhance their collaboration by (1) making programme and financial reporting more uniform; (2) holding the meetings of their top management bodies in conjunction with one another; and (3) at these meetings, condensing specific individual programme-related business and introducing cross-programme technical discussions.

### 3. TDR TOWARDS THE YEAR 2000

In the spirit of strengthening links between WHO's governing bodies and the management bodies of special programmes, Mrs P. Herzog, WHO Executive Board Member, attended JCB(18) and presented the conclusions and recommendations of the review of tropical disease research and control activities by the Executive Board at its Ninety-fifth Session in January 1995 (documents EB95/INF.DOC./8 Rev.1 and EB95/Working Paper No.8). **JCB(18) noted the positive review of tropical disease research and control activities by the WHO Executive Board and expressed its satisfaction that TDR is a priority programme for WHO. The JCB thanked Mrs Herzog for her presentation.**

JCB(18) considered TDR's scientific and technical activities as described in the Twelfth Programme Report covering progress from 1975-1994, with highlights during 1993-1994. Dr T. Godal, Director TDR, reported on the lessons learned by the Programme from its 20 years of experience, focusing on the challenge to link needs with opportunities. A summary of Dr Godal's presentation is contained in Annex 3. Following Dr Godal's report, Dr M. K. Behbehani, Director, WHO Division of Control of Tropical Diseases (CTD) and Dr S. K. Noordeen, Director, WHO Action Programme for the Elimination of Leprosy (LEP), summarized recent developments in the control of tropical diseases and joint activities with TDR.

JCB(18) examined the Report of the Seventeenth Meeting of the Scientific and Technical Advisory Committee (STAC) (document TDR/STAC-17/95.3), which was introduced by Professor B. R. Bloom, Chairperson STAC. A summary of Professor Bloom's presentation is included in Annex 3. In addition, Dr C. Marchal, Chairperson JCB(17), gave a short report on his attendance at STAC-17.

**JCB(18):**

- (i) Expressed its appreciation of the progress made by the Programme which was well described in the Twelfth Programme Report.
- (ii) Requested that future TDR Programme Reports should better reflect priority considerations, problems encountered and lessons learned.
- (iii) Expressed its satisfaction that TDR's new structure was functioning effectively.
- (iv) Encouraged the Programme to work more closely with other applied field research initiatives at the community level, the regional, national and international levels, to explore possibilities for joint activities and thereby avoid duplication of effort and maximize the use of existing resources.
- (v) Encouraged the Programme to stimulate where possible greater involvement in research and control of the tropical diseases by private industry, including in the developing countries.
- (vi) Requested that immediate efforts should be made to improve collaboration and enhance cooperation between TDR and the Global Tuberculosis Programme.
- (vii) Requested that the balance of TDR's financial resources allocated to the areas of strategic research, product research and development, applied field research and research capability strengthening should be examined in the course of the third external review of the Programme.
- (viii) Recommended that an analysis be made of all the inputs by various organizations into scientific institutions in the developing countries to facilitate closer networking and maximize the use of existing resources. Agreed that this could be carried out in the context of the prospective thematic review by STAC on the impact of TDR. Requested that designated funding should be sought to cover the cost of this analysis.
- (ix) Agreed to the consolidation of the Product Development Unit into the product research and development area.
- (x) Stressed the importance of providing simple and inexpensive disease control tools as the tropical diseases affected the poorest of the poor.
- (xi) Recommended that, if available funds permit, TDR should continue development of a drug to kill the adult worms of river blindness and lymphatic filariasis after funding by the Onchocerciasis Control Programme in West Africa is withdrawn in 1997.
- (xii) Expressed its gratitude for the careful and objective review of the Programme's scientific and technical activities by STAC under the chairmanship of Professor B. R. Bloom which exemplifies the important role of such technical committees in programmes like TDR.
- (xiii) Requested that future STAC reports should give further details on the Committee's review of the overall directions and priorities of the Programme.

(xiv) Expressed its appreciation of the presentations by Dr T. Godal, Director TDR and by Professor B. R. Bloom, Chairperson STAC.

(xv) Thanked Dr C. Marchal, Chairperson JCB(17), for his report on his attendance at STAC-17.

(xvi) Thanked Dr M. K. Behbehani, Director CTD and Dr S. K. Noordeen, Director LEP, for their statements on recent developments in tropical disease control and joint activities with TDR.

4. ROLE OF DEVELOPING COUNTRIES IN TDR AND IN TROPICAL DISEASE RESEARCH AND DEVELOPMENT AND IN RESEARCH CAPABILITY STRENGTHENING

This item was included in the JCB agenda on the initiative of the representatives of developing countries present at JCB(17) in 1994. Dato Dr M. Jegathesan, Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Kuala Lumpur, Malaysia, introduced the item by giving a presentation on product research and development in developing countries. Professor Y. T. Touré, Professor of Biology, Head of the Malaria Research and Training Centre, Department of Epidemiology of Parasitic Infections at the National School of Medicine and Pharmacy, Bamako, Mali, made a presentation on "Research capability strengthening in the least developed countries: the case of Mali".

**JCB(18):**

(i) Stressed again the importance of TDR's research capability strengthening activities and of the participation of developing countries in TDR's operations. Re-emphasized that greater attention should be paid to the research capability strengthening needs of the least developed countries.

(ii) Requested TDR to present to JCB(19) in 1996 a strategic plan for its future research capability strengthening activities, with special attention to the least developed countries.

(iii) Stressed the importance of South/South collaboration and the strengthening of regional networks to improve this collaboration.

(iv) Agreed on the importance of good scientific leadership in the developing countries for product research and development and research capability strengthening activities and requested TDR to make efforts to identify potential leaders and provide them with appropriate and sustained support to realize their full potential.

(v) Agreed on the need for the developing countries, especially the advanced developing countries, to take an active role in the partnership with TDR and where possible to provide matching contributions for research capability strengthening activities.

(vi) Thanked Dato Dr M. Jegathesan and Professor Y. T. Touré for their presentations.

## 5. TECHNICAL PRESENTATIONS ON GENDER AND TROPICAL DISEASES

The presentations were illustrated by a video entitled "A Picture of Health: Engaging Women".

Dr J. Kengeya-Kayondo, Chairperson of the TDR Task Force on Gender and Tropical Diseases, introduced TDR's research in this area. Dr S. Fonn, Women's Health Project, University of Witwatersrand, Johannesburg, South Africa, reported on research to develop gender-sensitive communications packages for health workers; and Mrs I. Wurie, Society for Women and AIDS in Africa, Freetown, Sierra Leone, described research on the development of the Healthy Women Counselling Guide.

### JCB(18):

(i) **Appreciated the attention given to gender issues in relation to tropical diseases and looked forward to receiving information on the review of this research area to be conducted in the course of the third external review of TDR.**

(ii) **Thanked Dr J. Kengeya-Kayondo, Dr S. Fonn and Mrs I. Wurie for their presentations.**

## 6. WHO *AD HOC* HEALTH RESEARCH AND DEVELOPMENT REVIEW

Professor D. T. Jamison, Chairperson of the WHO *Ad Hoc* Committee on Health Research Relating to Future Intervention Options, presented the draft report of the WHO *Ad Hoc* Committee, entitled "Investing in Health Research and Development". In his capacity of Study Co-Director of the review, Dr Godal invited the JCB participants to submit in writing comments and suggestions on the draft report to Professor Jamison.

**JCB(18) thanked Professor Jamison for his report on progress of the WHO *Ad Hoc* Committee on Health Research Relating to Future Intervention Options and looked forward to receiving the final report of the Committee at JCB(19) in 1996.**

## 7. THIRD EXTERNAL REVIEW OF TDR

In 1993, JCB(16) had recommended that the third external review of TDR should be carried out in 1997-1998. To set this process in motion, draft terms of reference for the review were presented to JCB(18) [Annex 1 to document TDR/JCB(18)/95.4].

### JCB(18):

(i) **Decided that the third external review of TDR should be carried out in 1997-1998.**

(ii) **Agreed that suggestions for priority topics to be considered in the course of the review should be submitted to the Special Programme Coordinator by 1 November 1995.**

(iii) **Decided that the External Review Committee should be comprised of five experts, with a balance of representatives from both developed and developing countries and from the different regions.**

(iv) Requested the Standing Committee to provide the JCB participants with further information on the expertise required for membership of the third External Review Committee.

(v) Agreed that names of potential candidates for the External Review Committee should be sent to the Special Programme Coordinator by 1 November 1995.

(vi) Agreed that as far as possible additional contributions should be sought to cover the cost of the review and that pledges should be sent to the Special Programme Coordinator, if possible by 1 June 1996.

(vii) Looked forward to receiving for approval the final terms of reference for the review at JCB(19) in 1996.

(viii) Looked forward to receiving at JCB(19) information from the preparatory phase of the review, namely the report of the prospective thematic review by STAC on the impact of TDR and the projections by TDR of the resources needed by the Programme over the next decade.

## 8. MEMBERSHIP OF THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

The Board considered the nominations of the Executing Agency and the Standing Committee for STAC membership and the nomination of the STAC Chairperson with effect from 1 January 1996, together with the proposed extensions of membership in 1997.

### JCB(18):

(i) Endorsed the nominations for STAC membership from 1 January 1996 and the extensions of membership in 1997. The list of members with their terms of office is attached as Annex 4.

(ii) Endorsed the nomination of Dr C. M. Morel, President of the Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, as Chairperson STAC from 1 January 1996.

## 9. FINANCIAL MATTERS

### 9.1 Financial Report for 1994 and Revised Programme Budget for the 1994-1995 Biennium: Financial Status in 1994-1995

JCB(18) reviewed the Programme's financial situation in the 1994-1995 biennium (Table 1) which was introduced by Dr C. Vlassoff, Programme Manager, TDR. Total funds estimated to be available to the Programme in 1994-1995 amounted to only US\$ 64.6 million. The budget of US\$ 66.7 million, approved by the JCB in 1993, had therefore had to be reduced in line with estimates of available funds to US\$ 63.6 million - US\$ 3.1 million (4.6%) less than the approved budget. This level might have to be reduced still further to ensure a minimum closing balance of US\$ 1 million at the end of the biennium. Adjustments to the budget were made in accordance with the Procedures for Budget Revision approved by the JCB.

For reasons of cash-flow, the Standing Committee considered that the carry-over figure of US\$ 1 million was too low and recommended that 10% of expenditures should become the policy for the carry-over level.

TABLE 1

TDR'S FINANCIAL STATUS IN 1992-1993 AND ESTIMATED FINANCIAL STATUS  
IN 1994-1995 AND IN 1996-1997 (US\$ 000)

<u>SOURCE OF FUNDS</u>	1992-93 <u>ACTUAL</u>	1994-95 <u>ESTIMATE</u>	1996-97 <u>ESTIMATE</u>
Opening balance - 1 Jan.	2 755.0	1 815.6	973.7
Income:			
Contributions	64 307.6	60 758.1	53 800.0
Interest and other income	<u>2 575.2</u>	<u>2 000.0</u>	<u>1 900.0</u>
Total funds available	<u>69 637.8</u>	<u>64 573.7</u>	<u>56 673.7</u>
Funding gap	_____	_____	<u>4 026.3</u>
Total funds required	<u>69 637.8</u>	<u>64 573.7</u>	<u>60 700.0</u>
<hr/>			
<u>APPLICATION OF FUNDS</u>			
Obligations/budget	67 822.2	63 600.0	57 700.0
Closing balance - 31 Dec.	<u>1 815.6</u>	<u>973.7</u>	<u>3 000.0</u>
Total applications	<u>69 637.8</u>	<u>64 573.7</u>	<u>60 700.0</u>

The Programme had tried to adhere to its policy of maintaining 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. However, the percentage of resources allocated to Operations for the 1994-1995 biennium had decreased from 70.3% of the approved budget to 68.2% of the revised budget and the percentage of resources allocated to Personnel Services had increased from 19.8% of the approved budget to 22.8% of the revised budget.

**JCB(18):**

(i) **Accepted the Financial Report for 1994 and the Revised Programme Budget for the 1994-1995 Biennium** [document TDR/JCB(18)/95.6].

(ii) **Agreed that the level of carry-over from one financial biennium to the next should be increased, with effect from the end of the 1996-1997 biennium. Decided that the carry-over level should be based on a fixed figure rather than a percentage of expenditures and agreed on the level of approximately US\$ 3 million.**

(iii) **Reiterated its appreciation of the Programme's efforts to adhere to its policy of allocating over 70% of resources to Operations and keeping Personnel Services below 20% of the budget, but agreed to continue to allow a measure of flexibility in view of the current financial constraints.**

9.2 Plan of Action and Programme Budget for the 1996-1997 Biennium and Estimates for 1998-1999; Financial Prospects for the 1996-1997 Biennium

JCB(18) examined the Proposed Programme Budget for the 1996-1997 Biennium and Estimates for 1998-1999 (document TDR/PB/96-97), which was introduced by Dr C. Vlassoff.

The budget was based on the new TDR structure and showed planned activities by the consolidated areas of strategic research, product research and development, applied field research and research capability strengthening, and by major activity within each area. With regard to the main allocations within the budget, increased funding was allocated to the strategic research area; the Product Development Unit would be consolidated into the product research and development area, which would result in some savings; applied field research activities would receive continued support for the new initiatives started in 1994-1995; and the research capability strengthening area would remain largely unchanged, except for the transfer of the epidemiology and field research component to the applied field research area.

The proposed Programme budget for 1996-1997 presented to JCB(18) was set at the level of US\$ 61.7 million. This was US\$ 1.9 million (3%) less than the revised budget of US\$ 63.6 million for the 1994-1995 biennium and US\$ 5 million (7.5%) less than the budget originally approved by the JCB of US\$ 66.7 million for 1994-1995. The reduction had a negative effect on the Programme's work which increasingly had to be prioritized and certain activities had to be reduced or stopped, e.g. the development of diagnostics. Unfortunately even this modest budget was faced with a substantial funding gap as estimates of funds available to TDR in 1996-1997 only amounted to US\$ 56.7 million (Table 1). The funding gap amounted to US\$ 6 million, allowing for a carry-over of only US\$ 1 million into the 1998-1999 biennium; but the gap increased to US\$ 8 million, taking into account the newly JCB recommended carry-over level of US\$ 3 million. In the event that additional funds might become available, and in order not to lose sight of what could be achieved given a truly adequate budget, TDR had included in the budget document details of proposed accelerated activities in high-priority areas at a cost of US\$ 5 million. Taking into account these accelerated activities, the funding gap increased to US\$ 13 million.

**JCB(18):**

- (i) Reiterated its concern regarding the reduction in funds available to the Programme and the consequent negative effects on TDR's activities.**
- (ii) Urged that every effort be made to increase the level of TDR's financial resources. Fourteen JCB participants indicated continued financial support for the Programme.**
- (iii) Encouraged contributors which were net beneficiaries of TDR's resources to do their utmost to increase the level of their direct financial contributions to the Programme.**
- (iv) Considered that a funding gap of US\$ 6 million and above was too high and therefore decided to reduce the proposed TDR Programme budget for the 1996-1997 biennium from US\$ 61.7 million to US\$ 57.7 million. Noted that this would leave a funding gap of US\$ 4 million, allowing for the JCB recommended carry-over of US\$ 3 million into the 1998-1999 biennium. The revised budget summary developed by TDR is shown in Table 2.**
- (v) Agreed that if additional funds became available to the Programme, these should be used to close the funding gap of US\$ 4 million: if further resources became available, these**

TABLE 2

PROGRAMME AREA/COMPONENT	1994-95		1996-97				1998-99
	1	2	3	4	5	6	7
	APPROVED BUDGET	REVISED BUDGET	PROPOSED BUDGET	APPROVED BUDGET	INCREASE/(DECREASE)	PER CENT	ESTIMATED
PA I Technical and Administrative Bodies	640.0	775.0	765.0	715.4	4-2 (59.6)	-7.7%	800.0
--Per cent of Total	1.0%	1.2%	1.2%	1.2%			1.2%
PA II General Activities - R & D							
Director's Initiative Fund	2'385.0	2'311.3	2'505.0	2'340.9	29.6	1.3%	2'630.0
Leprosy	2'800.0	2'536.3	1'535.0	1'435.5	(1'100.8)	-43.4%	1'610.0
Subtotal - Programme Area II	5'185.0	4'847.6	4'040.0	3'776.4	(1'071.2)	-22.1%	4'240.0
--Per cent of Total	7.8%	7.6%	6.5%	6.5%			6.5%
PA III Strategic Research							
Technical Planning & Review	-	399.2	420.0	392.8	(6.4)	-1.6%	440.0
Parasite Genome	840.0	1'833.6	1'680.0	1'571.1	(262.5)	-14.3%	1'760.0
Pathogenesis	3'070.0	2'303.0	3'515.0	3'287.2	984.2	42.7%	3'690.0
Molecular Entomology	2'070.0	1'783.3	1'695.0	1'585.2	(198.1)	-11.1%	1'790.0
Subtotal - Programme Area III	5'980.0	6'319.1	7'310.0	6'836.3	517.2	8.2%	7'680.0
--Per cent of Total	9.0%	9.9%	11.8%	11.8%			11.9%
PA IV Product Research & Development							
Special Products	5'800.0	4'992.0	1'075.0	1'005.4	(3'986.6)	-79.9%	1'130.0
Drugs: African Tryps., Chagas, Leish.	2'130.0	1'979.6	2'410.0	2'253.8	274.2	13.9%	2'520.0
Drugs: Macrophilariae	840.0	750.0	1'000.0	935.2	185.2	24.7%	1'050.0
Drugs: Malaria	4'120.0	3'746.9	4'485.0	4'194.4	447.5	11.9%	4'700.0
Vaccines: leishmaniasis	1'880.0	1'504.5	1'620.0	1'515.0	10.5	0.7%	1'700.0
Vaccines: Malaria	2'860.0	2'647.1	3'085.0	2'885.1	238.0	9.0%	3'240.0
Vaccines: Schistosomiasis	1'780.0	1'444.1	1'210.0	1'131.6	(312.5)	-21.6%	1'270.0
Subtotal - Programme Area IV	19'420.0	17'064.2	14'885.0	13'920.5	(3'143.7)	-18.4%	15'610.0
--Per cent of Total	29.1%	26.8%	24.1%	24.1%			24.1%
PA V Applied Field Research							
Individual Projects	4'190.0	4'223.8	1'520.0	1'421.6	(2'802.2)	-66.3%	1'600.0
Gender and Tropical Diseases	-	-	1'340.0	1'253.2	1'253.2		1'400.0
School-aged Children and Tropical Diseases	-	-	1'100.0	1'028.7	1'028.7		1'150.0
Integrated Management of the Sick Child: Malaria	-	-	1'100.0	1'028.7	1'028.7		1'150.0
Health Care Financing in Tropical Diseases	-	-	700.0	654.6	654.6		725.0
Antimalarials in Asia	-	-	1'200.0	1'122.2	1'122.2		1'260.0
Onchocerciasis Operational Research	-	-	1'145.0	1'070.8	1'070.8		1'200.0
Environment and Tropical Diseases	-	-	700.0	654.6	654.6		725.0
Bednets	3'275.0	2'695.0	1'125.0	1'052.1	(1'642.9)	-61.0%	1'180.0
Filaria Operational Research	2'120.0	1'894.6	1'365.0	1'276.5	(618.1)	-32.6%	1'430.0
Chagas Operational Research	1'230.0	1'089.8	855.0	799.6	(290.2)	-26.6%	900.0
African Tryps., Surveillance	1'200.0	915.0	760.0	710.8	(204.2)	-22.3%	800.0
Subtotal - Programme Area V	12'015.0	10'818.2	12'910.0	12'073.4	1'255.2	11.6%	13'520.0
--Per cent of Total	18.0%	17.0%	20.9%	20.9%			20.9%
PA VI Research Capability Strengthening							
Technical Planning & Review	1'620.0	2'127.7	1'680.0	1'571.1	(556.6)	-26.2%	1'770.0
Institutional Strengthening	4'830.0	3'435.0	2'800.0	2'618.6	(816.4)	-23.8%	3'000.0
Training Activities	7'250.0	7'401.0	9'700.0	9'071.4	1'670.4	22.6%	10'190.0
Epidemiology and Field Research	2'510.0	3'542.7	-	-	(3'542.7)	-100.0%	-
Subtotal - Programme Area VI	16'210.0	16'506.4	14'180.0	13'261.1	(3'245.3)	-19.7%	14'560.0
--Per cent of Total	24.3%	26.0%	23.0%	23.0%			23.1%
PA VII Programme Management							
Personnel	3'887.5	3'673.0	3'980.0	3'722.1	49.1	1.3%	4'180.0
Operational Support Activities	650.0	581.5	620.0	579.8	(1.7)	-0.3%	650.0
General Support	2'690.0	3'015.0	3'010.0	2'815.0	(200.0)	-6.6%	3'160.0
Subtotal - Programme Area VII	7'227.5	7'269.5	7'610.0	7'116.9	(152.6)	-2.1%	7'990.0
--Per cent of Total	10.8%	11.4%	12.3%	12.3%			12.3%
GRAND TOTAL	66'877.5	63'600.0	61'700.0	57'700.0	(5'900.0)	-9.3%	64'800.0

should be used to carry out the remaining activities included in the proposed budget of US\$ 61.7 million presented to JCB(18): and any additional resources could be used to carry out the accelerated activities in the high-priority areas identified in the proposed budget presented to JCB(18).

(vi) Noting the implications of the reduced budget level on the percentage of resources allocated to Personnel Services in 1996-1997, requested Director TDR to use prudent judgement to limit staff costs to the maximum extent possible without jeopardizing the functioning of TDR's activities and to continue to report on the situation to the JCB.

(vii) Recommended that Director TDR accept the offer from the delegation of the United Kingdom of Great Britain and Northern Ireland to help support a management review of TDR staff requirements.

10. SELECTION OF ONE MEMBER OF THE JCB ACCORDING TO PARAGRAPH 2.2.3 OF THE TDR MEMORANDUM OF UNDERSTANDING

The Board selected the Government of Malaysia for JCB membership for a period of three years from 1 January 1996.

The list of members of the Joint Coordinating Board as of 1 January 1996 is attached as Annex 5.

11. DATE AND PLACE OF THE NINETEENTH SESSION OF THE JCB

JCB(18) decided that the Nineteenth Session of the Joint Coordinating Board would take place on Tuesday and Wednesday 25 and 26 June 1996 at WHO headquarters, Geneva, Switzerland.

12. CLOSURE OF THE SESSION

Dr E. S. Garcia, Chairperson JCB, reiterated the Board's gratitude to the Government of Luxembourg for hosting JCB(18) and for the excellent preparations made by the Government for the session. Dr Garcia thanked the JCB participants for their active participation in the Board's deliberations and also thanked the interpreters for their cooperation. In addition, he expressed his gratitude to the TDR staff for their hard work in organizing the session outside of Geneva and for the arrangements made during the JCB session.

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Kirchberg Conference Centre, Luxembourg, 4 and 5 July 1995  
Conference Room D

TDR/JCB(18)/95.2 Rev.1

LIST OF PARTICIPANTS

ALGERIA

Monsieur le Professeur Abdelouahab DIF, Directeur de la Prévention, Ministère de la Santé et de la Population, Alger

ANGOLA

No representative able to attend

AUSTRALIA

Mr Christopher KNOTT, First Secretary, Permanent Mission of Australia to the United Nations Office at Geneva

BANGLADESH

Professor Kazi MASIHUR RAHMAN, Professor of Microbiology, Institute of Post Graduate Medicine and Research, Dhaka

BELGIUM

Monsieur le Docteur Jacques LARUELLE, Chargé de Mission, Division des Relations avec les Organismes internationaux, Administration générale de la Coopération au Développement, Bruxelles

Monsieur le Docteur Simon VAN NIEUWENHOVE, Service Afrique centrale, Administration générale de la Coopération au Développement, Bruxelles

BRAZIL

Dr Eloi S. GARCIA, Vice-President for Research and Environment, Oswaldo Cruz Foundation, Rio de Janeiro

CANADA

Ms Danièle TESTELIN, Senior Program Manager, Multilateral Technical Cooperation, Multilateral Programs Branch, Canadian International Development Agency, Hull

Dr Jean LARIVIERE, Senior Medical Adviser, Intergovernmental and International Affairs, Ministry of Health, Ottawa

CUBA

Professor Gustavo P. KOURÍ, Director General, Institute of Tropical Medicine "Pedro Kourí",  
La Habana

DENMARK

Dr Finn SCHLEIMANN, Technical Adviser, Danish International Development Agency (DANIDA),  
Ministry of Foreign Affairs, Copenhagen

Ms Karin-Annabella REVUELTA, Consultant, COWIconsult DANIDA/WHO Review Team,  
Lyngby

FRANCE

Monsieur le Docteur Christian MARCHAL, Directeur de Recherche à l'INSERM, et Chargé de  
Mission, Sous-Direction de la Santé et du Développement social, Ministère de la Coopération, Paris

Monsieur le Professeur Gilles BRUCKER, Ministère de la Santé publique et de l'Assurance Maladie:  
Assistance publique (Direction des Hôpitaux), Paris

GERMANY

Dr Winfried PULST, Deputy Head, Division of Health, Population and Nutrition, Federal Ministry  
for Economic Cooperation and Development, Bonn

Dr Rolf KORTE, Head, Division of Health, Population and Nutrition, German Agency for Technical  
Cooperation, Eschborn

INDIA

Dr Gowdagere Vedanti SATYAVATI, Director General, Indian Council of Medical Research,  
New Delhi

IRELAND

No representative able to attend

LUXEMBOURG

Monsieur le Docteur Robert HEMMER, Chef du Département des Maladies infectieuses, Centre  
hospitalier de Luxembourg

Madame le Docteur Danielle A. HANSEN-KOENIG, Directeur de la Santé, Ministère de la Santé,  
Luxembourg

Monsieur Gaston STRONCK, Secrétaire de Légation 1er en rang, Ministère des Affaires étrangères,  
du Commerce extérieur et de la Coopération, Luxembourg

LUXEMBOURG (continued)

Monsieur Marc BICHLER, Chef du Service de la Coopération, Ministère des Affaires étrangères, du Commerce extérieur et de la Coopération, Luxembourg

Monsieur le Docteur François SCHNEIDER, Directeur du Laboratoire national de Santé, Luxembourg

Monsieur le Docteur Claude P. MULLER, Chef du Département d'Immunologie, Laboratoire national de Santé, Luxembourg

Monsieur Jean-Claude MEYER, Secrétaire de Légation, Ministère des Affaires étrangères, du Commerce extérieur et de la Coopération, Luxembourg

Monsieur Armand MUNO, Commis principal, Ministère des Affaires étrangères, du Commerce extérieur et de la Coopération, Luxembourg

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Dato Dr Manikavasagam JEGATHESAN, Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Kuala Lumpur

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Professor Herbert M. GILLES, Visiting Professor of Public Health, University of Malta Medical School, Gwardamangia

NEPAL

Dr Kalyan Raj PANDEY, Director General, Department of Health Services, Ministry of Health, Kathmandu

NETHERLANDS

Mr Willem VAN REENEN, First Secretary, Permanent Mission of the Kingdom of the Netherlands to the United Nations Office and International Organizations at Geneva

Mrs Anne Marie VAN BOLHUIS, Policy Officer, UNAID Section, Ministry of Foreign Affairs, The Hague

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Dr Berit OLSEN, Director, Department of Public and International Health, Norwegian Board of Health, Oslo

Dr Berit AUSTVEG, Adviser, Norwegian Board of Health, Oslo

PAPUA NEW GUINEA

Dr Michael ALPERS, Director, Papua New Guinea Institute of Medical Research, Goroka

SAUDI ARABIA

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SWITZERLAND

Monsieur le Professeur Antoine DEGREMONT, Directeur de l'Institut tropical suisse, Bâle

TUNISIA

Monsieur le Professeur Riyadh BEN-ISMAIL, Professeur de Parasitologie médicale à la Faculté de Médecine de l'Université de Tunis et Chef de Service, Laboratoire d'Epidémiologie et d'Ecologie parasitaire, Institut Pasteur de Tunis

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Dr Penelope KEY, Deputy Head, Health and Population Division, Overseas Development Administration, London

Mr Brian A. THORPE, Head, International Health Section, Health and Population Division, Overseas Development Administration, London

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VIET NAM

Professor DANG DUC TRACH, Deputy Director, National Institute of Hygiene and Epidemiology, Hanoi

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Mr Timothy S. ROTHERMEL, Director, Science, Technology and Private Sector Division, UNDP, New York, N.Y., USA

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Dr SEUNG-IL SHIN, Project Leader, International Vaccine Institute, Children's Vaccine Initiative, Seoul, Republic of Korea

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Dr Bernhard H. LIESE, Director, Health Services Department, The World Bank, Washington, D.C., USA

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WORLD HEALTH ORGANIZATIONRegional Office for South-East Asia

Dr Sriram Prasad TRIPATHY, Director, Research and Family Health, WHO Regional Office for South-East Asia, New Delhi, India

Onchocerciasis Control Programme in West Africa (OCP)

Dr Boakye A. BOATIN, Chief, Epidemiological Evaluation Unit, OCP, Ouagadougou, Burkina Faso

Headquarters

Dr Ralph H. HENDERSON, Assistant Director-General/Special Programme Coordinator

Dr Tore GODAL, Director, Special Programme for Research and Training in Tropical Diseases

Dr M. Kazem BEHBEHANI, Director, Division of Control of Tropical Diseases

Dr Shaik Khader NOORDEEN, Director, Action Programme for the Elimination of Leprosy

Dr Jim TULLOCH, Director, Division of Diarrhoeal and Acute Respiratory Disease Control

Dr Carol VLASSOFF, TDR Programme Manager and Manager, Task Force on Gender and Tropical Diseases, Special Programme for Research and Training in Tropical Diseases

Dr Javid A. HASHMI, Coordinator, Research Capability Strengthening, Special Programme for Research and Training in Tropical Diseases

Dr Farrokh MODABBER, Coordinator, Strategic Research and Manager, Steering Committee on Vaccines for Leishmaniasis, Special Programme for Research and Training in Tropical Diseases

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Ms Anne H. MAZUR, Legal Officer

Mrs Susan BLOCK TYRRELL, External Relations Officer, Special Programme for Research and Training in Tropical Diseases

Mrs Nicola J. CHRISTOFIDES, Temporary Adviser, Special Programme for Research and Training in Tropical Diseases

Mr Andrew J. CRUMP, Technical Officer, Communications, Special Programme for Research and Training in Tropical Diseases

Dr Boris DOBROKHOTOV, Manager, Committee on Molecular Entomology and Manager, Committee on Parasite Genome, Special Programme for Research and Training in Tropical Diseases

Dr Howard ENGERS, Manager, Steering Committee on Vaccines for Malaria, Special Programme for Research and Training in Tropical Diseases

Ms Ane HAALAND, Health Communications Specialist, Task Force on Gender and Tropical Diseases, Task Force on School-Aged Children and Task Force on Operational Research on Onchocerciasis, Special Programme for Research and Training in Tropical Diseases

Mr Felix A. S. KUZOE, Manager, Steering Committee on Drugs for African Trypanosomiasis, Chagas Disease and Leishmaniasis and Manager, Task Force on African Trypanosomiasis Surveillance, Special Programme for Research and Training in Tropical Diseases

Mr Jean-Pierre LAFAILLE, Finance Officer, Special Programme for Research and Training in Tropical Diseases

Mrs Luz MAGPANTAY, Secretary, Special Programme for Research and Training in Tropical Diseases

Dr Alvaro MONCAYO, Manager, Task Force on Operational Research on Chagas Disease, Special Programme for Research and Training in Tropical Diseases; and Chief, Trypanosomiasis and Leishmaniasis Control

Dr Thomas C. NCHINDA, Medical Officer, Research Capability Strengthening, Special Programme for Research and Training in Tropical Diseases

Mrs Brigida SAPPEY, Secretary, Special Programme for Research and Training in Tropical Diseases

Dr Robert WALGATE, Communications Officer, Special Programme for Research and Training in Tropical Diseases

WORLD HEALTH ORGANIZATION (continued)Headquarters (continued)

Mr James CHEYNE, Programme Officer, Global Programme for Vaccines and Immunization

Mr Richard HIRT, Sound Recording Technician, Electronics and Sound

Mr Jésus MARTINEZ, Usher, Ushers, Messengers, Guards and Drivers

OTHER PARTICIPANTSSpecial Guest

Dr Adetokunbo O. LUCAS, Former Director TDR, Ibadan, Nigeria

Keynote Address Speaker

Dr Mervat BADAWEY, Deputy Director, Technical Department, Arab Fund for Economic and Social Development, Safat, Kuwait: on behalf of Mr Abdlatif Y. Al-Hamad, Director General and Chairman of the Board of Directors, Arab Fund for Economic and Social Development

Chairperson, TDR Scientific and Technical Advisory Committee (STAC)

Professor Barry R. BLOOM, Investigator, Howard Hughes Medical Institute/Weinstock Professor, Albert Einstein College of Medicine of Yeshiva University, New York, N.Y., USA

Presenters

Dr Sharon FONN, Senior Research Officer, Women's Health Project, Department of Community Health, University of Witwatersrand, Johannesburg, South Africa: Member of the TDR Task Force on Gender and Tropical Diseases

Mrs Pnina HERZOG, Member of the WHO Executive Board: Senior Adviser, Department of International Relations, Ministry of Health of Israel

Professor Dean T. JAMISON, Chairperson, WHO *Ad Hoc* Committee on Health Research Relating to Future Intervention Options: Director, Center for Pacific Rim Studies, University of California, Los Angeles, California, USA

Dr Jane-Frances KENGEYA-KAYONDO, Chairperson of the TDR Task Force on Gender and Tropical Diseases: Head, Department of Epidemiology and Data Management, National Principal Investigator, Medical Research Council Programme on AIDS in Uganda, Entebbe, Uganda

Monsieur le Professeur Yéya T. TOURE, Professeur de Biologie, Chef du Centre de Recherche et de Formation sur le Paludisme, Département d'Epidémiologie des Affections parasitaires, Ecole nationale de Médecine et de Pharmacie, Bamako, Mali

Mrs Isatta WURIE, Society for Women and AIDS in Africa, Freetown, Sierra Leone

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### European Commission (EC)

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### International Federation of Pharmaceutical Manufacturers Associations (IFPMA)

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### International Organization for Chemical Sciences in Development (IOCD)

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Dr Eduardo MISSONI, Health Expert, Central Technical Unit, Directorate General for Development Cooperation, Ministry of Foreign Affairs, Rome

### John D. and Catherine T. MacArthur Foundation

Dr Anu KUMAR, Program Officer, Population Program, John D. and Catherine T. MacArthur Foundation, Chicago, Illinois, USA

### Malawi

Dr Lester CHITSULO, Chief Research Officer, Ministry of Health and Population, Lilongwe

Mexico

Dr José RODRIGUEZ-DOMINGUEZ, Director General of Preventive Medicine, Secretariat of Health, Mexico DF

Organisation de Coordination pour la Lutte contre les Endémies en Afrique centrale (OCEAC)

Monsieur le Docteur Pierre LEMARDELEY, Chef de l'Observatoire régional de la Santé publique, OCEAC, Yaoundé, Cameroun

Oswaldo Cruz Foundation (FIOCRUZ)

Dr Eloi S. GARCIA, Vice-President for Research and Environment, FIOCRUZ, Rio de Janeiro, Brazil

Portugal

Madame le Professeur Wanda F. CANAS-FERREIRA, Directrice, Institut d'Hygiène et de Médecine tropicale, Universidade Nova de Lisboa, Lisbonne

Slovenia

Dr Dušica PLETESKI-RIGLER, Consultant Physician, Head of Division, Department of Infectious Diseases, University Medical Centre, Ljubljana

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

TDR/JCB(18)/95.1 Rev.1

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Kirchberg Conference Centre, Luxembourg, 4 and 5 July 1995  
Conference Room D

AGENDA

Reference Documents

1. Opening of the Session
2. Keynote Address by Mr Abdlatif Y. Al-Hamad, Director  
General/Chairman of the Board of Directors, Arab Fund for  
Economic and Social Development  
  
Title: Issues and Challenges in Economic Development:  
Approaching the 21st Century - Development  
Constraints and Opportunities
3. Election of Chairperson and Vice-Chairperson
4. Adoption of Agenda TDR/JCB(18)/95.1 Rev.1  
TDR/JCB(18)/95.1a
5. Matters Relating to the Report of the Seventeenth Session  
of the Joint Coordinating Board (JCB) TDR/JCB(17)/94.3
6. Report of the Standing Committee: To Include TDR/JCB(18)/95.4
  - Collaboration with Other Organizations Working in  
Similar Areas and Collaboration with the  
Pharmaceutical Industry
  - Fundraising Activities, including the Foundation for EB95/55  
Tropical Diseases: an Endowment Fund
  - Designated Funding
  - Arrangements for JCB Sessions
  - Observer Status at JCB Sessions
7. TDR Towards the Year 2000
  - 7.1 Review of tropical disease research and control by EB95/INF.DOC./8 Rev.1  
EB95/Working Paper No.8  
the WHO Executive Board

Reference Documents

7. TDR Towards the Year 2000 (continued)
- 7.2 Director's Report Focusing on: Twelfth Programme Report
- Scientific Progress
  - Advances in Research Capability Strengthening
  - TDR's Impact on Disease Control
  - Planned Activities
  - Collaboration with Other WHO Programmes
- 7.3 Report by Chairperson, Scientific and Technical Advisory Committee: To Include TDR/STAC-17/95.3
- Monitoring of TDR's Strategy Towards the Year 2000
  - Priorities, Rationale and Resource Allocation for Scientific and Technical Activities in the 1996-1997 Biennium
8. Role of Developing Countries in TDR and in Tropical Disease Research and Development, and Research Capability Strengthening
9. Technical Presentations on Gender and Tropical Diseases
10. WHO *Ad Hoc* Health Research and Development Review Draft Report of the WHO *Ad Hoc* Committee on Health Research Relating to Future Intervention Options
11. Third External Review of TDR TDR/JCB(18)/95.4
12. Membership of the Scientific and Technical Advisory Committee TDR/JCB(18)/95.5
13. Financial Matters
- 13.1 Financial Report for 1994 and Revised Programme Budget for the 1994-1995 Biennium; Financial Status in 1994-1995 TDR/JCB(18)/95.6
- 13.2 Plan of Action and Programme Budget for the 1996-1997 Biennium and Estimates for 1998-1999 Proposed Programme Budget for the 1996-1997 Biennium and Estimates for 1998-1999 TDR/PB/96-97
- 13.3 Financial Prospects for the 1996-1997 Biennium

Reference Documents

- |     |  |  |
|-----|--|--|
| 14. | Selection of One Member of the JCB According to Paragraph 2.2.3 of the TDR Memorandum of Understanding | TDR/JCB(18)/95.7<br>TDR/JCB(17)/94.3<br>Annex 8<br>Memorandum of Understanding -<br>TDR/CP/78.5/Rev.88 |
| 15. | Date and Place of the Nineteenth Session of the JCB  | TDR/JCB(18)/95.4   |
| 16. | Other Business   |  |
| 17. | Closure of the Session   |  |

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Luxembourg, 4 and 5 July 1995

SUMMARY OF THE PRESENTATIONS  
BY DR T. GODAL, DIRECTOR TDR AND  
PROFESSOR B. R. BLOOM, CHAIRPERSON STAC

1. SUMMARY OF THE PRESENTATION BY DR T. GODAL, DIRECTOR TDR

Dr Godal referred to TDR's twentieth anniversary and to the Twelfth Programme Report which gave a detailed account of TDR's achievements over the past 20 years, with outputs during 1993-1994 placed in the context of previously-set targets for the biennium. Dr Godal did not review outputs but tried to draw from TDR's 20-year history the lessons which could be learned for the management of science applied to third world problems, in particular the tropical diseases.

Dr Godal emphasized that the goal in research and development was to link needs and opportunities. TDR had learned to do this through a quadruple structure studying:

- the problem, from the point of view of individuals, households, communities, and the provision of health care through public and private mechanisms;
- the application of new tools and insights (field research on finding the best means of delivery and use);
- product development; and
- strategic research.

Opportunities might arise at any of these points. For example, investigation of a problem with social science might reveal an opportunity not in social science but in product development, or in both. It was important to study the whole problem and allow connections between needs and opportunities to happen wherever they arose. Dr Godal referred to some examples:

- Using social science, TDR had studied in Asia how people treated their own malaria. Results had shown that people went to a wide variety of private services and spent 60% more than necessary on "remedies" that were mostly ineffective. Some 75% received inadequate doses. The social science solution: better health education for households, drug vendors and traditional healers.
- Another social science study had shown that if antimalarials were given in blister packs, only 3% of patients failed to comply with the full course of treatment. Without blister packs, compliance failure rose six-fold. The product development solution: package antimalarials in blister packs. Such packs had been used in other fields of medicine but their importance had not been fully recognized. Their use would now be tested in Africa.
- In another study in Asia, antimalarial suppositories and rectal caps had shown to be effective. The need for such measures had been recognized 25 years ago but the right connections had not

been made. TDR was planning product development on suppositories and rectal caps for their use in African children.

Once needs were identified, further product development was often necessary but some needs remained constant for a long time, such as that for a malaria vaccine. In such cases it was necessary to look out for other kinds of opportunities. These often came out of basic research, from the explosion of biological research. The new possibility of genome mapping would provide the tropical diseases with the "entry ticket" into the frontier of science.

Dr Godal referred to the development of ivermectin which had demonstrated the need for three phases of research: initial questions and registration 1976-87; policy questions 1987-89; and delivery questions 1989-94.

Answers to the first set of questions on the effect of ivermectin on animal and human parasites had proved that the drug was a potential tool against river blindness and the results had led directly to drug registration. Answers to the second set of policy questions concerning the safety of the drug and its effect on reducing the risk of blindness had proved that the drug was very safe, that not only did it stop disease progression but it also led to a reduction in early eye lesions. These policy questions also represented a key task of research - to provide sufficient firm data to allow agreement on a WHO policy on a health opportunity. Such internationally agreed policies made fundamental contributions to the widespread use of the opportunity and research made policy possible. Thus for ivermectin, the policy decision gave the green light for the Mectizan donation programme for ivermectin delivery.

TDR had contributed to WHO policies on:

- 1981: multidrug therapy (MDT) for leprosy;
- 1989: ivermectin for onchocerciasis;
- 1991: vector control and blood bank diagnostics for Chagas disease;
- 1996?: ivermectin, diethylcarbamazine (DEC), *Bacillus sphaericus* and topical antimicrobials for lymphatic filariasis.

After the policy questions came the last phase on research to speed delivery and ensure sustainable application. Studies to answer the third set of questions were contributing to the hoped-for establishment of an African Programme for Onchocerciasis Control. During these studies, the importance of onchocercal skin disease had been discovered which had led to further research on treatment to prevent skin disease. This was an example of how an unexpected need had led back to product development.

All this work was carried out through networks of researchers and their institutions. The network approach had been adopted by TDR since its establishment and allowed research expertise to be spread widely. For multicentre applied field research studies, the Programme used seven steps to ensure that good comparable work was carried out in the networks and that the results were actually put to use:

- advertisement of the research opportunity
- review of letters of intent, and preliminary selection

- holding of a protocol development workshop with pre-selected groups to establish an agreed and common approach among sites
- submission and review of final proposals, and final selection
- holding of a training workshop in special skills required
- on-site support during the studies
- holding of a reporting and analysis workshop jointly with disease control managers in the field.

This was how, for example, the Nigerian Onchocerciasis Control Programme had adopted nodule palpation as its standard method of community diagnosis, at the same meeting as the results from the studies had been presented.

Networking also illustrated TDR's approach to integrate research and development and research capability strengthening. Competition was an important element in strengthening research capacity. The system ensured that no-one was excluded but no-one could count on permanent support. Overall there had been real increases in research capacity in endemic countries which allowed closer linkages between research capability strengthening and research and development activities.

In summary, Dr Godal considered that TDR's experience had led to ten conclusions:

- New interventions result from new links being made between needs and opportunities. Such links are relatively rare and often require a stroke of genius to discover.
- The chance of discovering a new link is greatest when a research programme is comprehensive. Research disciplines must unite and work to reduce the barriers between them - as any barrier bars the discovery of new links.
- In tropical diseases, research and development has to be driven by the public sector, as the market is generally unprofitable for the private sector.
- The time-scale for product development is long, often 15-30 years...
- ..... but advances in research methods are shortening this period.
- Developing countries have a considerable and increasing capacity for applied field research which can be mobilized for tropical disease research and development. This makes it possible to integrate research capability strengthening with research and development priorities.
- While most TDR research and development networks are time-limited, 20 years of TDR research capability strengthening have helped some 15-20 institutions to emerge as competitive research institutions, able to compete for and win research funds continually from the most competitive sources.
- During TDR's 20 years there have been dramatic advances in control tools for leprosy, river blindness and schistosomiasis ...

- ... and good progress in tools for Chagas disease and sleeping sickness.
- The armamentaria for malaria and leishmaniasis are still highly incomplete, but very good progress is foreseen in the coming decade.

## 2. SUMMARY OF THE PRESENTATION BY PROFESSOR B. R. BLOOM, CHAIRPERSON, STAC

Professor Bloom summarized the role of STAC to ensure the scientific integrity of the Programme, both with respect to the scientific substance and the process by which funding decisions were made and operations carried out; and to recommend scientific priorities and funding.

Professor Bloom referred to the previous structure of the Programme which had been focused by disease and to the new structure, in force since January 1994, which consolidated activities into the broad areas of strategic research, product research and development, applied field research and research capability strengthening. STAC reviewed activities both by disease and by the new consolidated areas. At its seventeenth meeting, STAC had expressed satisfaction with the functioning of activities under the new structure but would review this matter again after a longer period of experience. The TDR disease research coordinators had been effective in monitoring the individual disease activities within the new structure. Professor Bloom referred to the increase in applied field research activities under the new structure, especially those relating to gender and tropical diseases.

Professor Bloom highlighted some important recent activities by disease:

### Malaria

- Trials of SPf66, the Colombian malaria vaccine - 31% protection against clinical attacks in Tanzanian children 1-5 years of age. However, since confidence intervals ranged between 0-52%, results of additional trials would be important.
- Impregnated bednets - 30% protection against childhood mortality in the Gambia.

### Schistosomiasis

- Development of several vaccine antigens and an independent testing service.
- Acceleration of work on antigens of *Schistosoma japonicum*.
- Significant impact of the combination of praziquantel and albendazole to deal simultaneously with schistosomiasis and other worm infections in children.

### Lymphatic filariasis

- Comparison with the *Caenorhabditis elegans* genome through the genome network.
- Single dose diethylcarbamazine (DEC) shown to be equivalent to a two-week course; single dose ivermectin shown to be as effective as single dose DEC; and the combination shown to be more effective than either drug alone.

#### Onchocerciasis

- High dose ivermectin trial as a macrofilaricide.
- Testing of two possible macrofilaricides.

#### African trypanosomiasis

- Serological test for antigen revealed higher (subclinical?) infection rate than anticipated.

#### Chagas disease

- Advances in pathogenesis to identify two key enzymes as drug targets.

#### Leishmaniasis

- Phase I-II vaccine trials with killed antigen in single dose completed and multicentre Phase III trial ongoing.

#### Leprosy

- Chemotherapy - trials of single dose and one-month treatment regimens with new drug combinations.
- Immunology - development of diagnostic tools to identify people before they become infectious and transmit the disease; this work is important to make the elimination of leprosy sustainable: there may still be a role for a vaccine in areas of intense disease transmission.

#### Research capability strengthening

- Integration of training in research and development projects to ensure learning by doing.

Professor Bloom referred to the multiple levels of TDR's research capability strengthening support and to the increase in training being carried out in disease endemic countries. Unfortunately, due to the declining funds available, the number of grants which the Programme could afford to approve was very low in comparison with the number of applications received.

Professor Bloom summarized the overall budget allocations to the consolidated areas and disease activities. Because of the high costs of the bednet and malaria vaccine trials in 1994-1995, there had been a significant cut in strategic research but the balance would be adjusted for the 1996-1997 biennium and the strategic research area would receive more funds, mainly for pathogenesis research. The Product Development Unit would be consolidated into the product research and development area which would result in some savings. Applied field research would receive continued support for its new initiatives started in 1994-1995. With regard to research capability strengthening, increased emphasis would be put on training with a reduction in institution strengthening but, for the first time, funding for this area had to be reduced below 25% of the total budget in view of the financial constraints. STAC had recommended that governments of advanced developing countries make matching contributions for research capability strengthening activities supported by TDR which would

allow the Programme to focus more attention on training of scientists from the least developed countries. Professor Bloom referred to TDR's major research capability strengthening activities in the least developed countries: the ivermectin field studies; the francophone West African network, and institutional and project support, one important example of which was being carried out in Mali for research on malaria, including genetic engineering of mosquitos.

In terms of diseases, malaria received the largest share of funding and there had been a new thrust in leishmaniasis because of the lack of available treatment and the exciting possibilities for vaccine development. Funding for leprosy had declined partly because most of the activities had moved to control under the Action Programme for the Elimination of Leprosy and partly because joint activities with the Global Tuberculosis Programme (GTB) for the chemotherapy of mycobacterial diseases had been stopped by GTB. There was a decline in funding of schistosomiasis vaccines which had been made in view of the financial constraints and the fact that an adequate drug was available.

Professor Bloom pointed out that the decision to increase funding to strategic research activities had not been made by the strategic research scientists attending STAC-17 as three out of the four of them had not been able to attend the meeting. He stressed the importance of STAC members having breadth of vision which was of greater value than their individual area of expertise.

Professor Bloom referred to the WHO policies for the elimination of certain TDR diseases which had been mentioned by Dr Godal in his presentation. Professor Bloom acknowledged the contributions to the research efforts made by the many scientists involved and the co-funders with TDR of the research which had led to the adoption of the policies. He paid tribute to the Southern Cone initiative to eliminate the vectorial and transfusional transmission of Chagas disease which was showing impressive results.

Professor Bloom raised the difficult question of whether research should be stopped or intensified when a disease was nearing elimination. The past decision to cut support to eliminate the remaining cases of tuberculosis had had disastrous consequences and he believed that research had to continue in case interventions did not prove to be fully satisfactory.

Professor Bloom drew the attention of the Board to the staffing cuts which had been made in TDR over the years, especially since 1991. TDR had tried to protect the Programme's Operations to the maximum extent possible at the price of imposing heavy workload on the remaining staff. STAC believed that TDR staffing was now at a minimum. STAC had recommended that consideration be given to transferring some of the managerial responsibility for African trypanosomiasis from TDR to the WHO Regional Office for Africa and for Chagas disease to the WHO Regional Office for the Americas.

Professor Bloom referred to two other important STAC recommendations: firstly, its decision to carry out a prospective thematic review on the impact of TDR to facilitate the third external review of the Programme; and secondly, in view of its concern for the financial security of the Programme, STAC had exceptionally requested WHO to make a commitment to finance at least 10% of the TDR budget beginning in the 1996-1997 biennium.

As this was Professor Bloom's last formal presentation to the Board on the work of STAC, he added some personal reflections on his 28 years of collaboration with WHO. He stressed the importance of TDR's mandate to deal with the lost causes of the tropical diseases which still afflicted

one person in ten on earth. TDR was different from most other programmes as the tropical diseases had little effect in the industrialized world. Professor Sune Bergström was responsible for bringing to the attention of WHO the need to have a programme to deal with these forgotten diseases and his argument was translated into reality by Dr Adetokunbo Lucas who had set a high standard of scientific excellence and critical technical review by the best scientists in the world. Dr Tore Godal had taken over the Programme from Dr Lucas and had kept TDR's vision going and evolving to meet the new challenges. Professor Bloom hoped that Dr Carlos Morel would be confirmed as his successor as Chairperson STAC. Dr Morel could be considered as a product of TDR, having received early support from the Programme.

Professor Bloom thanked the representatives of the donor countries present at the Board for their valuable sustained support over the years and encouraged them to continue their efforts to find the additional resources required by the Programme. It was important for the credibility of TDR to have sufficient funds available to fund proposals from the best scientists in the world in all relevant areas and to maintain its ability for leverage. Insufficient funding would discourage scientists from submitting research proposals and collaborating with the Programme. The verdict on TDR's future would depend on its finances and Professor Bloom fervently hoped that the current decline in resources could be turned around.

Finally, Professor Bloom expressed his concern about a possible attack on the scientific approach to disease control. He emphasized that all aspects of science - strategic research, product research and development, social science, economic science, field research, etc. - were all important parts of the scientific approach to disease control and he stressed that TDR's strategic research was always focused on the development of products which could be applied in the field. Professor Bloom underlined the crucial importance of research to control disease and referred to the many opportunities available to the Programme. He stressed that the main opportunity of TDR was to continue to address the forgotten tropical diseases and he hoped that this opportunity would not be lost.

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

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Luxembourg, 4 and 5 July 1995

MEMBERSHIP OF THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (STAC)  
IN 1996 AND 1997

<u>Name and Title</u>	<u>Term of Office</u>
<b>STRATEGIC RESEARCH</b>	
MARCHAL, Dr C., Responsible Officer for Biomedical Research, Under-Directorate of Health and Social Development, Ministry of Cooperation, Paris, <u>FRANCE</u>	1996 - 1998
MENDIS, Professor Kamini N., Associate Professor, Department of Parasitology, Faculty of Medicine, University of Colombo, <u>SRI LANKA</u>	1996 - 1998
MOREL, Dr C. M., President, Oswaldo Cruz Foundation, Rio de Janeiro, <u>BRAZIL</u>	1992 - 1998
PUIJALON, Dr Odile S. M., Head of Laboratory, Experimental Parasitology Unit, Pasteur Institute, Paris, <u>FRANCE</u>	1996 - 1998
WEATHERALL, Professor Sir David J., Regius Professor of Medicine, University of Oxford, <u>UNITED KINGDOM OF GREAT BRITAIN AND</u> <u>NORTHERN IRELAND</u>	1996 - 1998
<b>PRODUCT RESEARCH AND DEVELOPMENT</b>	
ELION, Dr Gertrude B., Scientist Emeritus, Burroughs Wellcome Co., Research Triangle Park, North Carolina, <u>USA</u>	1994 - 1997
HANSEN, Professor Ebba H., Department of Social Pharmacy, Royal Danish School of Pharmacy, Copenhagen, <u>DENMARK</u>	1996 - 1998
JEGATHESAN, Dato Dr M., Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Kuala Lumpur, <u>MALAYSIA</u>	1996 - 1998
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, <u>UNITED KINGDOM OF GREAT</u> <u>BRITAIN AND NORTHERN IRELAND</u>	1996 - 1998

MEMBERSHIP OF STAC IN 1996 AND 1997  
(continued)

<u>Name and Title</u>	<u>Term of Office</u>
<b>PRODUCT RESEARCH AND DEVELOPMENT (continued)</b>	
SUGINO, Dr Y., Member of the Board, Takeda Chemical Industries, Ltd., Osaka, <u>JAPAN</u>	1994 - 1997
<b>APPLIED FIELD RESEARCH</b>	
ABIOSE, Professor Adenike O., Medical Director, National Eye Centre, National Institute of Ophthalmology, Kaduna, <u>NIGERIA</u>	1994 - 1997
ASAMOA-BAAH, Dr A., Director, Policy, Planning, Monitoring and Evaluation Division, Ministry of Health, Accra, <u>GHANA</u>	1994 - 1997
DIESFELD, Professor H. J., Professor and Medical Director, Department of Tropical Hygiene and Public Health, University Hospital, University of Heidelberg, <u>GERMANY</u>	1996 - 1998
EIDE, Professor Ingrid., Special Adviser, Ministry of Cultural Affairs (relations with UNESCO), Oslo, and Adviser, Department of International Relations, University of Oslo, <u>NORWAY</u>	1995 - 1997
LAW, Dr Maureen, Director General, Health Sciences Division, International Development Research Centre, Ottawa, <u>CANADA</u>	1996 - 1998
MISRA, Mr R. L., Formerly Secretary to the Government of India, Ministry of Health and Family Welfare, New Delhi, <u>INDIA</u>	1995 - 1997
SINGER, Professor B. H., Professor of Demography and Public Affairs, Office of Population Research, Princeton University, Princeton, New Jersey, <u>USA</u>	1996 - 1998

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EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Luxembourg, 4 and 5 July 1995

MEMBERSHIP OF THE JOINT COORDINATING BOARD  
(as of 1 January 1996)

List of Tenures

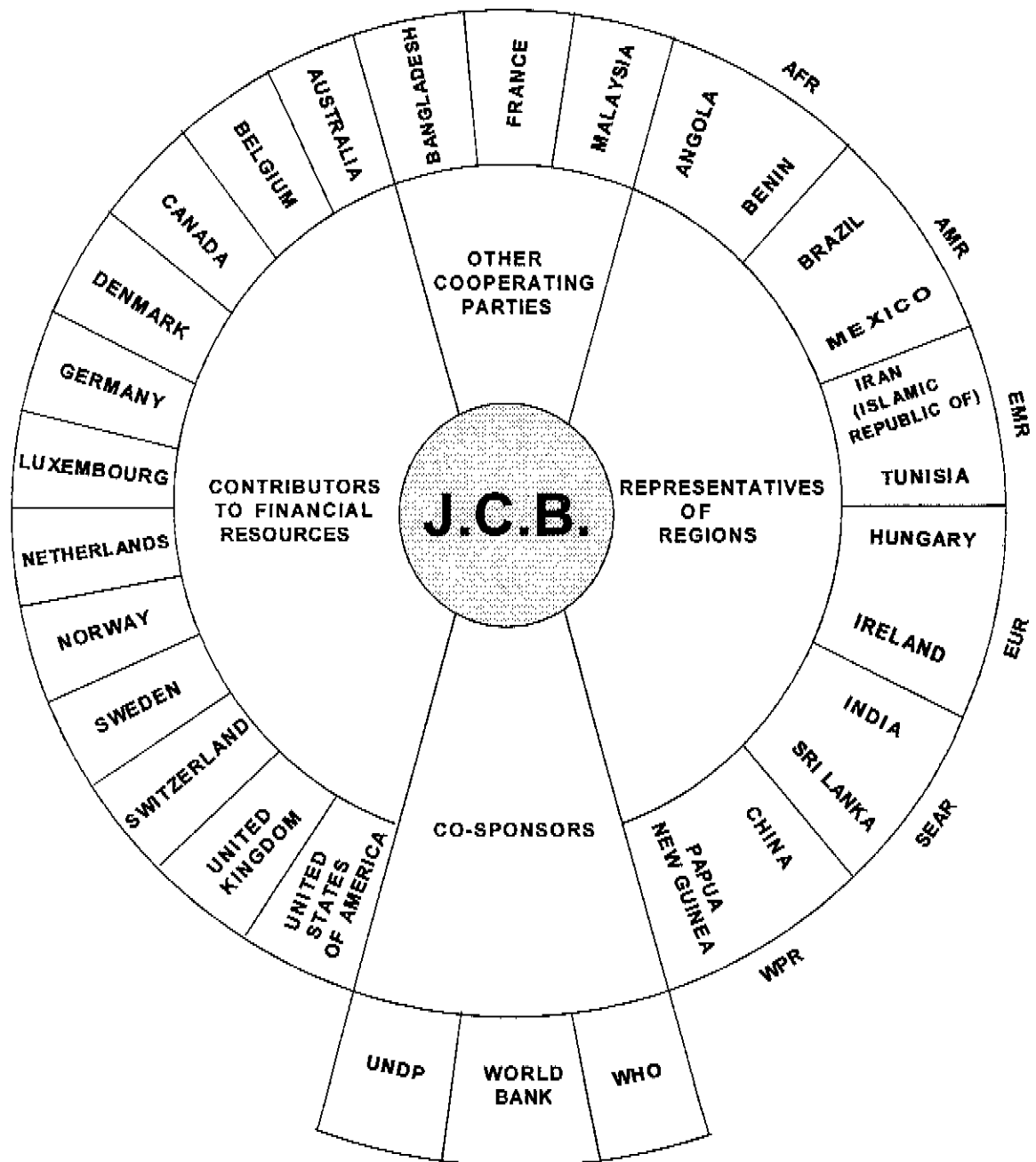
Angola	to 31 December 1997
Australia	to 31 December 1996
Bangladesh	to 31 December 1996
Belgium	to 31 December 1997
Benin	to 31 December 1998
Brazil	to 31 December 1997
Canada	to 31 December 1998
China	to 31 December 1998
Denmark	to 31 December 1998
France	to 31 December 1997
Germany	to 31 December 1998
Hungary	to 31 December 1998
India	to 31 December 1997
Iran (Islamic Republic of)	to 31 December 1998
Ireland	to 31 December 1997
Luxembourg	to 31 December 1997
Malaysia	to 31 December 1998
Mexico	to 31 December 1998
Netherlands	to 31 December 1996
Norway	to 31 December 1997
Papua New Guinea	to 31 December 1997
Sri Lanka	to 31 December 1998
Sweden	to 31 December 1998
Switzerland	to 31 December 1996
Tunisia	to 31 December 1997
United Kingdom of Great Britain and Northern Ireland	to 31 December 1997
United States of America	to 31 December 1996

United Nations Development Programme  
World Bank  
World Health Organization

**UNDP/WORLD BANK/WHO  
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES**

**Membership of the Joint Coordinating Board (JCB)**

**(as of 1 January 1996)**



**STANDING COMMITTEE**

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