



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

EIGHTEENTH SESSION OF THE JOINT COORDINATING BOARD

Luxembourg, 4 and 5 July 1995

Revised Draft Agenda Item No. 6

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

This report provides information for the Eighteenth Session of the Joint Coordinating Board (JCB) on the Standing Committee's activities since JCB(17). 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(17) - on 29 June 1994 immediately after the closure of JCB(17), at WHO headquarters, Geneva; on 12-14 November 1994, in Kuwait; and on 2 April 1995, at UNDP Headquarters, New York. The next meeting will be held in Luxembourg at the time of JCB(18).

This report is divided into two sections. Section A includes matters on which there are specific items on the revised draft agenda for JCB(18), and discussion on these matters should take place under the respective agenda item. Section B includes matters on which there are no specific agenda items, and discussion should take place under this Revised Draft Agenda item no. 6 - Report of the Standing Committee.

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.

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A. Matters on which there are specific items on the draft agenda for JCB(18), where discussion should take place

1. TDR Towards the Year 2000 (Item 7 of the Revised Draft Agenda)

On the occasion of TDR's 20th anniversary, the Standing Committee expresses its satisfaction with the Programme's achievements which are well described in the Twelfth Programme Report. The tools developed and tested with TDR support are starting to have a significant impact on tropical disease control and are beginning to play a crucial role in the effort to improve the condition of people in the developing countries. The Committee expresses its gratitude to the many partners which have collaborated with TDR over the years to develop the disease control tools and hopes that this successful partnership will continue in the future. In addition, the Committee thanks the many financial contributors to the Programme for their faithful support which has enabled such progress to be accomplished.

The Standing Committee noted with satisfaction the positive review of the Programme by the WHO Executive Board at its Ninety-fifth Session in January 1995. The Executive Board considered that tropical disease research, training and control are a priority for the Organization and the Committee hopes that this will translate into further financial allocations to TDR from the WHO regular budget.

The Standing Committee continues to monitor TDR's close collaboration with the Division of Control of Tropical Diseases (CTD), the newly established Action Programme for the Elimination of Leprosy (LEP), the Division of Diarrhoeal and Acute Respiratory Disease Control concerning the integrated management of the sick child, the Onchocerciasis Control Programme in West Africa (OCP) and with other WHO programmes working in related areas, mainly concerning applied field research initiatives.

2. Report of the Seventeenth Meeting of the Scientific and Technical Advisory Committee (STAC-17) (Item 7.3 of the Revised Draft Agenda)

The Standing Committee examined the draft report of STAC-17 (document TDR/STAC-17/95.3) and agrees with STAC's conclusions and recommendations.

The Committee is pleased that STAC considers that all of the TDR target diseases are being addressed and the high quality of research in all consolidated areas is being maintained under the new TDR structure which is functioning effectively, even in light of financial and staffing constraints.

The Committee concurs with STAC's recommendations on the consolidation of the Product Development Unit into the Product Research and Development Area; and on the need for continued development of a candidate macrofilaricide by TDR after funding by OCP is withdrawn in 1997.

The Standing Committee is pleased that in 1995 proposals for new long-term research training grants will be invited and agrees that follow-up training activities should be maintained.

The Committee also agrees that TDR should try to obtain bilateral funds and to work with WHO regular budget projects where research may be of common interest. Further comments relating to STAC's recommendations regarding staffing and financial matters, including the proposed

Programme budget for the 1996-1997 biennium, and regarding the third external review are given under the respective items below.

The Committee expresses its gratitude to Professor B. R. Bloom, retiring Chairperson STAC, for his many years of service and commitment to TDR's work.

As requested by the JCB, the Committee continues to monitor the practice of the JCB Chairperson attending the annual meeting of STAC as an observer, to ensure that the specific roles of STAC and the JCB are maintained and that their independence is not compromised. Dr C. Marchal, Chairperson JCB(17), participated in the seventeenth meeting of STAC and it is anticipated that he will report to JCB(18) on his attendance at the meeting. The Committee was pleased to learn that Dr Marchal's attendance at STAC was helpful and was not seen to compromise STAC's independence.

3. WHO Ad Hoc Health Research and Development Review (Item 10 of the Revised Draft Agenda)

The Standing Committee has followed the work of the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options. A summary of the draft report of the Ad Hoc Committee will be available for JCB(18) and will be presented to the Board by Professor D. T. Jamison, Chairperson of the Ad Hoc Committee. **The Board will be invited to comment on the draft summary.**

The final report of the Ad Hoc Committee will be presented to JCB(19) in 1996.

4. Third External Review of TDR (Item 11 of the Revised Draft Agenda)

Background

Preliminary terms of reference for the third external review were presented by the Standing Committee to JCB(16) in 1993 in view of the request by JCB(11) in 1988 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". However JCB(16) considered that "as the new strategy and organizational structure of the Programme would come into force on 1 January 1994, the timing of a third external review of TDR would be more appropriate in 1997-1998, which would allow an examination of the strategy after three years of operation and of TDR's priorities into the next millenium".

In 1994, JCB(17) agreed that the functions and activities of the Research Strengthening Group, and the leprosy research component and other components should be examined in the course of the third external review. These issues have been added to the draft terms of reference which are attached as Annex 1.

Preparatory Phase

In order to facilitate the third external review, the Scientific and Technical Advisory Committee, at its seventeenth meeting in March 1995, decided to carry out a prospective thematic review (PTR) on the impact of TDR. The PTR will prepare the analytical framework required to assess TDR's impact with regard to: (i) TDR target diseases; (ii) use of TDR-supported tools in disease control; (iii) tropical diseases research; and (iv) research capability in endemic countries. The Standing

Committee welcomes a preparatory phase and, as part of it, has requested Director TDR to make reasonable projections of the resources needed by the Programme over the next decade.

Action by JCB(18)

To set in motion the process for the third external review in 1997-1998, JCB(18) is invited to review the draft terms of reference. The Board may wish to comment specifically on the preparatory phase, the objectives of the review, the composition of the external review committee and the funding of the review.

JCB(19) in 1996 will receive for approval the final terms of reference of the review and details of the proposed members of the External Review Committee.

5. Membership of the Scientific and Technical Advisory Committee (Item 12 of the Revised Draft Agenda)

In view of the appreciation expressed by JCB(17) in 1994 of the opportunity of reviewing STAC membership over a two-year period, the Standing Committee considered the membership of STAC in 1996 and in 1997. The recommendations of the Executing Agency and the Standing Committee are contained in document TDR/JCB(18)/95.5.

Membership of STAC in 1995 was proposed with the reduced number of 14 scientists in order to save costs. However, due to circumstances beyond their control, three out of the four experts in the field of strategic research were unable to participate in the seventeenth meeting of STAC in March 1995, which hampered the review of this area. To avoid this problem in the future and to strengthen STAC's role in advocating TDR, the number of STAC members is restored to 17 in 1996 and 1997. The TDR Memorandum of Understanding stipulates that STAC shall be comprised of 15-18 scientists.

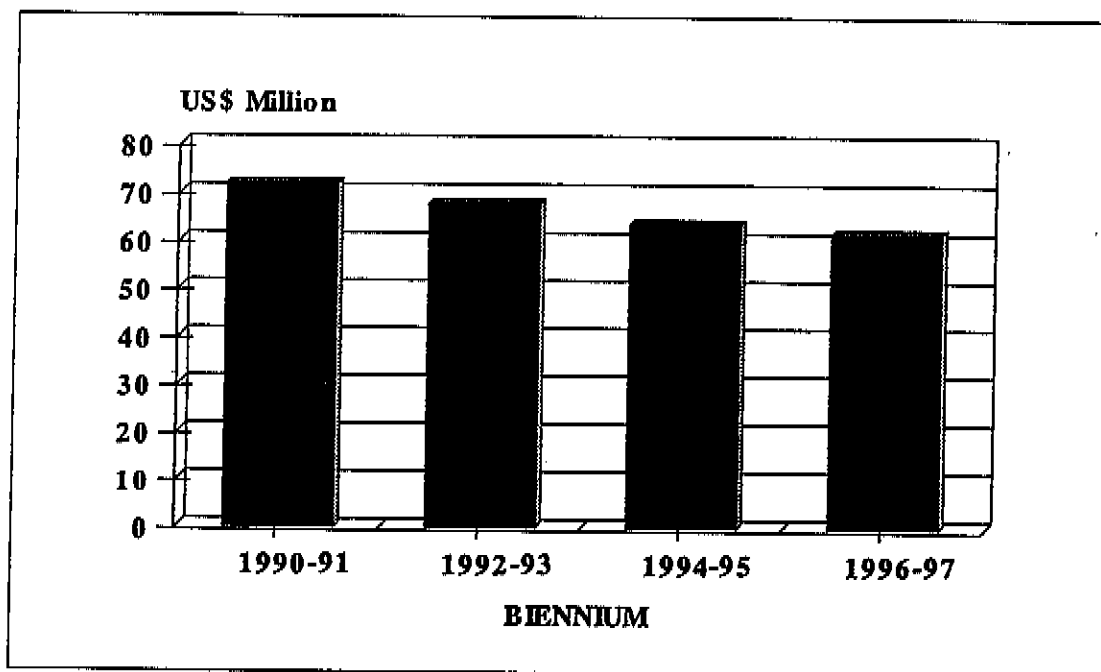
The Standing Committee endorses the proposal by the Executing Agency to appoint Dr C. M. Morel, President of the Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, as Chairperson STAC from 1996.

JCB(18) will be asked to endorse the nominations for STAC membership from 1996, including the nomination of the STAC Chairperson, and to give its views on the proposed extensions of membership in 1997.

6. Financial Report for 1994 and Revised Programme Budget for the 1994-1995 Biennium: Financial Status in 1994-1995 (Item 13.1 of the Revised Draft Agenda)

The Standing Committee has reviewed the Financial Report for 1994 and the Revised Programme Budget for the 1994-1995 Biennium, document TDR/JCB(18)/95.6. The Committee expresses its concern with the decline in funds available to the Programme. The budget/obligations have dropped from US\$ 71.8 million in 1990-1991 to US\$ 63.6 million in 1994-1995. The current budget may have to be further reduced to ensure a minimum closing balance of US\$ 1 million at the end of this 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 the 1994-1995 budget, mainly to bring the level in line with estimates of available funds.

TDR EXPENDITURES/BUDGETS 1990-97



The Committee continues to monitor the Programme's financial situation in 1994-1995 and agrees that Operations expenditures in 1995 be kept at 90% of the set level to ensure a more substantial carry-over into the 1996-1997 biennium for which estimates of financial contributions are even less. For reasons of cash-flow, the Committee considers that the currently used carry-over figure of US\$ 1 million is too low and recommends that 10% of expenditures should become the policy for the carry-over level. **The JCB is asked for its views on the level of carry-over.**

Despite the reduced funds available, the Committee appreciates the Programme's efforts to keep 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. In the current financial situation, the Committee reaffirms its recommendation for flexibility on this matter.

The financial report on the complete 1994-1995 biennium, together with the Opinion of the WHO External Auditor, will be submitted to JCB(19) in 1996.

7. Proposed Programme Budget for the 1996-1997 Biennium and Estimates for 1998-1999
(Item 13.2 of the Revised Draft Agenda)

The Standing Committee agrees with the proposed Programme budget presented by the Executing Agency, based on the recommendations of STAC-17.

The Standing Committee regrets that funds estimated to become available to the Programme in 1996-1997 are even further reduced. The budget level of US\$ 65.7 million originally proposed by the Committee has become unrealistic and even the modest proposed budget of US\$ 61.7 million is faced with a funding gap of approximately US\$ 6 million for the biennium.

In the event that additional funds might become available, the Committee recommended that STAC identify activities in high-priority areas which could be accelerated. The proposed accelerated activities and their costs are contained in section 2.4 of the Proposed Programme Budget for 1996-1997.

With regard to Personnel Services, the overall ratio will not be changed. The Standing Committee stresses that the Programme's core staff must be maintained and the 20% limit for resource allocations to Personnel Services should not become a ceiling in itself.

The Committee commends the Programme for the transparency of the Programme Budget which gives simple descriptions of the scientific activities to be carried out and clear indications of where the funds will be spent. All JCB participants are urged to do their utmost to find the financial resources required to carry out the modest research agenda, including the accelerated activities.

8. Presenters at JCB(18)

The Committee is pleased that Mr Abdlatif Y. Al-Hamad, Director General/Chairman of the Board of Directors, Arab Fund for Economic and Social Development, Safat, Kuwait, has accepted to give the keynote address at JCB(18).

The Committee decided that the technical presentations to JCB(18) should focus on gender and tropical diseases. They will be illustrated by a video entitled "A Picture of Health: Engaging Women". The Committee thanks the scientists who will participate in the technical presentations and the experts who will make other presentations to JCB(18).

9. Date and Place of the Nineteenth Session of the JCB (Item 15 of the Revised Draft Agenda)

The Standing Committee recommends that JCB(19) take place at WHO headquarters, Geneva, on Tuesday and Wednesday 25 and 26 June 1996.

10. Expression of Thanks to the Government of Luxembourg

The Committee expresses its gratitude to the Government of Luxembourg for hosting JCB(18) and for the consequent saving of TDR's financial resources.

B. Matters for discussion under this Revised Draft Agenda item no. 6 - Report of the Standing Committee

11. Collaboration with Other Organizations Working in Similar Areas and Collaboration with the Pharmaceutical Industry

As requested by the JCB, the Standing Committee continues to keep the Board informed on TDR's ongoing collaboration with organizations working in areas related to tropical disease research, including on any formal agreements. Examples of TDR's current collaborators are given in the Twelfth Programme Report.

Three collaborative agreements have been signed in 1995. In January, a Technical Agency Agreement was signed with the National Institute of Allergy and Infectious Diseases (NIAID),

Department of Health and Human Services, Public Health Service, Bethesda, Maryland, USA, concerning exchange of information for enhanced operational efficiency of programmes in tropical disease research; in February, a Memorandum of Understanding was signed with the International Development Research Centre (IDRC), Ottawa, Canada, concerning collaboration in field intervention research on diseases of mutual interest; and in March, a Memorandum of Understanding was signed with the Pan American Health and Education Foundation (PAHEF), Washington, D.C., USA, concerning arrangements for a project to be established by PAHEF in support of TDR's activities, to be financed by grant funds received by PAHEF from individual and corporate donors.

12. Fundraising Activities, Including the Foundation for Tropical Diseases: an Endowment Fund

General Fundraising Activities

As indicated under item 6 above, the Standing Committee is concerned about the Programme's financial constraints and is doing its utmost to alleviate them. The Committee continues its fundraising activities and pursues all possible fundraising mechanisms, including designated contributions (see item 13 below), contributions in nonconvertible currencies, parallel funding and contributions in kind, in line with the policies approved by the JCB. In light of the very competitive fundraising environment, the Committee reaffirms its view that TDR should be as flexible as possible in working out solutions to meet both donors' needs and TDR's policies.

The Committee takes this opportunity to thank those contributors which have been able to maintain and increase their contributions and strongly urges all JCB participants to increase their efforts to raise further funds for the Programme. The Committee looks forward to in-depth discussion at JCB(18) on the joint commitment by all JCB participants to find the funds required by the Programme.

In view of the concerns expressed by JCB and STAC about TDR's financial situation, Dr C. Marchal, Chairperson JCB, and Professor B. R. Bloom, Chairperson STAC, were invited to participate in the fundraising discussions at the meeting of the Standing Committee held in April 1995. During the meeting, STAC's recommendations on financial issues were discussed, including regarding the need for greater intervention by the co-sponsoring agencies. The Standing Committee representatives have taken note of STAC's comments to convey them to their respective agencies. The Committee agrees on the importance of the co-sponsoring agencies maintaining a high level of contributions to demonstrate their commitment to the Programme and set a good example for others to follow.

TDR continues its efforts to broaden its base of contributors and stresses that both developed and developing countries are partners in the Programme. TDR's work brings benefits to the developing countries and the Standing Committee urges these countries to assume their share in providing financial resources to the Programme, especially the advanced developing countries which should be able to make greater investments in TDR. The Committee has reviewed the list of financial contributions to the Programme and considers that contributors which make contributions of below US\$ 50 000 per year should not be listed as separate line items (see Annex 2). The Standing Committee hopes that such contributors will be encouraged to make meaningful annual contributions to TDR of at least US\$ 50 000. However, contributions of less than US\$ 50 000 are always welcome.

In addition, as recommended by STAC, the Standing Committee also strongly urges governments of advanced developing countries to make matching contributions for research capability strengthening activities supported by TDR.

The Standing Committee also re-emphasizes the role which developing endemic countries can play in attracting more funds for tropical disease research activities by giving them high priority when requesting support from bilateral and other aid agencies. The Committee looks forward to discussing the role of developing countries in TDR and in tropical disease research and development, and research capability strengthening, under item 8 of the Revised Draft Agenda for JCB(18).

Foundation for Tropical Diseases: an Endowment Fund

In 1993, JCB(16) encouraged the Standing Committee to pursue all possible fundraising mechanisms, including through the possible establishment of a special fund for tropical diseases. Draft statutes for the Foundation for Tropical Diseases were presented to JCB(17) in 1994. JCB(17) "welcomed the initiative to establish the private Foundation for Tropical Diseases and requested the Standing Committee to examine further the draft statutes of the Foundation and the content of a cooperative agreement between the Foundation and WHO/TDR/Division of Control of Tropical Diseases (CTD), bearing in mind the legal requirements and the concerns expressed by the JCB, namely that (i) the Foundation should be independent legally and administratively; (ii) its resources should be allocated in line with the priorities of TDR/CTD; and (iii) 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". The Board requested the Standing Committee to report to JCB(18) in 1995 on the progress made.

The Committee has been monitoring this initiative. In November 1994, in conjunction with its meeting in Kuwait, the Committee met with various people and institutions concerning the Foundation.

In January 1995 the WHO Executive Board was advised of the measures taken towards the establishment of the Foundation, of the pledge of US\$ 1 million by the Government of Kuwait to set up the fund, and of the Government's agreement to become one of the founding members (see the report of the Director-General of WHO to the Executive Board, document EB95/55). The Executive Board noted the report and expressed its appreciation of the donation pledged by the Government of Kuwait. Since the Executive Board session, the Arab Fund for Economic and Social Development, Kuwait, has pledged Kuwaiti Dinars 300 000 (approximately US\$ 1 million) to the Foundation. The Standing Committee is pleased that the Government of Kuwait and the Arab Fund for Economic and Social Development have pledged these contributions to establish the Foundation.

WHO and the Kuwait Fund for Arab Economic Development, acting on behalf of the Government of Kuwait, in collaboration with the Arab Fund for Economic and Social Development, are in the process of identifying financial and private institutions to be approached with a view to becoming founder members. Procedures for the registration of the Foundation are being initiated. The current draft statutes for the Foundation are shown in Annex 3. Once established, the Foundation will be independent legally and administratively. With regard to the use of its resources, as indicated in paragraph 10 of document EB95/55, it is proposed that when the resources are donated to WHO, their use for WHO activities will be planned, managed and accounted for by a WHO secretariat management group reporting to the Director-General, which will prepare statements and provide information on the WHO programmes and activities worthy of such support and report on their outcome.

The Standing Committee will continue to monitor this initiative and to report to the JCB, and will keep in mind the concerns expressed by JCB(17) and STAC-17 that 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.

The Standing Committee encourages in-depth discussion by the Joint Coordinating Board on fundraising activities, and would welcome ideas for new approaches and strategies.

13. Designated Funding

In 1994, JCB(17) agreed to maintain the rules of the existing designated funding policy in general. However, in exceptional cases the Board authorized the Standing Committee to accept, in written consultation with the Chairperson and Vice-Chairperson of the JCB on the Board's behalf, other designated contributions for specific projects, provided these were in line with TDR's priorities and the Programme retained scientific control, on the understanding that all cases would be reported to the JCB at its next session for the Board's concurrence. JCB(17) authorized the Chairperson and the Vice-Chairperson of the JCB to decide whether the project(s) in question (a) could proceed; (b) required further consultation with certain Board members; or (c) should wait for the concurrence of the entire Board at its next session. The designated funding policy is attached as Annex 4.

Since JCB(17) five new cases of designated contributions for specific projects have occurred:

US\$ 405 461 from the African Development Bank Group, for research, training and development on the utilization of insecticide-impregnated bednets in Africa, under the TDR Task Force on Insecticide-Impregnated Bednets and Curtains;

US\$ 20 000 from the Ford Foundation towards the costs of the Workshop on Quality of Health Care for Women, which took place in Budapest in October 1994, under the TDR Task Force on Gender and Tropical Diseases;

US\$ 84 596 from the International Development Research Centre (IDRC), Regional Office for Eastern and Southern Africa, for research activities on the Healthy Women Counselling Guide, under the TDR Task Force on Gender and Tropical Diseases;

US\$ 50 000 from the Rockefeller Foundation for the expansion of a communications network in selected countries in Africa and Asia, under the TDR Research Capability Strengthening Area;

US\$ 1.2 million from the Rockefeller Foundation for strengthening developing country capacity for research on major tropical diseases through North-South and South-South linkages, under the TDR Research Capability Strengthening Area.

In accordance with the Board's decision, the Standing Committee, in written consultation with the Chairperson and the Vice-Chairperson of the JCB on the Board's behalf, accepted these five contributions designated for specific projects. The Chairperson and the Vice-Chairperson of the Board decided that the projects in question could proceed. **The JCB is asked to concur with the Standing Committee's acceptance of these five contributions designated for specific projects.**

JCB(17) also endorsed the Standing Committee's decision to accept further contributions from the Government of the Netherlands, if approved by the Government, designated for the three-year extension of the project on the development of antimalarial drugs based on *Artemisia annua*. The Committee is pleased to inform the Board that the Government of the Netherlands did approve funding for the second three-year phase of the project and two instalments have already been received.

Details of designated contributions received in 1994 are included in the Financial Report for 1994 and Revised Programme Budget for the 1994-1995 Biennium, document TDR/JCB(18)/95.6. Since the designated funding policy was established in 1986, up to 31 December 1994, the Programme had received a total of US\$ 13 203 919 in designated contributions.

14. Arrangements for JCB Sessions

Since 1989 informal briefing meetings for JCB participants have been arranged prior to the start of JCB sessions. At these meetings the Programme's objectives, operating mechanisms and major achievements have been summarized, together with the role of the Joint Coordinating Board and the main issues for discussion at the forthcoming session. The meetings are primarily of interest to representatives of new JCB members/observers but all participants are welcome to attend. There has been limited feedback on the usefulness of these meetings which have been attended only by about 20 participants. **The Standing Committee therefore recommends that the briefing meetings be abolished.**

The Standing Committee continues to monitor arrangements for JCB sessions and would welcome any suggestions to improve the functioning of the Board.

15. Observer Status at JCB Sessions

As at 2 April 1995, 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 5.

THIRD EXTERNAL REVIEW AND EVALUATION OF THE SPECIAL PROGRAMME

DRAFT 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 1994 the Programme had granted direct support to institutions and scientists throughout the world for 5912 projects (totalling over US\$ 340 million) in 123 Member States of WHO, with over 55% of these funds going to institutions and scientists of developing countries. Over 5400 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 - 20 years is a short time in product development. Up to 31 December 1994, 75 products had been developed with TDR support, of which 33 are in disease control use. For certain diseases, some of these tools have already had an impact on disease control and disease control strategies. Impregnated bednets for malaria, multidrug chemotherapy for leprosy, ivermectin for river blindness and community-based vector control methods for Chagas disease have all demonstrated their potential to save lives and reduce suffering.

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".

Accordingly, preliminary terms of reference for the third external review were presented to JCB(16) in 1993. However, JCB(16) considered that "as the new strategy and organizational structure of the Programme would come into force on 1 January 1994, the timing of a third external review of TDR would be more appropriate in 1997-1998, which would allow an examination of the strategy after three years of operation and of TDR's priorities into the next millennium".

JCB(17) in 1994 agreed that the functions and activities of the Research Strengthening Group, and the leprosy research component and other components should be examined in the course of the third external review. These issues have been added to the objectives of the review, see section 3 below.

2. PREPARATORY PHASE

In order to facilitate the third external review, the Scientific and Technical Advisory Committee, at its seventeenth meeting in March 1995, decided to carry out a prospective thematic review (PTR) on the impact of TDR. The PTR will prepare the analytical framework required to assess TDR's impact with regard to:

- (i) TDR target diseases
- (ii) use of TDR-supported tools in disease control
- (iii) tropical diseases research; and
- (iv) research capability in endemic countries.

As part of this preparatory phase, the TDR Standing Committee requested Director TDR to make reasonable projections of the resources needed by the Programme over the next decade.

3. 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 continuing need for the Special Programme

2. To examine progress under the strategy for TDR towards the year 2000: by the consolidated areas of strategic research, product research and development, applied field research, and research capability strengthening (including the functions and activities of the Research Strengthening Group); and by disease
3. To review the future directions for the Programme and its priorities into the next millennium
4. To review the portfolio of TDR's target diseases
5. To examine a global partnership for tropical disease research with other major actors in this field
6. To examine resource needs, opportunities and implications for tropical disease research

4. 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.

5. COMPOSITION OF THE EXTERNAL REVIEW COMMITTEE

The External Review Committee will consist of experts 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 Chairperson by 1 October 1995. After consultation with the Standing Committee, the JCB Chairperson will propose to JCB(19) in 1996 for approval the names of the members of the External Review Committee.]

6. 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.

7. FUNDING OF THE REVIEW

The budget for the review is estimated at US\$ 270 000, 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 1996-1997 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 1996.]

8. 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 benefit from the preparatory phase of the review. It will receive the STAC report on the prospective thematic review on the impact of TDR and information from Director TDR on reasonable projections of the resources needed by the Programme over the decade. 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 Twelfth Programme Report, covering the 20 years of TDR, the Thirteenth Programme Report covering the 1995-1996 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 hold its first meeting in conjunction with the Twentieth Session of the Joint Coordinating Board in June 1997. This will provide the Committee with the opportunity to discuss its mandate with the Board and to raise any questions for clarification. The External Review Committee will prepare a report for comments by the Executing Agency, the Scientific and Technical Advisory Committee and the Standing Committee by 31 January 1998. This report, together with the comments of the Executing Agency, STAC and the Standing Committee, will be submitted to the Twenty-first Session of the Joint Coordinating Board in June 1998. The Chairperson of the External Review Committee will be present at the Twenty-first Session of the JCB.

9. 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.

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

FINANCIAL CONTRIBUTIONS
(in US\$ up to 30 April 1995)

CONTRIBUTOR	Total 1974-1990	1991	1992	1993	1994	1995 at 30 APR	Notes
AFRICAN DEVELOPMENT BANK GROUP	1'250'000	300'000	300'000		405'481		
ARAB FUND FOR ECONOMIC AND SOCIAL DEVELOPMENT				162'813	167'392		
AUSTRALIA	5'224'075	532'980	539'782	507'000	564'410		(a)
BELGIUM	6'822'247	514'580		656'080	1'488'860		
CANADA	14'400'497	1'814'170	1'465'662	1'384'555	1'314'815		(b)
CHINA	450'000	50'000	50'000	50'000	55'000	55'000	
DENMARK	39'654'841	2'684'018	2'689'925	2'425'579	2'668'823		
EDNA MCCONNELL CLARK FOUNDATION (USA)		200'000	200'000	250'000	250'000		(a)
FRANCE	3'965'290	540'000	354'202	355'330	542'907		
GERMANY	15'203'357	1'008'268	3'320'813	997'731	863'284		
INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (CAN)	2'041'255	6'632	204'700	153'322	572'984	155'091	(b) (a)
INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS	1'263'347	199'860	186'400	190'800	175'600	151'000	
IRELAND					150'400		
ITALY	5'688'670	106'271		178'571	246'436		
JAPAN	900'000	100'000	120'000	150'000	300'000		
JAPAN SHIPBUILDING INDUSTRY FOUNDATION (JPN)	4'940'767	200'000	200'000	200'000	200'000	200'000	
LUXEMBOURG		244'957	255'255	259'146	258'358		
MACARTHUR FOUNDATION (USA)	5'200'000		400'000	300'000		34'000	(c) (a)
NETHERLANDS	13'668'054	1'741'832	1'817'531	1'765'418	2'289'427	1'676'338	
NORWAY	27'212'650	3'922'723	4'256'747	3'513'919	3'566'875	1'787'831	
ROCKEFELLER FOUNDATION (USA)					50'000	1'200'000	
SWEDEN	32'982'876	2'851'772	3'384'913	2'787'640	2'493'438		(a)
SWITZERLAND	12'935'809		2'823'763	738'255	769'231		(a)
UNITED KINGDOM	11'423'642	1'555'875	1'928'300	1'622'610	1'421'475	1'512'115	
UNITED STATES OF AMERICA	35'503'812	2'500'000	2'500'000	3'000'000	1'500'000		
WELLCOME TRUST (UK)	25'000					100'000	(a)

(a) Contributions in 1994/1995 designated for the WHO Ad Hoc Health Research & Development Review

(b) Contribution in 1994 of US\$ 572,984 made by the International Development Research Centre, with funds made available by the the Canadian International Development Agency

(c) Included in 1987 amount were US\$ 3,000,000 which was a five year grant towards TDR activities for the years 1988 to 1992 at an annual rate of US\$ 600,000

FINANCIAL CONTRIBUTIONS

(in US\$ up to 30 April 1995)

CONTRIBUTOR	Total 1974-1990	1991	1992	1993	1994	1995 at 30 APR	Notes
UNITED NATIONS DEVELOPMENT PROGRAMME	28'137'708	2'750'000	3'125'000	2'877'000	2'000'000	3'000'000	
WORLD BANK	28'090'000	3'800'000	3'800'000	3'800'000	3'800'000	250'000	(a)
						800'000	(d)
WORLD HEALTH ORGANIZATION	18'331'468	1'383'950	855'200	855'200	1'008'000	1'008'000	
OTHERS *	6'887'033	90'381	305'208	243'278	175'258	45'280	
TOTAL CONTRIBUTIONS	323'192'496	28'900'289	35'083'378	29'224'227	30'245'747	11'758'968	

(a) Contributions in 1994/1995 designated for the WHO Ad Hoc Health Research & Development Review

(d) Contribution designated for Onchocerciasis Operational Research under the TDR Applied Field Research Component

* OTHERS: Austria, Bahamas, Bayer AG (FRG), Brazil, Cameroon, Cuba, Cyprus, The Former Czechoslovakia, Finland, Ford Foundation (USA), Greece, Gulbenkian Foundation (POR), India, the Islamic Republic of Iran, Iraq, Israel, Leprosy Trust Board (NZ), Malaysia, Mexico, New Zealand, Niger, Nigeria, OPEC Fund for International Development, Oswaldo Cruz Foundation (BRA), Pan American Health and Education Foundation (USA), Portugal, Romania, SANOFI (FRA), Slovakia, Thailand, Thrasher Research Fund (USA), Turkey and miscellaneous contributions

(DRAFT)

**STATUTES OF
Foundation for Tropical Diseases**

Article 1 - Name

In accordance with Art. 80 ss seq. of the Swiss Civil Code and the Statutes hereinafter included, a private law foundation is created under the name of:

**Foundation for Tropical Diseases
(Fondation pour les Maladies Tropicales)**

Article 2 - Seat and Duration

1. The seat of the Foundation shall be in Geneva.
2. The Foundation shall be registered with the Commercial Register in Geneva and placed under the supervision of the competent Federal Authority (the "Supervisory Authority").
3. The duration of the Foundation shall be unlimited.

Article 3 - Purposes

1. The overall purpose of the Foundation is to act for the benefit of the poor, by developing and promoting activities to control tropical diseases. To this effect, the Foundation will work towards the goals and aspirations of the UN system and in support of the World Health Organization, more specifically of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the Division of Control of Tropical Diseases.
2. To further this purpose, the Foundation shall provide grants and assistance to finance and subsidize tropical diseases research and development of educational, training and control programmes for tropical diseases through the global collaboration of scientists, existing research groups, institutions, ministries, agencies and industry with the aim of:
 - a) addressing key problems in tropical diseases;
 - b) developing solutions and appropriate affordable tools to solve, prevent, diagnose and control these problems;
 - c) controlling and evaluating disease problems and the cost effectiveness and acceptability of new control tools;
 - d) ensuring the availability and delivery of the tools;
 - e) training manpower in disease endemic countries to develop and use these tools;
 - f) emphasizing the need to help disease endemic countries solve their particular health problems.

Article 4 - Capital

1. The capital of the Foundation is undetermined.
2. The Foundation shall be endowed with initial capital in the amount of US\$
The capital may be increased at any time with an unlimited ceiling in future.

Article 5 - Resources

1. The resources of the Foundation shall include the following:
 - a) ordinary or extraordinary contributions of the Founding Member(s);
 - b) donations, legacies, subventions, contributions in cash or in kind from international organizations, regional development funds, banks, governments, agencies, foundations, non-governmental organizations, private sector companies and individuals;
 - c) income from its assets.
2. No part of the above resources of the Foundation shall enure to the benefit of any (the) Founding Member(s), other members of the Board, donor, officer or employee of the Foundation.
3. None of the above-mentioned individuals shall receive or be entitled to receive any income of any kind, except reasonable compensation for services rendered to or for the Foundation in effecting one or more of the activities in line with its purpose.

Article 6 - Liability for debts

1. Liabilities of the Foundation shall be paid out of the assets of the Foundation.
2. No Founding Member, other member of the Board, donor, officer or employee of the Foundation shall be personally liable for the payment of the debts of the Foundation.

Article 7 - Board of Trustees

1. The Foundation shall be managed by a Board of Trustees ("the Board") which is the Foundation's governing body.
2. The board shall be composed of:
 - a) the Founder(s)
 - b) such additional members to be designated by the Founder(s).
3. The number of members which shall constitute the entire Board shall not exceed 15.
4. The Founder(s) or his (their) representative(s) shall hold office for the duration of the Foundation. Each other member of the Board otherwise designated shall hold office for terms of 3 years after which time each such member may be reelected for an additional period of 3 years.
5. The Board may hire the requested administrative personnel, in charge of fund-raising activities.

Article 8 - Organization, representation

1. The Board shall set out in its internal rules, the organization, the voting procedure, the requested majorities as well as the functions to be delegated to one or more other individuals.
2. The Board shall also set out in the rules the mode of representation of the Foundation; it shall name the individuals authorized to represent the Foundation and define such power of representation.
3. The Rules and modifications of such Rules shall be approved by two-thirds of the members of the Board present at the Board meetings.

Article 9 - Administration and Management of the Foundation

1. The Board and the designated individuals or bodies shall have all powers to manage the Foundation.
2. The Board shall set policy and administer the affairs of the Foundation and shall be responsible for its fiscal soundness. The Board shall have full power, within the limits of the present statutes, to adopt any and all decisions required for the management of the Foundation, and in general, any and all measures necessary or appropriate to accomplish the purpose of the Foundation.
3. Within the limits of the present statutes, the Board shall designate the beneficiaries as well as the allowances in cash and in kind made in their favour. To this effect, the Board shall use income and/or resources of the Foundation.
4. The Board shall regularly review and give its approval to the activities funded by the Foundation. To this effect, the Board may explore the possibility of using existing managerial and technical bodies within or outside the UN system.

The Board shall have the power to make all necessary changes and amendments to the present statutes, in accordance with the internal rules of the Foundation.

Article 10 - Financial Control and Accounting year

1. The Board shall appoint the Administrative personnel or body to keep the books of the Foundation and which will present a written report on the administration of the Foundation to the Board at the end of each accounting period.
2. The books of the Foundation shall be submitted each year to an accounting firm which shall present each year to the Board a report on the audit of the books of the Foundation.
3. The accounting period of the Foundation shall commence on January 1st and terminate on December 31st of each year. The first accounting period shall start on the day the Foundation is constituted and shall end on December 31st of the same year.

Article 11 - Dissolution / liquidation

1. The Foundation shall be dissolved on the grounds stipulated by law and more specifically by the Supervisory Authority upon written proposal of the Board.
2. The Board shall conduct the liquidation or designate the individuals to do so.
3. In the event of dissolution, no liquidation may be initiated without the express consent of the Supervisory Authority.
4. The property and assets of the Foundation shall be disposed of by the Board after its liquidation, provided that such property and assets be donated to a charitable organization with related goals.

DECISION OF THE JOINT COORDINATING BOARD
ON DESIGNATED FUNDING

The Joint Coordinating Board (JCB), at its Ninth Session in June 1986, considered the Report of the JCB Committee on Designated Funding, established by the Board at its Eighth Session in June 1985 [document TDR/JCB(9)/86.7].

JCB(9) agreed that three main principles must be kept in mind to enable the Programme to continue its work:

1. the importance of implementing the Programme in accordance with the decisions of the Scientific and Technical Advisory Committee (STAC) and the JCB;
2. the scientific independence of STAC and the Scientific Working Groups should not be compromised; and
3. arrangements for contributions should be as flexible as possible to allow contributors to make maximum contributions to meet the Programme's needs, but without compromising the principles stipulated under points 1 and 2 above.

The JCB strongly reaffirmed that the preferred mode of funding of the Special Programme is by means of undesigned contributions. Such contributions provide the maximum flexibility, with the minimum of administrative requirements, for the Special Programme. In particular, undesignated contributions permit the exercise of the vast pool of scientific judgement available to the Special Programme in the determination of research thrusts, priorities, allocation of funds and support for particular proposals, without having to take into account particular preferences or requirements of specific contributors.

The JCB felt that it would be appropriate for the Special Programme to accept designated contributions, subject to certain conditions, if this would encourage present contributors to increase their contributions beyond current levels, or attract new contributors. The JCB agreed that the Special Programme can accept designated contributions subject to the following conditions:

1. The TDR programme of activities and budget will continue to be presented as a whole and will continue to be prepared and reviewed through the existing mechanisms of the Programme Secretariat, Scientific Working Groups, Steering Committees, Research Strengthening Group, Scientific and Technical Advisory Committee, Standing Committee and Joint Coordinating Board. The programme and budget decisions and their implementation will not be influenced by designated contributions.
2. Contributions can be designated for the four Programme Areas or for Programme Components within the JCB-approved Programme budget, as specified in the list attached in annex.
3. Existing contributors can designate up to 50% of their total contribution, provided that the undesignated portion of their contribution is equal to or above the level of the preceding year's undesignated contribution.

4. New contributors can designate up to 50% of their total contribution.
5. Designated contributions can be accepted up to the level of 75% of the total amount approved for an individual Programme Area or Component, provided that no single contributor contributes more than 49% of the total amount approved for an individual Programme Area or Component.
6. Should more than one contributor wish to designate contributions which together exceed the limit of 75% of the total amount approved for a particular Programme Area or Component, the Programme Secretariat will consult with the contributors of designated funds to that particular Programme Area or Component and the excess funds will be either (a) made available for designation to another Programme Area or Component; or (b) transferred as undesignated contributions; or (c) carried over to the following biennium for use within the same Area or Component.
7. Should it become necessary to reduce the budget of the Special Programme in the course of its implementation because of lack of sufficient funds, appropriate reductions will be applied to Programme Areas and Components, in accordance with approved procedures, irrespective of whether a Programme Area or Component is financed by designated funds. Consequential reductions in designated funds will be pro-rated amongst the contributors of such funds and will be transferred to undesignated funds.
8. There will be no special reporting on Programme Areas and Components which have received designated funding. The programme and financial reports prepared for the JCB will be made available to all contributors. Any contributor or member of the JCB may, within reasonable limits, request additional information.
9. Contributors wishing to pledge designated funds are urged to do so in writing as early as possible in the biennium.

JCB(9) decided that the new policy would be monitored closely by STAC and the JCB and revised, if necessary, in the light of experience. The policy remained in effect for a trial period of two years.

JCB(11) in 1988 received a report on the experience with designated funding during the trial period and agreed to the continuation of the policy. JCB(11) requested Director TDR to inform the Board if, in the future, the policy prevented the Programme from accepting additional resources.

JCB(12) in 1989 agreed that TDR's communications activities should be considered as a Programme Component for the purposes of the designated funding policy approved by the JCB, to enable TDR to receive designated funds for communications activities in accordance with the policy.

JCB(14) in 1991 reaffirmed that the preferred mode of funding to TDR was by means of undesignated contributions and stressed that the designated funding policy should not be changed. JCB(14) commended the Standing Committee for promptly informing the Joint Coordinating Board on the Committee's decision to accept a contribution from the Government of the Netherlands designated for a project on the development of antimalarial drugs based on *Artemisia annua*, and agreed to accept the contribution for a three-year period. JCB(14) authorized the Standing Committee to accept, in consultation with the JCB, other designated contributions in exceptional cases for a small number of

specific projects if such opportunities arose, provided these were in line with TDR's priorities and the Programme retained scientific control of the projects.

JCB(17) in 1994 reaffirmed that the preferred mode of funding to TDR was by means of undesignated contributions. JCB(17) endorsed the Standing Committee's decisions to accept (i) the "bridging" funds from the Government of the Netherlands designated for the *Artemisia annua* project; (ii) further contributions from the Government of the Netherlands, if approved by the Government, designated for the three-year extension of the *Artemisia annua* project; and (iii) on an exceptional basis, contributions designated for the WHO *Ad Hoc* Health Research and Development Review. JCB(17) agreed to maintain the rules of the existing designated funding policy in general. However, in exceptional cases, the Board authorized the Standing Committee to accept, in written consultation with the Chairperson and the Vice-Chairperson of the JCB on the Board's behalf, other designated contributions for specific projects, provided these were in line with TDR's priorities and the Programme retained scientific control, on the understanding that all cases would be reported to the JCB at its next session for the Board's concurrence. JCB(17) authorized the Chairperson and the Vice-Chairperson of the JCB to decide whether the project(s) in question (a) could proceed; (b) required further consultation with certain Board members; or (c) should wait for the concurrence of the entire Board at its next session.

SPECIAL PROGRAMME FOR RESEARCH
AND TRAINING IN TROPICAL DISEASES

Programme Areas and Programme Components for
which designated funds may be accepted
(1994-1995 biennium)

I TECHNICAL AND ADMINISTRATIVE BODIES

II RESEARCH AND DEVELOPMENT

General Activities

Strategic Research

The Parasite Genome

Pathogenesis

Molecular Entomology

Product Research and Development

Product Development Unit

Drugs for African Trypanosomiasis, Chagas Disease and
Leishmaniasis

Macrofilaricides

Drugs for Malaria

Vaccines for Leishmaniasis

Vaccines for Malaria

Vaccines for Schistosomiasis

Applied Field Research, currently comprising Social and Economic
Research and the following time-limited initiatives:

Operational Research on Onchocerciasis

Gender Research

School-Aged Children

Tropical Diseases and Health Financing

Tropical Diseases and the Environment

Operational Research on Antimalarials

Bednets

Sick Child

Filariasis Field Trials

Operational Research on Chagas Disease

African Trypanosomiasis Surveillance

Leprosy

III RESEARCH CAPABILITY STRENGTHENING

General Activities

Institution Strengthening

Training

Epidemiology and Field Research

IV PROGRAMME MANAGEMENT

Communications

**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 2 April 1995)

Governments

Burundi	Morocco
Cameroon	Mozambique
China	Nicaragua
Costa Rica	Niger
Ecuador	Nigeria
Egypt	Pakistan
Finland	Panama
Greece	Peru
Hungary	Portugal
Indonesia	Romania
Iran (Islamic Republic of)	Russian Federation
Iraq	Sao Tome and Principe
Italy	Slovakia
Japan	Slovenia
Jordan	Spain
Kuwait	Sudan
Liberia	Syrian Arab Republic
Libyan Arab Jamahiriya	Thailand
Malawi	Turkey
Mali	Yemen
Mexico	

Organizations, agencies etc.

African Development Bank, Abidjan, Côte d'Ivoire
 Aga Khan Foundation, Geneva, Switzerland
 Asian Development Bank, Manila, Philippines
 Association of the Institutes and Schools of Tropical Medicine in Europe (TROPMEDEUROP),
 Heidelberg, Germany
 Council on Health Research for Development (COHRED), Geneva, Switzerland
 Edna McConnell Clark Foundation, New York, N.Y., USA
 European Commission (EC), Brussels, Belgium
 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 of Great
 Britain and Northern Ireland
 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

Organizations, agencies etc. (continued)

- John D. and Catherine T. MacArthur Foundation, Chicago, Illinois, USA
New England Biolabs Foundation, Beverly, Massachusetts, USA
OPEC Fund for International Development, Vienna, Austria
Organisation de Coordination et de Coopération pour la Lutte contre les Grandes Endémies
(OCCGE), Bobo-Dioulasso, Burkina Faso
Organisation de Coordination 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 of Great Britain and Northern Ireland

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