



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

TWENTIETH SESSION OF THE JOINT COORDINATING BOARD (JCB)

WHO headquarters, Geneva, Switzerland
23 June and morning of 24 June 1997

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1. INTRODUCTION

Representatives of 26 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(20) at WHO headquarters, Geneva, on 23 June and the morning of 24 June 1997. Representatives of 13 governments and nine 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(20)/97.2 Rev.1].

The session was opened by Dr H. Nakajima, Director-General of WHO. In addressing the Twentieth Session of the Board, Dr Nakajima referred to the important health gains achieved during the past 20 years. Unfortunately such gains were uneven and the under-privileged populations still suffered from a heavy disease burden much of which was caused by the tropical diseases. The control of infectious diseases remained a priority task for the Organization and TDR's work was a key element of that task. The Programme's activities were important and must continue. Good progress had been made and there were exciting prospects for the elimination of four of the diseases within TDR's mandate - leprosy, river blindness, Chagas disease and lymphatic filariasis. Past experience with disease control, however, had clearly shown the need for continuous research on new and simplified approaches to enable national health services to complete the elimination of diseases and sustain health achievements. Dr Nakajima thanked the Joint Coordinating Board members and observers, including the two co-sponsoring agencies - the United Nations Development Programme and the World Bank, for their staunch support to TDR over the last two decades. The Board's commitment to help TDR evaluate its activities and mobilize financial resources was essential and Dr Nakajima hoped that the JCB members and observers would continue their valuable collaboration in the future.

JCB(20) elected Dr P. J. Key, Principal Health and Population Adviser, Africa Division, Department for International Development, London, United Kingdom of Great Britain and Northern Ireland, as Chairperson of the Board until its Twenty-second Session in 1999. The Board elected Professor Li Shichuo, Director-General, Department of International Cooperation, Ministry of Health, Beijing, China, as Vice-Chairperson until its Twenty-first Session in 1998.

JCB(20) expressed its gratitude to Dr E. S. Garcia, outgoing Chairperson JCB, for his guidance of the Board's deliberations during its past two sessions.

The agenda for JCB(20), adopted by the Board, is attached as Annex 2 [document TDR/JCB(20)/97.1]. The Report of the Nineteenth Session of the Joint Coordinating Board, approved by the Board, is contained in document TDR/JCB(19)/96.3.

2. SCIENTIFIC PROGRESS AND PLANS

JCB(20) considered TDR's scientific and technical activities as described in the Thirteenth Programme Report covering progress in 1995-1996. Dr T. Godal, Director TDR, reported on the Programme's performance between 1994 and 1997, the major outcomes and the future evolution of TDR in a changing environment. A summary of Dr Godal's presentation is contained in Annex 3.

JCB(20) examined the report of the Nineteenth Meeting of the Scientific and Technical Advisory Committee (STAC) (document TDR/STAC-19/97.3), which was introduced by Dr C. M. Morel, Chairperson STAC. A summary of Dr Morel's presentation is included in Annex 3.

JCB(20):

- (i) Expressed satisfaction with the progress made by the Programme and its directions.**
- (ii) Noted with pleasure that early indications showed that the reorganization of the Programme had been positive, allowing greater flexibility and more opportunities for partnerships.**
- (iii) Noted that the tropical diseases were diseases of poverty and requested the Programme to strengthen activities in the areas of greatest need, notably Africa. Noted with satisfaction that almost 50% of TDR's scientific committee members were from developing countries and encouraged TDR to ensure greater participation of scientists and policy-makers from all developing endemic countries in the Programme's work. Urged TDR to make further efforts to fund as much research as possible in the developing endemic countries.**
- (iv) Endorsed the high priority given to research on malaria and looked forward to receiving further information on progress made in malaria vaccine development at JCB(21) in 1998.**
- (v) Endorsed the STAC recommendations concerning TDR's essential input in the field of African trypanosomiasis and the urgent need for the development of new drugs in view of increasing epidemics ravaging endemic areas.**
- (vi) Stressed the importance of strategic research and endorsed the STAC recommendation that funding for this component should be maintained at least at current levels.**
- (vii) Agreed with the restructuring of the Product Research and Development Component and looked forward to receiving information on STAC's review of the new structure in two years' time.**
- (viii) Encouraged further operational research on the use of insecticide-impregnated bednets and monitoring of their long-term efficacy.**
- (ix) Noted the results of studies to date on the impact of the introduction of user-charges for treatment and requested that TDR staff working on health sector reform and tropical diseases collaborate with the other programmes in WHO working in this area.**
- (x) Expressed its satisfaction with the continuing work on gender and tropical diseases and requested that gender issues, affecting both women and men, be taken into consideration in all components of the Programme.**
- (xi) Noted the trend towards encouraging community-directed treatment and requested that such activities be monitored closely to avoid any negative outcomes and overburdening: the lessons learned would be useful in setting future guidelines.**
- (xii) In view of the interaction between the environment and tropical diseases, requested the Programme to continue to facilitate research activities in this area. As microclimatic changes influenced the distribution of the tropical diseases, TDR should collaborate with organizations studying the effects of environmental changes, global as well as microclimatic, with a view to developing strategies to minimize the impact on the tropical diseases.**

(xiii) Endorsed the STAC recommendation that TDR should continue with field research investigator-initiated activities and take steps to solicit and promote better proposals from developing country scientists.

(xiv) Emphasized again the importance of research capability strengthening activities and encouraged further support to the least developed countries most affected by the tropical diseases, including for activities relating to environment and tropical diseases. Requested TDR to quantify its investments in the least developed countries and to report on this issue to JCB(21) in 1998.

(xv) Supported further integration of research capability strengthening activities within the Strategic Research, Product Research and Development and Applied Field Research Components of the Programme and requested STAC to monitor progress in this regard.

(xvi) Stressed again the importance of national commitment for successful research activities in developing endemic countries and the role which national authorities could play to facilitate the implementation of research.

(xvii) Reiterated the need for close and effective collaboration between TDR and other relevant WHO programmes to maximize the use of existing resources and avoid duplication of effort. Welcomed the steps taken to date to facilitate collaboration, especially with the Division of Control of Tropical Diseases (CTD), and encouraged continued action to consolidate cooperation. Looked forward to receiving further reports on this collaboration, including information on links with programmes other than CTD.

(xviii) Encouraged TDR to establish closer links with the WHO Regional Offices and national health programmes and to involve more the WHO Collaborating Centres in the Programme's work.

(xix) Noted TDR's continuing collaboration with other organizations working in similar areas and with the pharmaceutical industry. Requested further information on TDR's links with other important international initiatives in tropical diseases, e.g. the Global Forum for Health Research and the initiative on malaria in Africa discussed at the international conference in Dakar in January 1997.

(xx) Encouraged TDR to give greater recognition, both written and verbal, to the role of its collaborators in joint activities.

(xxi) Supported the STAC recommendation on the need to influence medical education programmes to promote training on the tropical diseases, in collaboration with national governments. Requested that TDR publications be distributed widely to medical students and health care workers for educational purposes, especially in the developing endemic countries.

(xxii) Stressed the need for increased communications and advocacy with audiences at various levels on the continuing need for tropical disease research and on research priorities, directed towards the scientific community in both the South and the North, medical schools, national health programmes, managers and policy-makers and the donor community. Emphasized the importance of a wider distribution of information on TDR's work and progress to these audiences in an appropriate format and by appropriate mechanisms, including Internet. Information for decision-makers should be precise and demonstrate value for money.

(xxiii) Encouraged STAC in its reports to provide more detailed recommendations and more specific guidelines for their implementation.

(xxiv) Expressed its appreciation of the presentations by Dr T. Godal, Director TDR, and by Dr C. M. Morel, Chairperson of the Scientific and Technical Advisory Committee.

3. THIRD EXTERNAL REVIEW OF TDR

The third external review of the Programme started in early 1997. The terms of reference and the composition of the External Review Committee approved by the JCB are contained in Annex 4 of the Report of the Nineteenth Session of the Board, document TDR/JCB(19)/96.3.

Professor G. Castillo, a member of the External Review Committee and Ms H. Boyer, Executive Secretary to the Committee, attended JCB(20). Professor Castillo summarized the Committee's activities to date and the key assessment issues to be addressed. The Committee had already met twice, in March and June 1997.

Professor Li Shichuo, Vice-Chairperson JCB(20), referred to the financial contributions made by the Governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland towards the costs of the review and encouraged other JCB participants to provide additional support for this purpose.

JCB(20):

(i) Thanked Professor G. Castillo and Ms H. Boyer for the presentation on the Committee's activities.

(ii) Noted some of the issues which would be examined by the Committee, including TDR's disease portfolio; the balance of resources allocated to the areas of strategic research, product research and development, applied field research and research capability strengthening; cross-cutting issues affecting various WHO programmes; advocacy needs especially with regard to the donor community and TDR's financing.

(iii) Looked forward to receiving well in advance the conclusions and recommendations of the Committee to facilitate an in-depth discussion on the issues raised at the Twenty-first Session of the Board in 1998.

4. MEMBERSHIP OF THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

The Board considered the nominations of the Executing Agency and the Standing Committee for STAC membership in 1998 and 1999.

JCB(20):

(i) Endorsed the nominations for STAC membership in 1998 and 1999. The list of members with their terms of office is attached as Annex 4.

(ii) Endorsed the extension of the term of office of Dr C. M. Morel as Chairperson of STAC until 31 December 2001.

5. FINANCIAL MATTERS

5.1 Financial Report for 1996 and Revised Programme Budget for the 1996-1997 Biennium: Financial Status in 1996-1997

JCB(20) reviewed the Programme's financial situation in the 1996-1997 biennium (Table 1) which was introduced by Dr C. Vlassoff, Programme Manager, TDR. Total resources estimated to be available to the Programme in 1996-1997 (excluding funds for the *Ad Hoc* Health Research and Development Review and follow-up) amounted to US\$ 59.6 million. With a revised budget of US\$ 57.5 million, slightly reduced from the JCB-approved level of US\$ 57.7 million, and allowing for a carry-over of US\$ 3 million into the next biennium as recommended by the JCB, there was an anticipated funding gap of just less than US\$ 850 000. The budget level might have to be adjusted further to ensure a minimum closing balance of US\$ 3 million. Adjustments to the budget were made in accordance with the procedures for budget revision approved by the JCB.

TABLE 1

TDR'S FINANCIAL STATUS IN 1994-1995 AND
ESTIMATED FINANCIAL STATUS IN 1996-1997 AND IN 1998-1999
(US\$ 000)

	Actual 1994-1995	Estimated 1996-1997	Estimated 1998-1999
TDR			
Opening balance 1 January	1 816	1 360	3 000
Income (including contributions, interest & other income)	60 202	58 242	53 100
Total resources	62 018	59 602	56 100
Budget/Obligations	60 585	57 450	57 700
Closing balance 31 December	1 432	3 000	3 000
Funding gap		848	4 600
<i>Ad Hoc</i> Review & follow-up			
Opening balance 1 January		72	
Income		4 725	
Total resources		4 797	
Budget/Obligations		4 797	
Closing balance 31 December		0	

With declining funds available to the Programme, the budget/obligations had dropped by 20% since 1990-1991 to US\$ 57.5 million in 1996-1997. In 1991, obligations had been US\$ 37 million but they were only US\$ 26.5 million in 1996.

With regard to Operations (funds for contracts for research and development and research capability strengthening), the percentage had decreased from 67.2% of the approved budget for 1996-1997 to 65.6% of the revised budget. Personnel Services had increased from 23.3% of the approved budget to 24.1% of the revised budget. The Programme continuously tried to adhere to its policy of allocating more than 70% of resources to Operations and less than 20% to Personnel Services.

JCB(20):

(i) Accepted the Financial Report for 1996 and the Revised Programme Budget for the 1996-1997 Biennium [document TDR/JCB(20)/97.6].

(ii) With a view to improving transparency, requested TDR to provide more details of expenditures by country and by disease.

5.2 Plan of Action and Proposed Programme Budget for the 1998-1999 Biennium

JCB(20) examined the proposed Programme budget for the 1998-1999 biennium (document TDR/PB/98-99), which was introduced by Dr C. Vlassoff. The budget did not reflect the full needs or opportunities of the Programme but it presented a modest research agenda at a realistic level of US\$ 57.7 million, the same as approved in the 1996-1997 biennium. No major changes were proposed in the distribution of resources among the TDR Programme Components. The new Programme structure for TDR's Product Research and Development Component from January 1998 was reflected in the budget.

This modest budget was faced with a funding gap of US\$ 4.6 million, allowing for the recommended carry-over of US\$ 3 million into the 2000-2001 biennium (Table 1). A similar funding gap had been forecast at the beginning of the 1996-1997 biennium but fortunately the gap had been reduced to less than US\$ 1 million.

Dr Vlassoff highlighted some positive indicators concerning forecast levels for Operations and Personnel Services costs. Operations were likely to increase from 65.6% in the 1996-1997 biennium to 67.7% of the budget in 1998-1999; and Personnel Services were expected to decrease from 24.1% in 1996-1997 to 22.5% in 1998-1999 due to the weakening of the Swiss franc relative to the United States dollar and a slight reduction in the number of staff posts.

JCB(20):

(i) Approved the level of US\$ 57.7 million for the proposed Programme budget for the 1998-1999 biennium, the same as approved in 1996-1997.

(ii) Noted that changes would be made to planned allocations in the budget in line with the Board's views, based on the recommendations of STAC. Looked forward to receiving the approved budget, incorporating the Board's comments, after the JCB session. [The summary of the approved budget, developed by TDR subsequent to JCB(20) is shown in Table 2. The Strategic Research Component increased by 0.1% of the budget, with a corresponding decrease in General Activities - Research and Development.]

TABLE 2

SUMMARY OF APPROVED PROGRAMME BUDGET

PROGRAMME COMPONENT	1	2	3	4
	APPROVED	REVISED	APPROVED	INCREASE/
	BUDGET	BUDGET	BUDGET	DECREASE
	1996-1997	1996-1997	1998-1999	(Col 3-2)
	US\$000	US\$000	US\$000	US\$000
PC I Technical and Administrative Bodies	715	893	668	-225
-- Per cent of Total	1.2%	1.6%	1.2%	
PC II General Activities - R & D				
Director's Initiative Fund	2,341	1,089	1,830	741
Leprosy	1,435	1,345	1,255	-90
Subtotal - Programme Component II	3,776	2,434	3,085	651
-- Per cent of Total	6.5%	4.2%	5.3%	
PC III Strategic Research				
Technical Planning and Review	393	147	30	-117
Parasite Genome	1,571	2,005	1,990	-15
Pathogenesis	3,287	2,688	2,685	-3
Molecular Entomology	1,585	1,869	1,875	6
Subtotal - Programme Component III	6,836	6,709	6,580	-129
-- Per cent of Total	11.8%	11.7%	11.4%	
PC IV Product Research and Development				
Core Activities	1,005	1,333	1,490	157
Drug Discovery Research	5,047	5,566	5,161	-405
Vaccine Discovery Research	3,318	3,360	3,210	-150
Product Development	4,550	5,181	5,518	337
Subtotal - Programme Component IV	13,920	15,440	15,378	-62
-- Per cent of Total	24.1%	26.9%	26.7%	
PC V Applied Field Research				
Individual Projects	1,422	893	1,505	612
Operational Research on Bednets	1,052	1,410	1,650	240
Home Management of Malaria	2,151	1,709	1,600	-109
Health Sector Reform	655	1,140	1,455	315
Gender-Sensitive Interventions	1,253	1,319	1,430	111
School-Aged Children and Tropical Diseases	1,029	953	460	-493
Community Directed Treatment	2,348	2,669	2,125	-544
Applied Research on Non-Domiciliated Triatomines	800	1,016	1,130	114
Operational Research on African Trypanosomiasis	711	342	770	428
Environment and Tropical Diseases	655	633	0	-633
Subtotal - Programme Component V	12,074	12,084	12,125	41
-- Per cent of Total	20.9%	21.0%	21.0%	
PC VI Research Capability Strengthening	13,261	12,517	12,804	287
-- Per cent of Total	23.0%	21.8%	22.2%	
PC VII Programme Management				
Personnel	3,722	3,943	3,670	-273
Operational Support	580	645	650	5
General Support	2,815	2,785	2,740	-45
Subtotal - Programme Component VII	7,117	7,373	7,060	-313
-- Per cent of Total	12.3%	12.8%	12.2%	
TOTAL	57,700	57,450	57,700	250
Ad Hoc Health Research and Development Review		4,797	0	-4,797
GRAND TOTAL	57,700	62,247	57,700	-4,547

5.3 Financial Prospects for the 1998-1999 Biennium and Fundraising Activities

Total resources estimated to become available to TDR in the 1998-1999 biennium were US\$ 56.1 million, namely US\$ 3.5 million less than in 1996-1997 and US\$ 1.6 million short of the approved budget level of US\$ 57.7 million (Table 1). Allowing for the recommended carry-over of US\$ 3 million into the 2000-2001 biennium, additional contributions of US\$ 4.6 million were needed. The Programme would actively pursue its efforts to raise the funds required.

In 1996, JCB(19) had requested the Standing Committee, together with the Chairperson and Vice-Chairperson of the Board, to develop a strategy for the mobilization of resources to TDR. The Committee had therefore carefully reviewed all past and current fundraising activities. Despite all the efforts made, contributions from traditional donors were levelling off.

As part of its mandate, the third External Review Committee had been requested to examine TDR's future directions, resource needs and opportunities and implications for tropical disease research and to propose alternative financing requirements for the next 10 years. The Standing Committee had therefore decided to examine the whole issue again in more depth after the External Review Committee had submitted its findings. In the meantime approaches to identify new donors would continue, together with efforts to encourage one-time contributors to renew their support, and existing contributors would be urged to maintain and increase their contributions.

JCB(20):

(i) Stressed again that every effort should be made to increase the level of TDR's financial resources and urged again all JCB participants, including those from the advanced developing countries, to do their utmost to help raise the funds required. Fifteen JCB participants indicated continued financial support for the Programme.

(ii) Emphasized again the importance of all 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.

(iii) Encouraged again contributing countries which were net beneficiaries of TDR's resources to strengthen their efforts to increase the level of their direct financial contributions to the Programme.

(iv) Encouraged JCB participants involved with the new international initiatives relating to the tropical diseases, to be vigilant to ensure that funds normally destined for TDR were not diverted to the new initiatives.

(v) Concurred with the decision of the Standing Committee to accept three special designated contributions: from the Governments of Australia and Ireland and from the Rockefeller Foundation.

6. TECHNICAL PRESENTATIONS

Following the request by JCB(19) in 1996 to include some technical presentations in the Board's sessions, three presentations were made at JCB(20).

Professor F. C. Kafatos, Director-General, European Molecular Biology Laboratory, Heidelberg, Germany, reported on progress towards making mosquitos resistant to the malaria parasite; progress in

the development of artesunate suppositories was described by Dr M. Gomes, Manager of the Task Force on Artesunate Suppositories under the TDR Steering Committee on Drugs for Malaria; and Dr K. Yeboah-Antwi, Wenchi District Director of Health Services, Ghana, described work to improve malaria control in the context of health sector reforms in Ghana, illustrating the effect of pre-packaging of antimalarial drugs.

JCB(20) thanked Professor F. C. Kafatos, Dr M. Gomes and Dr K. Yeboah-Antwi for their technical presentations.

7. DATE AND PLACE OF THE TWENTY-FIRST SESSION OF THE JCB AND ARRANGEMENTS FOR JCB SESSIONS

In line with the recommendation of JCB(19) in 1996, the Twentieth Session of the Board was held in conjunction with the Meeting of Collaborators of the WHO Division of Control of Tropical Diseases. Meetings of the management bodies of some other relevant programmes also took place during the second half of June 1997.

JCB(20):

(i) Decided that the Twenty-first Session of the Joint Coordinating Board would take place at WHO headquarters, Geneva, on Monday and Tuesday 22 and 23 June 1998. Two whole days would be required to permit full discussion of the conclusions and recommendations of the External Review Committee carrying out the third external review and evaluation of TDR.

(ii) Recommended that the JCB session be held again in conjunction with the Meeting of Collaborators of the Division of Control of Tropical Diseases.

(iii) Expressed its appreciation of the Programme's efforts to make the JCB sessions more efficient and to harmonize financial and programme reporting in collaboration with other programmes in WHO.

8. 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 France for JCB membership for a period of three years from 1 January 1998.

The list of members of the Joint Coordinating Board as of 1 January 1998 is attached as Annex 5.

9. CLOSURE OF THE SESSION

Dr P. J. Key, Chairperson JCB, thanked the representatives of the JCB members and observers for their excellent contributions to the deliberations and also thanked all the people who had made the presentations which were very informative. In addition, she expressed her gratitude to the interpreters and to the WHO and TDR staff for their hard work in preparing for the session and for the arrangements made during the session.

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

TDR/JCB(20)/97.2 Rev.1
ANNEX 1
ENGLISH ONLY

TWENTIETH SESSION OF THE JOINT COORDINATING BOARD

WHO headquarters, Geneva, 23 June and morning of 24 June 1997

Executive Board Room

LIST OF PARTICIPANTS

ANGOLA

Madame le Professeur Teresa COHEN, Vice-Ministre de la Santé de la République d'Angola, Ministère de la Santé, Luanda

AUSTRALIA

Ms Barbara O'DWYER, Director, Health and Population Unit, United Nations and International Programs Section, Australian Agency for International Development, Department of Foreign Affairs and Trade, Canberra, ACT

Mr Angus MACDONALD, Counsellor (Development), Permanent Mission of Australia to the United Nations Office and other International Organizations at Geneva

BELGIUM

Monsieur le Docteur Johan VAN MULLEM, Médecin Chef de Service, Administration générale de la Coopération au Développement, Bruxelles

Monsieur Koenraad VERVAEKE, Premier Secrétaire, Mission permanente de la Belgique auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève

BENIN

Monsieur le Docteur Antonin Jacques A. HASSAN, Directeur national de la Protection sanitaire, Ministère de la Santé, de la Protection sociale et de la Condition féminine, Cotonou

BRAZIL

Mr Leonardo M. COELHO DE SOUZA, Third Secretary, Permanent Mission of Brazil to the United Nations Office and other International Organizations at Geneva

CANADA

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

Dr Jean LARIVIERE, Senior Medical Adviser, International Affairs Directorate, Department of Health, Ottawa

CHINA

Professor LI Shichuo, Director-General, Department of International Cooperation, Ministry of Health,
Beijing

DENMARK

Mr Peter Hertel RASMUSSEN, Minister-Counsellor, Head of Section, Ministry of Foreign Affairs,
Copenhagen

Dr Pia ROCKHOLD, Technical Adviser, Health, Technical Advisory Services, Danish International
Development Agency, Ministry of Foreign Affairs, Copenhagen

FRANCE

Monsieur le Docteur Christian C. MARCHAL, Directeur de Recherche à l'INSERM, Chef du Bureau
d'Appui aux Projets, Sous-Direction de la Santé et du Développement social, Secrétariat d'Etat à la
Coopération, Paris

GERMANY

Mr Uwe-Eitel FRIESE, Federal Ministry for Economic Cooperation and Development, Bonn

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

HUNGARY

Dr Sándor DOBI, Associate Professor, Szent László Hospital for Infectious and Tropical Diseases,
Budapest

Dr Agnes AXMANN, Head, Outpatient Clinic for Tropical Diseases, "Haynal Imre" University of Health
Sciences, and Director, TROP-MED Hungary Co. Ltd., Budapest

INDIA

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

IRAN (ISLAMIC REPUBLIC OF)

Dr Mohammad Taghi CHERAGHCHI BASHI, Adviser to the Under Secretary for Health Affairs,
Ministry of Health and Medical Education, Tehran

Dr Mohammad Reza POURSHAFIE, Adviser to the Under Secretary of Research, Ministry of Health and
Medical Education, and Chair, Department of Bacteriology, Pasteur Institute, Tehran

Dr Yahya DOWLATI, Director, Center for Research and Training of Skin Diseases and Leprosy, Tehran

IRELAND

No representative able to attend

LUXEMBOURG

Monsieur Jacques REUTER, Ambassadeur, Représentant permanent du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève

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

Monsieur Paul DUHR, Représentant permanent adjoint du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève

Monsieur Stanislas MYCK, Responsable de la Coopération au Développement, Section Multi-Bilatérale, Ministère des Affaires étrangères, du Commerce extérieur et de la Coopération, Luxembourg

Monsieur Alain WEBER, Attaché, Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève

MALAYSIA

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

MEXICO

Dr José Ignacio SANTOS, Coordinator of Epidemiological Surveillance, Secretariat of Health, Mexico DF

NETHERLANDS

Dr Maryke STEGEMAN, Health Adviser, Department of Social and Institutional Development, Ministry of Foreign Affairs, The Hague

Mrs Renilde WEIFFENBACH, Senior Policy Officer, United Nations Department, Ministry of Foreign Affairs, The Hague

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

NORWAY

Ms Marianne LOE, Adviser, United Nations Division, Department of Multilateral Development Cooperation, Ministry of Foreign Affairs, Oslo

Dr Elisabet HELSING, Adviser, Norwegian Board of Health, Oslo

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

Dr Ottar T. CHRISTIANSEN, Adviser, Ministry of Health and Social Affairs, Oslo

PAPUA NEW GUINEA

Professor Isi H. KEVAU, Professor and Head of Medicine, Faculty of Medicine, University of Papua New Guinea, Boroko

SRI LANKA

Dr W. P. FERNANDO, Director, Anti Malaria Campaign, Ministry of Health, Colombo

SWEDEN

Dr Barbro CARLSSON, Associate Professor, Senior Research Officer, Department for Research Cooperation, SAREC, Swedish International Development Cooperation Agency, Sida, Stockholm

Dr Anders BJÖRKMAN, Consultant to Sida/SAREC: Associate Professor, Karolinska Institute, Senior Lecturer, Department of Infectious Diseases, Danderyd Hospital, Danderyd

SWITZERLAND

Monsieur le Docteur Matthias KERKER, Conseiller en Santé, Service technique des Ressources humaines, Secteur Santé, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères, Bern

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

THAILAND

Professor SORNCHAI LOOAREESUWAN, Dean, Faculty of Tropical Medicine, Mahidol University, Bangkok

TUNISIA

Monsieur le Professeur Riadh BEN-ISMAIL, Professeur de Parasitologie médicale, Faculté de Médecine, Université de Tunis et Chef de Service hospitalo-universitaire, Laboratoire d'Epidémiologie et d'Ecologie parasitaire, Institut Pasteur de Tunis

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Dr Penelope J. KEY, Principal Health and Population Adviser, Africa Division, Department for International Development, London

Dr Wendy THORNE, Senior Medical Officer, Department of Health, London

Dr Sylvia R. MEEK, Head, Malaria Consortium, London School of Hygiene and Tropical Medicine, London

Mr Timothy SIMMONS, First Secretary, Permanent Mission of the United Kingdom of Great Britain and Northern Ireland to the United Nations Office and other International Organizations at Geneva

UNITED STATES OF AMERICA

Mr Robert CLAY, Deputy Director, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, Agency for International Development, Washington, D.C.

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Ms Mina MAUERSTEIN-BAIL, Senior Programme Coordinator, Bureau for Policy and Programme Support, UNDP, New York, N.Y., USA

THE WORLD BANK

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

WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

Dr Bijan SADRIZADEH, Director, Integrated Control of Diseases, WHO Regional Office for the Eastern Mediterranean, Alexandria, Egypt

Headquarters

Dr Hiroshi NAKAJIMA, Director-General

Dr F. S. ANTEZANA, Deputy Director-General ad interim

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

Ms Anne H. MAZUR, Legal Officer

Mr A. S. EGOROV, Budget Officer, Division of Budget and Finance

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

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

OTHER PARTICIPANTS

Chairperson, TDR Scientific and Technical Advisory Committee

Dr Carlos M. MOREL, Senior Researcher, Department of Biochemistry and Molecular Biology, and Former President, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

OTHER PARTICIPANTS (continued)

Chairperson, CTD Technical Advisory Group

Professor David H. MOLYNEUX, Director, Liverpool School of Tropical Medicine, Liverpool, United Kingdom of Great Britain and Northern Ireland

TDR External Review Committee

Professor Gelia T. CASTILLO, Professor Emeritus, University of the Philippines at Los Baños and Part-time Consultant, International Rice Research Institute, Manila, Philippines (Member of the Committee)

Ms Hélène G. BOYER, Senior Evaluation and Planning Manager, Planning and Assessment, National Research Council of Canada, Ottawa, Canada (Executive Secretary to the Committee)

Presenters

Dr Melba GOMES, Manager of the Task Force on Artesunate Suppositories under the TDR Steering Committee on Drugs for Malaria, Geneva

Professor Fotis C. KAFATOS, Director-General, European Molecular Biology Laboratory, Heidelberg, Germany: Member of the Committee on Molecular Entomology under the TDR Steering Committee on Strategic Research

Dr Kojo YEBOAH-ANTWI, District Director of Health Services, Ministry of Health, Wenchi, Ghana

OBSERVERS

Council on Health Research for Development (COHRED)

Dr Yvo NUYENS, Coordinator, COHRED, Geneva

Egypt

Dr Yahia HASSANEIN, Executive Director, National Schistosomiasis Control Programme, Ministry of Health and Population, Cairo

European Commission (EC)

Dr Marc DE BRUYCKER, Directorate General for Science, Research and Development, Cooperation with Third Countries and International Organisations, Cooperation with Developing Countries, Sector Health, EC, Brussels, Belgium

Finland

Mrs Hanna RINKINEVA-HEIKKILÄ, Counsellor, Permanent Mission of Finland to the United Nations Office and other International Organizations at Geneva

Health and Development International (HDI)

Dr Jacquie Loo KAY, President, HDI, Cambridge, Massachusetts, USA

Indonesia

Dr Mohammad SUDOMO, Senior Researcher, Health Ecology Research Centre, National Institute of Health Research and Development, Ministry of Health, Jakarta

International Development Research Centre (IDRC)

Dr Enis BARIS, Chief Scientist, Strategies and Policies for Healthy Societies, Programs Branch, IDRC, Ottawa, Canada

International Federation of Pharmaceutical Manufacturers Associations (IFPMA)

Dr Odette MORIN CARPENTIER, Manager, Pharmaceutical and Biological Affairs, IFPMA, Geneva

International Organization for Chemical Sciences in Development (IOCD)

Professor Frederik OPPERDOES, Chairman, IOCD Tropical Diseases Programme: Research Unit for Tropical Diseases, International Institute of Cellular and Molecular Pathology, Brussels, Belgium

Italy

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

Japan

Dr Yasuhiro SUZUKI, Deputy Director, International Affairs Division, Ministry of Health and Welfare, Tokyo

Mr Toshiyasu IKENAGA, First Secretary, Permanent Mission of Japan to the United Nations Office and other International Organizations at Geneva

Malta

Professor Herbert M. GILLES, Visiting Professor of Public Health, University of Malta Medical School, Gwardamangia, Malta; and Emeritus Professor of Tropical Medicine, University of Liverpool, United Kingdom of Great Britain and Northern Ireland

New England Biolabs Foundation

Ms Martine D. KELLETT, Executive Director, New England Biolabs Foundation, Beverly, Massachusetts, USA

Organisation de Coopération et de Coopération pour la Lutte contre les Grandes Endémies (OCCGE)

Monsieur le Docteur Nanti Mathias HIEN, Secrétaire général adjoint, OCCGE, Bobo-Dioulasso, Burkina Faso

Pakistan

Mrs Kehkeshan AZHAR, First Secretary, Permanent Mission of Pakistan to the United Nations Office and the Specialized Agencies at Geneva

Portugal

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

Russian Federation

Dr Anatoly PAVLOV, Counsellor, Permanent Mission of the Russian Federation to the United Nations Office and other International Organizations at Geneva

Saudi Arabia

Dr Abdul Rahim Mohammed AGEEL, Director General of Health Affairs, Jizan Region, Ministry of Health, Jizan

Slovakia

Madame le Docteur Katarina HOLEČKOVÁ, Chef adjoint de la Clinique des Maladies infectieuses et de la Médecine géographique, Hôpital et Polyclinique "Derer", Bratislava

South Africa

Dr Desmond K. JOHNS, Counsellor, Health Affairs, Permanent Mission of the Republic of South Africa to the United Nations Office at Geneva and other International Organizations in Switzerland

Southeast Asian Ministers of Education Organization. Regional Tropical Medicine and Public Health Network (SEAMEO-TROPMED)

Professor TAN CHONGSUPHAJAISIDDHI, Secretary General/Coordinator, SEAMEO-TROPMED Network, Bangkok, Thailand

Turkey

Dr Niyazi CAKMAK, Deputy Director General, Primary Health Care General Directorate, Ministry of Health, Ankara

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

TDR/JCB(20)/97.1
ANNEX 2

TWENTIETH SESSION OF THE JOINT COORDINATING BOARD

WHO headquarters, Geneva, 23 June and morning of 24 June 1997
Executive Board Room

AGENDA

Reference Documents

1. Opening of the Session
2. Election of Chairperson and Vice-Chairperson
3. Scientific Progress and Plans

Thirteenth Programme
Report
TDR/JCB(20)/97.4*
- 3.1 Director's Report: To Include
 - Outcomes of TDR's Activities Over the Past Year
 - Plans for Applied Field Research Activities
 - Partnerships with Advanced Developing Countries and Countries with Economies in Transition
 - Collaboration with Relevant WHO Programmes, Other Organizations Working in Similar Areas and Collaboration with the Pharmaceutical Industry
- 3.2 Report by Chairperson, Scientific and Technical Advisory Committee: To Include

TDR/STAC-19/97.3

 - Priorities, Rationale and Resource Allocation for Scientific and Technical Activities in the 1998-1999 Biennium
4. Third External Review of TDR

TDR/JCB(19)/96.3
Annex 4
TDR/JCB(20)/97.4*
Published Report of the
Ad Hoc Committee on
Health Research
Relating to Future
Intervention Options

* Report of the Standing Committee to JCB(20) - matters taken up under the respective agenda items

	<u>Reference Documents</u>
5. Membership of the Scientific and Technical Advisory Committee	TDR/JCB(20)/97.5
6. Financial Matters	
6.1 Financial Report for 1996 and Revised Programme Budget for the 1996-1997 Biennium: Financial Status in 1996-1997	TDR/JCB(20)/97.6
6.2 Plan of Action and Programme Budget for the 1998-1999 Biennium	Proposed Programme Budget for the 1998-1999 Biennium TDR/PB/98-99
6.3 Financial Prospects for the 1998-1999 Biennium	
6.4 Fundraising Activities	TDR/JCB(20)/97.4*
7. Technical Presentations	
8. Date and Place of the Twenty-first Session of the JCB	TDR/JCB(20)/97.4*
9. Selection of One Member of the JCB According to Paragraph 2.2.3 of the TDR Memorandum of Understanding	TDR/JCB(20)/97.7 TDR/JCB(19)/96.3 Annex 5 Memorandum of Understanding - TDR/CP/78.5/Rev.88
10. Other Business	
11. Closure of the Session	

* Report of the Standing Committee to JCB(20) - matters taken up under the respective agenda items

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

ANNEX 3

TWENTIETH SESSION OF THE TDR JOINT COORDINATING BOARD

Geneva, 23 June and morning of 24 June 1997

SUMMARY OF THE PRESENTATIONS BY
DR T. GODAL, DIRECTOR TDR, AND DR C. M. MOREL, CHAIRPERSON STAC

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

Dr Godal reported to the Board on progress, providing supplementary information to that contained in the Thirteenth Programme Report covering the 1995-1996 biennium, and focusing on perspective and outcome. Like a good sculpture, TDR should be viewed from all angles. Dr Godal linked TDR's main areas of work with the key **collaborators** - developing endemic countries, academia, foundations, industry, agencies and organizations, other WHO programmes, and initiatives in both the North and the South (Figure A.1).

Regarding Programme **performance** since TDR's reorganization in 1994, out of 170 projects in the Programme's portfolio, 141 (83%) had progressed/were progressing satisfactorily; 60 out of 71 completed projects had been concluded on time; a further 11 projects had been discontinued (because of resource or technical constraints); and of the 88 ongoing projects, 70 were currently on track (including 16 new ones) and 18 were delayed. Altogether these figures represented an implementation rate of more than 80%.

Major Outcomes

Dr Godal highlighted the major outcomes by Programme Component.

Research Capability Strengthening

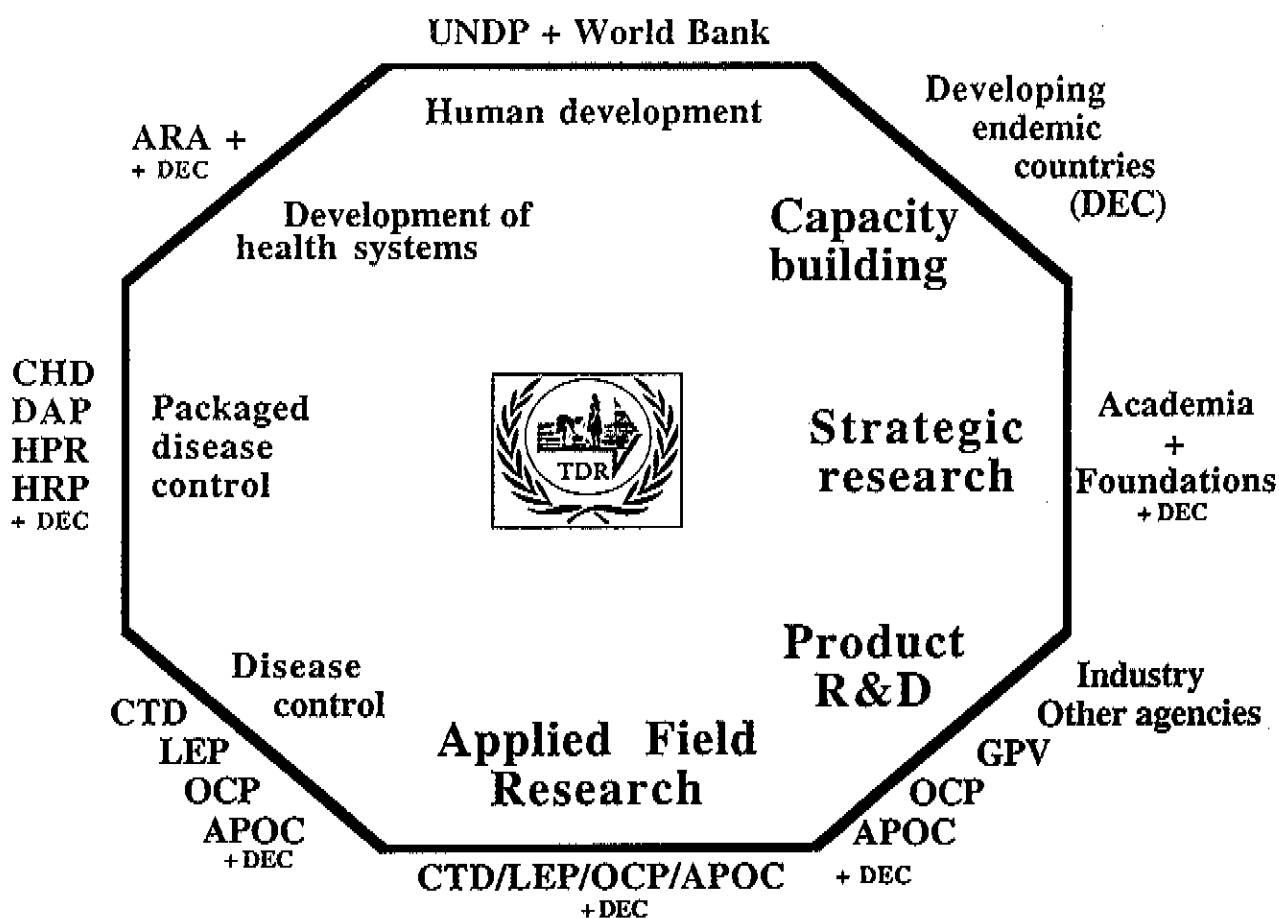
- There had been a shift in training from international (often institutions in the North) to regional institutions (mostly in the South) in an initiative for "capacity utilization" as Southern institutions could now provide first-rate training. This had resulted in considerable savings and a better use of financial resources
- There was a new initiative for capacity building for product research and development in advanced developing countries: initially this would focus on two countries but it was hoped to extend the initiative to other countries in due course; costs would be shared between TDR and the advanced developing country

Strategic Research

- Data on genome sequencing were being accumulated fast
- Very rapid advances had been made in understanding the molecular basis of the interaction between parasite and vector and in making mosquitos resistant to (malaria) parasites

FIGURE A.1

UNDP/World Bank/WHO



Acronyms:

- APOC - African Programme for Onchocerciasis Control
- ARA - Division of Analysis, Research and Assessment
- CHD - Division of Child Health and Development
- CTD - Division of Control of Tropical Diseases
- DAP - Action Programme on Essential Drugs
- GPV - Global Programme for Vaccines and Immunization
- HPR - Division of Health Promotion, Education and Communication
- HRP - Special Programme of Research, Development and Research Training in Human Reproduction
- LEP - Action Programme for the Elimination of Leprosy
- OCP - Onchocerciasis Control Programme in West Africa

Product Research and Development

- Artemether had already been registered for use in malaria in 37 countries of Africa, Asia, Latin America and Europe, and registration was expected in a further 21 countries
- Amphotericin B lipid complexes had been registered for use in leishmaniasis in 1994
- Albendazole and praziquantel (for worm infections and schistosomiasis respectively) could be co-administered

- Data had been obtained which would be used to support the application for registration of injectable aminosidine for use in both muco-cutaneous and visceral leishmaniasis
- Diagnostic kits for African trypanosomiasis, filariasis, leishmaniasis and Chagas disease had been developed and evaluated in the field

Applied Field Research

- A new approach to the management of malaria in pregnancy meant that two doses of antimalarials could replace weekly prophylaxis throughout the period (except in cases of HIV-positivity where monthly doses appeared to be required)
- Operational research on how to use insecticide-impregnated bednets simply and practically had succeeded the trials which had demonstrated their effectiveness. Whether the nets would reduce the number of children with severe malaria in all epidemiological settings was still being investigated
- New drug regimens for lymphatic filariasis constituted the basis of a strategy for elimination of the disease as a public health problem (World Health Assembly resolution WHA50.29). This was the fourth TDR disease to reach the stage of having such a target (the others were leprosy, Chagas disease and onchocerciasis)
- Tremendous progress had been made in the treatment of leprosy. Fifteen years after the implementation of multidrug therapy (MDT) by the leprosy control programme, the total number of cases cured had reached nine million and the number of registered cases had fallen to below one million (a dramatic change which stood in contrast to the static situation of global poverty). Despite the introduction of MDT and the large reduction in prevalence rate, new case detection remained high. Community participation and a gender approach in control programmes, focusing on the possible under-reporting of women in particular age groups, could contribute to achieving the goal of leprosy elimination. Now, new data on leprosy allowed simplification of treatment for early leprosy - a single dose of three drugs in combination (rifampicin, ofloxacin and minocycline), and reduction in the duration of treatment of multibacillary leprosy, from 24 to 12 months
- Novel drug distribution - community-directed treatment after rapid epidemiological mapping of onchocerciasis. Communities had been shown to be willing and capable of designing and executing their own delivery of ivermectin treatment. TDR was collaborating with the WHO Action Programme on Essential Drugs concerning the distribution of ivermectin from the port to the periphery
- Lessons learned from leprosy and onchocerciasis had shown that there was a need for continual innovation in simplifying approaches to disease control and that the best efforts to eliminate diseases might be jeopardized by the introduction of user charges
- Packages of measures had been designed for a broad approach (the Healthy Women Counselling Guide, the Sick Child initiative, the healthy school-aged children initiative). Evaluation of the use of a manual entitled Health Workers for Change had shown that, after training of health workers, most aspects of the health worker/patient relationship had improved, and in addition the time spent at the clinic had been reduced by 25%, thus achieving better quality with less cost.

Dr Godal paid tribute to the services of the **staff** who were about to leave the Programme:
Dr J. Cattani, Manager of the Task Force on Operational Research on Insecticide-Impregnated Bednets;

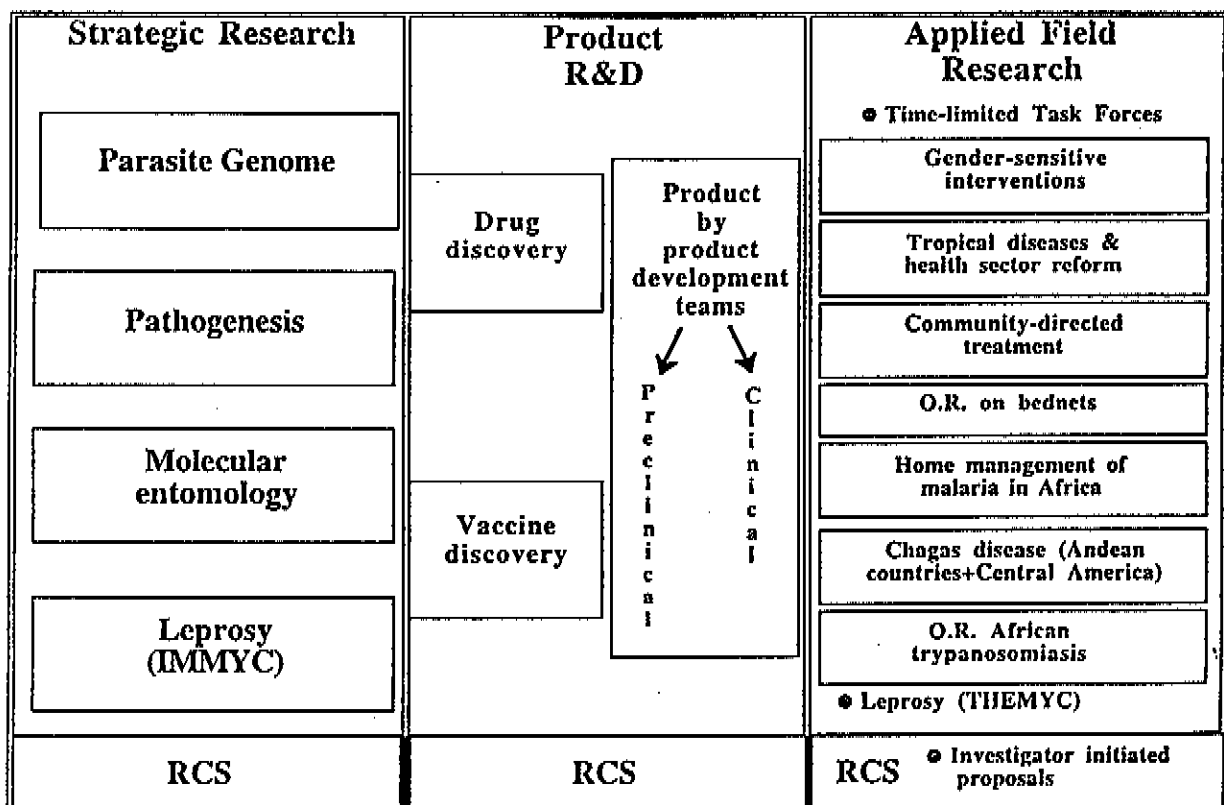
Dr C. Ginger, Manager of the Steering Committee on Drugs for Macrofilariae; and Dr C. Vlassoff, Manager of the Task Force on Gender and Tropical Diseases and TDR Programme Manager.

Evolution of TDR

Dr Godal referred to the continuing evolution of the Programme, following its reorganization in 1994 when TDR had moved away from its focus by disease to the new consolidated structure by the broad areas of strategic research, product research and development, applied field research and research capability strengthening. The following further changes were planned for 1998-1999 (Figure A.2).

FIGURE A.2

TDR structure 1998-99



Acronyms:

- IMMYC - Immunology of Mycobacterial Diseases
- OR - Operational Research
- RCS - Research Capability Strengthening
- R&D - Research and Development
- THEMYC - Chemotherapy of Mycobacterial Diseases

- In the Product Research and Development Component, there would be a steering committee each for drug discovery and for vaccine discovery, with small product development teams working on each individual development project

- As discussed at JCB(19) in 1996, there would be a reduction in the number of applied field research task forces (from 11 to 7)
- There would be a need for stronger linkages between capacity building and strategic research and between strategic research and product research and development; in the post-genome agenda TDR would capitalize on genome information for drug and vaccine discovery
- There would also be a need for stronger linkages between product research and development and applied field research; increased use of drug combinations for malaria in the health system and packaging of drugs at the peripheral level would provide new opportunities for combination chemotherapy for malaria while slowing down the development of drug resistance

Changes in the Environment

Finally, Dr Godal considered changes in the environment and their impact on TDR. Much had changed since TDR had started some twenty years ago. He referred firstly to the future of health care systems and the possible change from encouraged high-cost tertiary care in the industrial age to encouraged low-cost individual self care and self-help networks in the coming information age, facilitated by improved communications, such as Internet. To a large degree, health care systems in the South had retained an emphasis on self care, using family and self-help networks, and this system should be maintained and strengthened.

Secondly, Dr Godal commented on the recently-emerging interest in the tropical diseases, especially malaria. Nothing like this had happened since the Programme had begun its operations in 1976. He referred to activities which had stimulated this interest, including the Wellcome Trust audit on international malaria research activities; the report of the *Ad Hoc* Committee on Health Research Relating to Future Intervention Options; the initiative on malaria in Africa discussed at the international conference in Dakar in January 1997 involving the National Institutes of Health; the WHO/World Bank initiative for Africa; the possible private sector initiative on malaria drug discovery and development; and of course evolving technology.

All these activities were happening as the External Review Committee was undertaking the third external review and evaluation of TDR. Dr Godal considered that the Committee's report would stimulate a crucial and fundamental discussion by the JCB in 1998 concerning the future design of TDR within the changing environment to ensure that its activities would work in the best possible way to help those suffering from the tropical diseases.

2. SUMMARY OF THE PRESENTATION BY DR C. M. MOREL, CHAIRPERSON, STAC

Dr Morel considered that the Nineteenth Meeting of the Scientific and Technical Advisory Committee (STAC), held in March 1997, had been a very productive one. As Chairperson STAC, he had attended the meeting of the Technical Advisory Group (TAG) of the WHO Division of Control of Tropical Diseases which had taken place immediately before the STAC meeting, and Chairperson TAG had attended STAC-19.

Dr Morel summarized the main recommendations arising from STAC's review of the TDR Programme components.

Strategic Research

- Funding should be maintained at least at current levels

- No change in the proportion of support, priorities or directions of the subcomponents on parasite genome, pathogenesis and molecular entomology
- Priority should be given to projects which have an element of meaningful North/South collaboration
- Information on TDR's activities should be disseminated more widely, particularly in Francophone Africa and the Middle East
- Research capability strengthening support to strategic research should be continued and where possible strengthened
- Mechanisms should be put into place to bridge the gap between strategic research findings and product research and development

Product Research and Development

- Funding should not be reduced, if possible it should be increased in view of the dramatic need for new drugs and vaccines against the tropical diseases for which industry showed little interest: TDR was a key actor in this area
- The necessary input into discovery research providing new compounds in the pipeline should be maintained
- Existing priorities should not be changed: malaria should remain the highest priority but product development on other diseases, such as African trypanosomiasis for which TDR's input was essential, should not be neglected otherwise they might well become orphan diseases
- With regard to African trypanosomiasis, there was a need for further drug development in view of increasing epidemics and research should be pursued aimed at reducing the price of eflornithine
- Mechanisms to achieve product research and development activities were satisfactory but there should be further interaction with the private sector; the best use should be made of existing expertise; and technology transfer to the developing endemic countries should be enhanced
- A mechanism for public announcements on the need for product discovery research centres should be put into place by the end of the 1998-1999 biennium in order to:
 - upgrade existing capacity and accelerate the discovery process
 - encourage integrated screening centres for multiple diseases
 - incorporate institutions in the South in the screening activities
- TDR should make the most use of its comparative advantage in the conduct of clinical trials
- Regarding the **reorganization** of this component:
 - the integration of drug discovery research for related parasites had been cost-effective and had fostered integrated screening facilities but structures should be rationalized and not duplicated

- the reorganization of steering committees into just two, for drug and vaccine discovery, would lead to cost reductions but efforts must be made to ensure competence for the relevant areas
- the suggested reduction of products under development at any one time to about 15 should proceed only after clear criteria had been presented to and reviewed by STAC
- an appropriate balance must be maintained between allocations for drugs and vaccines
- the two steering committees should use additional expertise as necessary
- despite the possible conflict of interest, the private sector should be brought into the process as early as possible to ensure the availability of a manufacturer should a product become registered

Applied Field Research

- The most significant achievements were in the areas of insecticide-impregnated bednets, operational research on onchocerciasis and gender and tropical diseases
- The time-limited task force mechanism had proved to be successful
- Task force findings should be put into policy and practice for disease control: to facilitate this, plans should be formulated at a very early stage, implementation partners should be identified early in the process and dissemination of findings should reach donor agencies, policy-makers, the research community and partners within WHO, especially those working on disease control
- The Applied Field Research Steering Committee should address cross-cutting and priority issues such as large-scale randomized feasibility and demonstration projects, research capability strengthening, environmental concerns and gender issues
- Investigator-initiated research projects should continue and TDR should develop new mechanisms to solicit and promote better proposals from developing country scientists

Research Capability Strengthening (a long-term target)

- The most significant achievements made during the past two years were:
 - the use of more resources in the South - more regional training, an increase in South-South collaboration and an increase in the selection of target institutions in endemic countries
 - the development of new strategies to facilitate the integration of research capability strengthening and research and development activities
 - cost sharing of activities with some advanced developing countries
- The principal problems and/or constraints had been the lack of human resources in disease endemic regions, particularly in the least developed countries, and the means to identify the best researchers
- The main priorities for the next biennium should be related to disease burden and should focus on the least developed countries and on the integration of research capability strengthening with the other areas of TDR - strategic research, product research and development and applied field research

- The research capability strengthening aspect of each research and development project should be made an outcome measure across all Programme areas
- Applied field research activities provided excellent opportunities for research capability strengthening, particularly for the least developed countries
- The Strategic Research and Product Research and Development Components should identify needs and gaps to be addressed by research capability strengthening
- The work, impact and financial input of research capability strengthening should be more visible in all areas of TDR
- Institution strengthening support should not be reduced beyond the present level (30% of the research capability strengthening budget) and South-South linkages were important but not to the exclusion of institutions in the North
- Private industry in the developing endemic countries should be encouraged to participate more in product research and development and provide resources
- WHO Collaborating Centres should become more involved in TDR's activities (World Health Assembly resolution WHA50.2)
- WHO country budgets should be tapped to support training of researchers
- TDR should begin to explore the possibility of influencing medical education in the developing endemic countries to promote research capability strengthening and to encourage teaching through the problem-solving approach

General Comments and Recommendations

- The catalytic role and the multiplier effect of TDR funds were apparent in all Programme areas
- TDR seemed to provide an umbrella of scientific competence with sound priority setting and resource allocation to the areas and projects funded, which attracted additional funds to the supported institutions and principal investigators
- The human resources and infrastructure generated in the developing endemic countries as a result of 21 years of TDR activities had proven fundamental to the success of complex initiatives, such as large-scale randomized feasibility and demonstration projects, which were unthinkable some years ago: Director TDR was therefore encouraged to seek designated funding (e.g. from bilateral sources) for such projects
- As TDR's experience, accomplishments and international credibility improved, there was no correlation in the parallel improvement of the Programme's financial situation: there was in fact a dissociation between TDR's accomplishments and the world-wide recognition it deserved in light of its long history of supporting research and training in tropical diseases
- To facilitate greater recognition, there was a need for TDR's Communications unit to take on a more diverse and proactive role
- Any further reduction in TDR's budget could no longer be compensated for by short-term, cost-saving initiatives, certain programmes and activities would have to be discontinued

Final Considerations

STAC-19 had recognized TDR's proven history of accomplishments, including the generation of human resources and infrastructure in the developing endemic countries; the uniqueness and the comparative advantage of TDR's research and development portfolio; its proven role in catalysing the development of new areas and multiplying research investments; and STAC had endorsed TDR's new, flexible organizational structure. TDR was ready to move into the 21st century; there would be challenges but also many exciting opportunities, especially in view of improved communications to transfer information including with the developing world. TDR, with its new structure and healthy distribution of research and development and research capability strengthening activities, was ready to develop its full, and still largely untapped, potential to improve the health of the poor.

Finally, Dr Morel quoted from the preface to the World Science Report 1996 of the United Nations Educational, Scientific and Cultural Organization in which the Director-General Mr Federico Mayor, had stated "And yet, paradoxically, although there is almost universal support for this idea of science as an engine of economic and social development, we have to come to the regrettable conclusion that the sharing of knowledge is extremely asymmetric and that in many parts of the world there is still a lack of political commitment to science". Dr Morel requested TDR to devote some thought and effort towards making political commitment to science a reality worldwide.

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

ANNEX 4

TWENTIETH SESSION OF THE JOINT COORDINATING BOARD

Geneva, 23 June and morning of 24 June 1997

MEMBERSHIP OF THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (STAC)
(as of 1 January 1998)

<u>Name and Title</u>	<u>Term of Office</u>
STRATEGIC RESEARCH	
MARCHAL, Dr C., Director of Research at INSERM, Head, Office of Project Support, Under-Directorate of Health and Social Development, Secretariat of State for Cooperation, Paris, <u>FRANCE</u>	1996-2001
MENDIS, Professor Kamini N., Professor of Parasitology, Faculty of Medicine, University of Colombo, <u>SRI LANKA</u>	1996-2000
MOREL, Dr C. M., Senior Researcher, Department of Biochemistry and Molecular Biology, and Former President, Oswaldo Cruz Foundation, Rio de Janeiro, <u>BRAZIL</u>	1992-2001
PUIJALON, Dr Odile S. M., Head, Molecular Immunology of Parasites, Pasteur Institute, Paris, <u>FRANCE</u>	1996-2001
TAKAKU, Professor F., President, Jichi Medical School, Minami-Kawachi-Machi, Kawachi-Gun, Tochigi, <u>JAPAN</u>	1998-2000
WEATHERALL, Professor Sir David J., Regius Professor of Medicine, University of Oxford Institute of Molecular Medicine, John Radcliffe Hospital, <u>UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND</u>	1996-1998
PRODUCT RESEARCH AND DEVELOPMENT	
HANSEN, Professor Ebba H., Professor, Department of Social Pharmacy, The Royal Danish School of Pharmacy, Copenhagen, <u>DENMARK</u>	1996-2001
JEGATHESAN, Dato' Dr M., Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Kuala Lumpur, <u>MALAYSIA</u>	1996-2001
MITCHELL, Professor G. F., Principal, FOURSIGHT Associates Pty Ltd., Melbourne, <u>AUSTRALIA</u>	1998-2000
MONCADA, Professor S., Director, The Cruciform Project for Strategic Medical Research, University College London, <u>UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND</u>	1998-2000

MEMBERSHIP OF STAC AS OF 1 JANUARY 1998 (continued)

PRODUCT RESEARCH AND DEVELOPMENT (continued)

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, UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND 1996-2001

APPLIED FIELD RESEARCH

ABIOSE, Professor Adenike O., Medical Director, National Eye Centre, National Institute of Ophthalmology, Kaduna, NIGERIA 1994-1999

ASAMOA-BAAH, Dr A., Director, Policy, Planning, Monitoring and Evaluation Division, Ministry of Health, Accra, GHANA 1994-1999

DIESFELD, Professor H. J., formerly Professor and Medical Director, Department of Tropical Hygiene and Public Health, University Hospital, University of Heidelberg, GERMANY 1996-2000

EIDE, Professor Ingrid, Special Adviser, Ministry of Cultural Affairs (relations with UNESCO), Oslo, and Adviser, Department of International Relations, University of Oslo, NORWAY 1995-2000

KENGEYA-KAYONDO, Dr Jane-Frances, International Scientific Staff Member, Medical Research Council, Research Programme on AIDS in Uganda, Entebbe, UGANDA 1998-2000

LAW, Dr Maureen, formerly Director General, Health Sciences Division, International Development Research Centre, Ottawa, CANADA 1996-1998

SINGER, Professor B. H., Professor of Demography and Public Affairs, Office of Population Research, Princeton University, Princeton, New Jersey, USA 1996-1998

TANGCHAROENSATHIEN, Dr Viroj, Researcher, Health Systems Research Institute, Ministry of Public Health, Nonthaburi, THAILAND 1998-2000

TWENTIETH SESSION OF THE JOINT COORDINATING BOARD

Geneva, 23 June and morning of 24 June 1997

MEMBERSHIP OF THE JOINT COORDINATING BOARD
(as of 1 January 1998)

List of Tenures

Australia	to 31 December 1999
Belarus	to 31 December 2000
Benin	to 31 December 1998
Botswana	to 31 December 2000
Brazil	to 31 December 2000
Canada	to 31 December 1998
China	to 31 December 1998
Denmark	to 31 December 1998
France	to 31 December 2000
Germany	to 31 December 1998
Hungary	to 31 December 1998
India	to 31 December 2000
Iran (Islamic Republic of)	to 31 December 1998
Japan	to 31 December 2000
Luxembourg	to 31 December 2000
Malaysia	to 31 December 1998
Mexico	to 31 December 1998
Netherlands	to 31 December 1999
Norway	to 31 December 2000
Singapore	to 31 December 2000
Sri Lanka	to 31 December 1998
Sweden	to 31 December 1998
Switzerland	to 31 December 1999
Thailand	to 31 December 1999
United Arab Emirates	to 31 December 2000
United Kingdom of Great Britain and Northern Ireland	to 31 December 2000
United States of America	to 31 December 1999

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 1998)

