

**Memorandum of Understanding on the  
Administrative and Technical Structures of the  
Special Programme for Research and Training in Tropical Diseases**

(1978; amended 1988 and 2003)

This Memorandum of Understanding describes the functions, composition and operation of the Joint Coordinating Board, the Standing Committee and the Scientific and Technical Advisory Committee of the Special Programme for Research and Training in Tropical Diseases (hereinafter called the Special Programme). The Special Programme is structured on the basis of co-sponsorship<sup>1</sup> by the United Nations Children's Fund (hereinafter called UNICEF), the United Nations Development Programme (hereinafter called UNDP), the World Bank (hereinafter called the Bank) and the World Health Organization (hereinafter called WHO), and operates within a broad framework of intergovernmental/interagency cooperation and participation.

The governments and organizations which met in Geneva on 1 and 2 February 1978 and whose names are listed in Annex 1 hereto, have endorsed the Administrative and Technical Structures of the Special Programme as set forth below.

A summary of the scientific and technical basis of the Special Programme is attached as Annex 2 hereto.

## **1. DEFINITIONS**

1.1 The Special Programme is a global programme of international technical cooperation initiated by WHO and co-sponsored by UNICEF, UNDP and the Bank, with the two interdependent objectives of developing improved tools for the control of tropical diseases and strengthening the research capability of affected countries themselves.

1.2 Cooperating Parties are:

1.2.1 those governments contributing to Special Programme Resources; those governments providing technical and/or scientific support to the Special Programme; and those governments whose countries are directly affected by the diseases dealt with by the Special Programme;

1.2.2 those intergovernmental and other non-profit making organizations contributing to Special Programme Resources or providing technical and/or scientific support to the Special Programme.

1.3 The Executing Agency is WHO.

1.4 Special Programme Resources are the financial resources made available to the Special Programme by governments and organizations, through the Tropical Diseases Research Fund, an international fund administered by the Bank, the WHO Voluntary Fund for Health Promotion and other agency funds.

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<sup>1</sup> Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from the Twenty-sixth Session of the Board in 2003 [See report of JCB(26), document TDR/JCB(26)/.03.3].

## **2. THE JOINT COORDINATING BOARD (JCB)**

### **2.1 Functions**

The JCB shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, have the following functions:

2.1.1 Review and decide upon the planning and execution of the Special Programme. For this purpose it will keep itself informed of all aspects of the development of the Special Programme, and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and the Scientific and Technical Advisory Committee (STAC).

2.1.2 Approve the proposed plan of action and budget for the coming financial period, prepared by the Executing Agency and reviewed by the Standing Committee.

2.1.3 Review the proposals of the Standing Committee and approve arrangements for the financing of the Special Programme in that period.

2.1.4 Review proposed longer-term plans of action and their financial implications.

2.1.5 Review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon, submitted by the External Auditor of the Executing Agency.

2.1.6 Review periodic reports which evaluate the progress of the Special Programme towards the achievement of its objectives.

2.1.7 Endorse the proposals of the Executing Agency and the Standing Committee for STAC membership.

2.1.8 Consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

### **2.2. Composition**

The JCB shall consist of 31 members from among the Cooperating Parties as follows:

2.2.1 Twelve government representatives selected by the contributors to the Special Programme Resources.

2.2.2 Twelve government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme.

2.2.3 Three members, designated by the JCB itself, from among the remaining Cooperating Parties.

2.2.4 The four Agencies which comprise the Standing Committee.

Members of the JCB shall serve for a period of three years and may be reappointed.

Other Cooperating Parties may, at their request, be represented as observers upon approval by the JCB.

## **2.3 Operation**

2.3.1 The JCB shall meet in annual session, and in extraordinary session if required, and with the agreement of the majority of its members.

2.3.2<sup>2</sup> The JCB shall elect a Chairman and a Vice-Chairman from among the representatives of its members:

- the Chairman shall be elected every two years;
- the Vice-Chairman shall be elected each year;
- both officers shall serve until their successors are elected.

If the Cooperating Party which the Chairman represents is no longer a member of the JCB or if the Chairman is no longer a representative of that JCB member, this chairmanship shall come to an end prior to the normal date of expiry. In the case of a vacancy in the chairmanship, the Vice-Chairman shall act as Chairman until the new Chairman is elected at the next session of the Board.

The Chairman and, in the latter's absence, the Vice-Chairman, shall preside over sessions of the JCB. Between sessions, they shall have such additional duties as may be assigned to them by the JCB.

2.3.3 The Executing Agency shall provide the Secretariat and arrange for supporting services and facilities as may be required by the JCB.

2.3.4 Subject to such other special arrangements as may be decided upon by the JCB, members of the JCB shall make their own arrangements to cover the expenses incurred in attending sessions of the JCB. Observers shall attend sessions of the JCB at their own expense. Other expenses of the JCB shall be borne by the Special Programme Resources.

## **3. THE STANDING COMMITTEE**

### **3.1 Composition and Functions**

The Standing Committee shall be comprised of the co-sponsors, namely UNICEF, UNDP, the Bank and WHO. It shall have the following functions:

3.1.1 Review the plan of action and budget for the coming financial period, as prepared by the Executing Agency, in time for presentation to the JCB not less than forty-five days before the JCB's annual session.

3.1.2 Make proposals to the JCB for the financing of the Special Programme for the coming financial period.

3.1.3 Approve re-allocation of resources between Programme areas and Scientific Working Groups of the Special Programme during a financial period, upon the recommendation of STAC and the Executing Agency, and report such re-allocations to the JCB.

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<sup>2</sup> Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from the Twelfth Session of the Board in 1989. [See the report of JCB(11), document TDR/JCB(11)/88.3].

3.1.4 Examine the reports submitted to the Executing Agency by the Scientific and Technical Advisory Committee (STAC) and the Executing Agency's comments; make the necessary observations thereon, and transmit these, with comments as appropriate, to the JCB.

3.1.5 Review particular aspects of the Special Programme, including those which may be referred to it by the JCB, and present findings and recommendations in the form of reports to the JCB.

3.1.6 Inform the JCB, as required, regarding Special Programme matters of interest to the JCB.

### **3.2 Operation**

3.2.1 The Standing Committee shall usually meet at least twice a year; once at the time of the JCB session, and additionally between sessions of the JCB.

3.2.2 The Executing Agency shall arrange for supporting services and facilities as may be required by the Standing Committee.

3.2.3 Members of the Standing Committee shall make their own arrangements to cover the expenses incurred in attending meetings of the Standing Committee.

## **4. THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (STAC)**

### **4.1 Functions**

The STAC shall have the following functions:

4.1.1 Review, from a scientific and technical standpoint, the content, scope and dimensions of the Special Programme, including the diseases covered and approaches to be adopted.

4.1.2 Recommend priorities within the Special Programme, including the establishment and disestablishment of Scientific Working Groups, and all scientific and technical activities related to the Programme.

4.1.3 Provide the JCB and the Executing Agency with a continuous independent evaluation of the scientific and technical aspects of all activities of the Special Programme.

For these purposes the STAC may propose and present for consideration such technical documents and recommendations as it may deem appropriate.

### **4.2 Composition**

The STAC shall be comprised of 15-18 scientists and other technical personnel who will serve in their personal capacities to represent the broad range of biomedical and other disciplines required for Special Programme activities. Members of STAC, including the Chairman, will be selected on the basis of scientific or technical competence by the Executing Agency, in consultation with the Standing Committee and with the endorsement of the JCB.

4.2.1 Members of the STAC, including the Chairman, shall be appointed to serve for a period of three years, and will be eligible for further reappointment. To maintain continuity of membership, the expiration of the initial terms of office of members of STAC will be staggered.

### **4.3 Operation**

4.3.1 The STAC shall meet at least once each year.

4.3.2 The Executing Agency shall provide the Secretariat to STAC including sustained scientific, technical and administrative support.

4.3.3 Costs of the STAC shall be borne by the Special Programme Resources.

4.3.4 The STAC shall prepare an annual report on the basis of a full review of all technical and scientific aspects of the Special Programme. This report, containing its findings and recommendations, shall be submitted to the Executing Agency and to the Standing Committee. The Executing Agency shall submit its comments on the report to the Standing Committee. The Standing Committee shall then transmit the report, including the comments of the Executing Agency, together with its own observations and recommendations, to the JCB, not less than forty-five days before the JCB's annual session. The Chairman of the STAC, or in his absence a member of the STAC deputized to act for him, shall attend all sessions of the JCB.

### **5. THE EXECUTING AGENCY**

The Director-General of WHO, after such consultations as he may deem appropriate, shall appoint the Special Programme Coordinator and the Special Programme Director and appoint or assign all other personnel to the Special Programme as specified in the plans of work. Drawing as required upon the administrative resources of WHO and in cooperation with the co-sponsors of the Special Programme, the Coordinator will be responsible for the overall management of the Special Programme. Under the authority of the Special Programme Coordinator and drawing to the full upon the scientific and technical resources of WHO, the Director of the Special Programme shall be responsible for the overall scientific and technical development and operation of the Special Programme including the plan of action and budget.

### **6. TRANSITIONAL PROVISION**

The Cooperating Parties attending the preliminary meeting of the Special Programme together with the Co-sponsoring Agencies have, as an interim measure, carried out the functions of the JCB pending its definitive establishment pursuant to paragraph 2.2 hereof.

2 February 1978

**ANNEX 1**  
**MEETING OF COOPERATING PARTIES**  
**Geneva, 1-2 February 1978**

**List of Participants**

**ARGENTINA**

- Dr Olindo MARTINO, Adviser in Epidemiology and Pathology, Secretariat of State Public Health Area Office, Buenos Aires

**AUSTRALIA**

- Dr R. CUMMING, Assistant Director-General, International Health Branch, Department of Health, Canberra
- Ms Helen FREEMAN, Second Secretary, Permanent Mission of Australia to the United Nations Office at Geneva

**AUSTRIA**

- Dr Othmar LAURENCIC, Director, Epidemiological Department, Federal Ministry of Health and Environmental Protection, Vienna

**BELGIUM**

- Madame S. VERVALCKE, Directeur d'Administration, Administration de la Coopération au Développement, Bruxelles

**BENIN**

- Capitaine I. BOURAIMA, Ministre de la Santé publique et des Affaires sociales, Cotonou
- Professeur B.-C. SADELER, Département des Etudes scientifiques et techniques, Section de Médecine, Université nationale du Bénin, Cotonou

**BRAZIL**

- Dr Paulo DE ALMEIDA MACHADO, Minister of State for Health, Ministry of Health, Brasilia

**BURMA**

- Dr AUNG THAN BATU, Director-General, Medical Research, Ministry of Health, Rangoon

**CANADA**

- Dr P. LADOUCEUR, Section Head, UN Programmes Division, Canadian International Development Agency (CIDA), Ottawa
- Dr W.G.B. CASSELMAN, Senior Medical Adviser, International Health Services, Department of National Health and Welfare, Ottawa
- Dr W.T. OLIVER, Research Coordinator, Laboratory Centre for Disease Control, Department of National Health and Welfare, Ottawa
- Mr C. SIROIS, First Secretary, Permanent Mission of Canada to the United Nations Office and International Organizations at Geneva

**DENMARK**

- Dr Inge JESPERSEN, Deputy Commissioner of Health, Member of DANIDA's Board, Copenhagen
- Mr Niels J. LASSEN, Deputy Head of Division, Danish International Development Agency (DANIDA), Copenhagen

**EGYPT**

- Dr Elmotaz Billah MOBARAK, Under Secretary of Health, Ministry of Public Health, Cairo

**FINLAND**

- Miss Anna-Liisa KORHONEN, Secretary of Section, Department for International Development Cooperation, Ministry for Foreign Affairs, Helsinki
- Mrs Helena ROOS, Secretary (Social Affairs), Permanent Mission of Finland to the United Nations Office and other International Organizations at Geneva

**FRANCE**

- Dr R. GAVARINO, Médecin en Chef des Services du Ministère de la Coopération, Division de la Santé et de l'Action sociale, Paris
- Professeur P. PENE, Directeur de l'Unité d'Enseignement et de Recherche de Médecine et de Santé tropicales, Clinique exotique à l'Hôpital Michel Lévy, Marseille
- M. André NEMO, Conseiller, Mission permanente de la France auprès de l'Office des Nations Unies à Genève et des Institutions spécialisées ayant leur Siège en Suisse

**GERMANY, FEDERAL REPUBLIC OF**

- Mr G.R. LIPTAU, Counsellor, Ministry for Economic Cooperation, Bonn
- Dr W.D. ERNERT, Ministerial Counsellor, Ministry for Economic Cooperation, Bonn
- Dr W. SCHUMACHER, Ministerial Counsellor, Federal Ministry for Youth, Family Affairs and Health, Bonn
- Mr G. WIRTH, Counsellor (Financial Affairs), Permanent Mission of the Federal Republic of Germany to the United Nations Office and other International Organizations at Geneva

**INDIA**

- Dr C. GOPALAN, Director-General, Indian Council of Medical Research, New Delhi

**KENYA**

- Dr J.M. GEKONYO, Senior Deputy Director of Medical Services, Ministry of Health, Nairobi

**KUWAIT**

- Dr Nouri ALKAZEMI, Director, Planning and Public Health Department, Ministry of Public Health, Kuwait

**MALAYSIA**

- Dr G.F. DE WITT, Director, Institute for Medical Research, Kuala Lumpur

**MEXICO**

- Dr Augusto Fujigaki LECHUGA, General Director of Epidemiology and Research on Public Health, Ministry of Public Health, Mexico

**MOZAMBIQUE**

- Dr J. CABRAL, National Deputy Director for Preventive Medicine, Ministry of Health, Maputo

**NETHERLANDS**

- Professor O.J.M. KRANENDONK, Director, Department of Tropical Hygiene, Royal Tropical Institute, Amsterdam
- Mr F.P.R. VAN NOUHUYS, First Secretary, Permanent Mission of the Netherlands to the United Nations Office and International Organizations at Geneva

**NIGERIA**

- Dr O.J. EKANEM, Consultant Malariologist, Federal Ministry of Health, Lagos

**NORWAY**

- Dr T. GODAL, Radiumhospitalet, Oslo
- Mr H. HØSTMARK, First Secretary, Permanent Mission of Norway to the United Nations Office and to other International Organizations at Geneva

**PHILIPPINES**

- Dr Paulo CAMPOS, Chairman, Division of Medicine, National Research Council of the Philippines, Manila

**SUDAN**

- Dr Es Sayed Daoud Hassan DAOUD, Director-General, Laboratories and Medical Research, Khartoum

**SWEDEN**

- Mr Erik CORNELL, Minister, Permanent Mission of Sweden to the United Nations Office and other International Organizations at Geneva
- Mr Bo STENSON, Head of Section, Population and Health Division, Swedish International Development Authority (SIDA), Stockholm
- Professor Göran STERKY, Swedish Agency for Research Cooperation (SAREC), Stockholm

## **SWITZERLAND**

- Dr C. FLEURY, Service fédéral de l'Hygiène publique, Berne
- M. M. JEANRENAUD, Mission permanente de la Suisse près les Organisations internationales à Genève
- Dr J. STREULI, Direction de la Coopération au Développement et de l'Aide humanitaire, Berne
- Dr A. DEGREMONT, Institut tropical, Bâle

## **THAILAND**

- Professor Yongyoot SUJJAVANICH, Minister of Public Health, Ministry of Public Health, Bangkok

## **TURKEY**

- Dr Necati DEDEOGLU, Department of Epidemiology, School of Public Health, Ankara

## **USSR**

- Dr D.A. ORLOV, Counsellor, Permanent Mission of the Union of Soviet Socialist Republics to the United Nations Office and other International Organizations at Geneva

## **UNITED KINGDOM**

- Dr J.L. KILGOUR, Chief Medical Adviser, Ministry of Overseas Development, London
- Miss J.M. DIMOND, Principal, Science, Technology and Medical Department, Ministry of Overseas Development, London
- Dr Sheila M. HOWARTH, Principal Medical Officer, Medical Research Council, London

## **UNITED STATES OF AMERICA**

- Ms Marjorie S. BELCHER, Deputy Assistant Administrator for Development Support, Agency for International Development, Washington
- Mr James F. THOMSON, Office of Health, Development Support Bureau, Agency for International Development, Washington
- Mr G.J. KLEIN, Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva
- Mr James E. HILL, Attaché for Development Assistance, United States Mission to the United Nations Office and other International Organizations at Geneva
- Dr Robert FORTUINE, International Health Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva

## **ZAMBIA**

- Dr S.H. SIWALE, Assistant Director of Medical Services, Planning and Development, Ministry of Health, Lusaka

## **INTERNATIONAL DEVELOPMENT RESEARCH CENTRE**

- Dr J. GILL, Director, Health Sciences Division, International Development Research Centre, Ottawa

## **JAPAN SHIPBUILDING INDUSTRY FOUNDATION**

- Professor K. KIIKUNI, Managing Director, Sasakawa Memorial Health Foundation, Tokyo

## **THE WELLCOME TRUST**

- Dr P.O. WILLIAMS, Director, The Wellcome Trust, London

## **UNITED NATIONS DEVELOPMENT PROGRAMME**

- Mr William T. MASHLER, Senior Director, Division for Global and Interregional Projects, UNDP, New York
- Mr W.A.C. MATHIESON, Special Consultant to UNDP, London

## **WORLD BANK**

- Dr James A. LEE, Director, Office of Environmental and Health Affairs, World Bank, Washington
- Mr George DELAUME, Legal Policy Adviser, World Bank, Washington

## **WORLD HEALTH ORGANIZATION**

- Dr S. FLACHE, Special Programme Coordinator, Assistant Director-General
- Dr A.O. LUCAS, Director, Special Programme for Research and Training in Tropical Diseases

**ANNEX 2**  
**Scientific and Technical Summary for the Memorandum of Understanding  
on the Administrative and Technical Structures of the  
Special Programme for Research and Training in Tropical Diseases**

1. Despite the remarkable advances in medical science over recent decades, parasitic diseases still affect or threaten more than a thousand million people in the tropical countries, taking heavy toll in human lives and gravely impeding economic development. Furthermore, rather than coming under control, in many regions some of these diseases are increasing in both prevalence and severity.

2. This disease burden of the tropics is borne by the very people least equipped to control disease - the populations of the developing countries. Not only is development impeded by disease, but some of the development projects, such as manmade lakes and irrigation schemes designed to improve conditions, have in fact altered the ecology and aggravated major public health problems such as malaria and schistosomiasis.

3. In addition, technical problems have significantly reduced the effectiveness of some disease control programmes. A prime example is the increasing resistance of anopheline mosquitoes to chemical control, the mainstay of the majority of malaria control programmes. In some areas, such insecticide resistance in the *vector* is combined with chloroquine-resistant strains of the malaria *parasite* in man, further increasing the severity of the problem.

In the case of filarial infections, especially in onchocerciasis, commonly called river blindness, there is still no effective and safe drug which can be relied upon to kill the adult worms in man. No vaccine is available for any of the parasitic infections and no new effective, cheap and safe drugs for the widespread treatment of the diseases have become available in the past three decades.

4. To stimulate and coordinate goal-oriented research leading to the development and application of new and improved tools for control of these diseases, the Special Programme for Research and Training in Tropical Diseases has been 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 (the Bank).

This Programme's two principal objectives can be summarized as:

- research and development for better tools to control tropical diseases, and
- training and strengthening of institutions to increase the research capability of tropical countries.

5. Criteria for selection of the diseases - malaria, schistosomiasis, filariasis, trypanosomiasis (both African sleeping sickness and the American form called Chagas' disease), leishmaniasis and leprosy - included:

- the impact of the disease as a public health problem;
- the absence of satisfactory methods for control of the disease in prevailing circumstances of the tropical countries;
- the presence of research opportunities leading to improved control methods.

Since several major problems requiring research apply to most or all of the six diseases, the Special Programme includes components on epidemiology and operational research, vector control, socioeconomic and biomedical research.

6. Each component of the Special Programme is developed under the guidance and with the participation of multidisciplinary groups of scientists organized into a number of Scientific Working Groups, each with clearly defined research goals.

7. Intimately related to this search for new tools is the equally important and interdependent objective: the development of manpower and the strengthening of research institutions in the endemic countries of the tropics.

8. To these ends, institution strengthening activities focus upon the creation of a network of collaborating centres in tropical countries. These centres will become focal points for strengthening the research capabilities of the affected countries and will also be the sites for training activities.

9. The Special Programme is concerned to ensure that the full spectrum of technologists and scientists is trained to carry out the required research in accordance with the decisions and needs of the countries involved. Thus, while the Special Programme is especially concerned with training leaders in research, it is not neglecting the training of supporting workers in the laboratory, the clinic and the field.

10. The Special Programme must be looked upon as a long-term effort of twenty years or more. It is hoped, however, that within the next five years some of the new tools will be ready for extensive trials within the national health services of those countries needing them.