



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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ORIGINAL: ENGLISH

SELECTION OF ONE MEMBER STATE FROM THE REGION OF THE AMERICAS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE JOINT COORDINATING BOARD OF THE UNICEF/UNDP/WORLD BANK/WHO SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR) ON THE EXPIRATION OF THE PERIOD OF OFFICE OF BRAZIL

Summary

1. The Special Program for Research and Training in Tropical Diseases (TDR) is an independent global program of scientific collaboration. Established in 1975 and cosponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the World Bank, and the World Health Organization (WHO), it aims to help coordinate, support, and influence global efforts to combat a portfolio of major diseases that affect the poor and the disadvantaged.

2. The Joint Coordinating Board (JCB) is the TDR's most important administrative body. It consists of 34 members, including 12 government representatives who are selected by WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from those that provide technical or scientific support to the TDR (paragraph 2.2.2 of the Memorandum of Understanding). On 31 December 2009, according to paragraph 2.2.2, Brazil's term of office will expire, leaving a vacancy in the Region of the Americas. Costa Rica will remain a member until 31 December 2010, according also to paragraph 2.2.2. The JCB itself designated Cuba for membership from among the remaining Cooperating Parties until 31 December 2010, according to paragraph 2.2.3.

3. According to paragraph 2.2.2 of the Memorandum of Understanding, the Directing Council, acting in its capacity as Regional Committee of WHO for the Americas, is requested to select a Member State entitled to designate a person to serve on the TDR Joint Coordinating Board for a four-year term commencing 1 January 2010. Any Member State from the Region is eligible for selection under the same paragraph.

4. The representatives of Member States selected by the Regional Committee under paragraph 2.2.2 of the Memorandum of Understanding represent both the Region of the Americas and their respective countries at the JCB. Member States are encouraged to nominate a representative who meets the qualifications outlined in Annex A and to nominate the same representative for the full duration of the term of office, thus ensuring continuity. The representatives should provide feedback on the JCB sessions to the Regional Office and the Regional Committee.

The Special Program

5. The Special Program for Research and Training in Tropical Diseases (TDR) is a global program of international technical cooperation that is managed and cosponsored by the World Health Organization, the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), and the World Bank. The diseases addressed by the Special Program include, African trypanosomiasis, Chagas' disease, dengue, leishmaniasis, leprosy, lymphatic filariasis, malaria, onchocerciasis, schistosomiasis, and tuberculosis.

6. The JCB consists of 34 members from among the Cooperating Parties, as follows:
- (a) Twelve government representatives selected by the contributors to the Special Program resources.
 - (b) Twelve government representatives selected by WHO Regional Committees from among those countries directly affected by the diseases addressed by the Special Program, or from among those providing technical or scientific support to it.
 - (c) Six members designated by the JCB itself, from among the remaining Cooperating Parties.
 - (d) The four Agencies which comprise the Standing Committee.
7. Members of the JCB serve for a period of four years and may be reappointed.

8. Other Cooperating Parties may, at their request, be represented as observers upon approval by the JCB.
9. The meetings of the Joint Coordinating Board are held in English and French only; therefore, it is important that the person who is designated to serve by the Member State can participate in either language. Moreover, the person should be a researcher in communicable diseases, or his/her work should be closely related to research in communicable diseases, especially those diseases included in the Special Program (see the Guidelines in Annex A).
10. Summaries of the scientific and technical basis of the Special Program and the functions, composition, and operation of the Joint Coordinating Board are attached as Annexes B, C, D, and E.
11. For more information, you may wish to consult the TDR Governance web site:
<http://apps.who.int/tdr/svc/about/governance>.

Annexes

**UNICEF/UNDP/World Bank/WHO
Special Program for Research and Training in Tropical Diseases (TDR)
Joint Coordinating Board (JCB)**

**Guidelines for JCB Representatives Selected by the
WHO Regional Committees**

Background Issues

1. This document is intended to provide guidelines for those selected by the Regional Committees for JCB membership.
2. Regional representatives are encouraged to proactively participate in the discussions at the JCB. Disease-endemic country and other regional representatives can contribute to TDR and in order to do this they should play an active role during JCB sessions.
3. To facilitate participation by the regional representatives at the JCB, they need to be briefed about TDR before arriving for their first JCB session. A regional representative should be well versed not only of his/her country's relationship with TDR but also know about TDR activities in the region. Good briefing should enable the representatives to participate in and contribute to the discussions at the JCB and benefit the cause of TDR.
4. The TDR Secretariat and the Regional Offices will assist with this briefing.

Guidelines on the Role of Representatives

- Represent both the country and the region at the JCB, recognizing the importance of voicing the needs of the country, the region and the disease-endemic countries in the Board's deliberations.
- Familiarization with the work of TDR and the regional issues by:
 - reading background information provided by the Program and/or the Regional Office - the TDR website is <http://www.who.int/tdr>
 - making contact with (or visiting) current and/or past representatives who have attended JCB sessions
 - making contact with (or visiting) key national or neighboring country scientists who are familiar with the work of TDR (details to be provided by TDR)
 - making contact with (or visiting) the Regional Office

- Secure national briefing before the JCB session and provide feedback to the Government after the JCB session.
 - Secure briefing from the Regional Office before the JCB session and provide feedback to the Regional Office after the JCB session, with possible attendance at the Regional Committee meeting, at TDR's expense if appropriate.
 - Participate in the following meetings just prior to the JCB:
 - the JCB briefing meeting
 - the meeting of regional representatives, aimed primarily at disease endemic countries
 - Participate in the virtual network of regional representatives.
 - Keep JCB dates free to ensure attendance for the whole term of office if nominated by the Government for the full period - if not nominated for the full period or if changes occur, brief the successor. Ensure availability of suitable alternates in case of absence and brief them thoroughly.
 - At the end of the term of office, be prepared to provide briefing to the next regional representative.
5. It is recommended that all JCB representatives have the following qualifications:
- Expertise in the field of one or more of the communicable diseases dealt with by TDR, preferably from the research side or with good knowledge of the research issues.
 - Experience preferably as a research coordinator in or linked to the Ministry of Health or the Ministry of Science and Technology, with experience in the overall coordination of national health research activities and collaboration with the Regional Office and TDR.
 - Fluency in English or French, the working languages of WHO as the Executing Agency for TDR.
 - Familiarity with the workings of WHO or other UN specialized agencies and past experience in their governing body and/or international scientific meetings.
 - Knowledge of the work of TDR or willingness to rapidly acquire such knowledge.
 - Cooperating Parties participating as observers should preferably also meet these qualifications.

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

Scientific and Technical Summary

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 a 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. These diseases, burden of the tropics, are 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 man-made lakes and irrigation schemes designed to improve conditions, have in fact altered the ecology and aggravated major public health problems, such as malaria, leishmaniasis and schistosomiasis.
3. In addition, technical problems have significantly reduced the effectiveness of some disease control programs. A prime example is the increasing resistance of anopheline mosquitoes to chemical control, the mainstay of the majority of malaria control programs. 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.
4. Health research is increasingly seen as critical for poverty alleviation and achieving the Millennium Development Goals. The Special Program for Research and Training in Tropical Diseases (TDR), created in 1975 to support the development of new tools to fight tropical diseases of poverty and to strengthen the research capacity of affected developing countries, has made a significant contribution to this goal.
5. However, the research environment has changed significantly over the last decades: (i) the epidemiology of infectious diseases is changing, with some diseases moving to elimination and others emerging or re-emerging; (ii) there are many new initiatives and actors in the field providing new momentum but also leading to a more complex environment; (iii) disease endemic countries have greater research capability but are increasingly left behind in global research planning and priority setting; (iv) priority research needs are unequally covered with several research areas neglected despite their critical nature.

6. In order to respond to these opportunities and challenges, TDR, through consultations with its stakeholders, has developed a renewed vision and strategy for 2008-2013 as outlined in the TDR Business Plan.

7. The TDR Business Plan 2008 -20013 can be summarized as:

Three major Strategic Functions for TDR and 11 initial Business Lines:

Strategic Functions

- (a) **Stewardship** for research on infectious diseases of poor populations: a major new role as facilitator and knowledge manager to support needs assessment, priority setting, progress analysis and advocacy, and to provide a neutral platform for partners to discuss and harmonize their activities.
- (b) **Empowerment** of researchers and public health professionals from disease endemic countries (DECs) moving beyond traditional research training to build leadership at individual, institutional and national levels so countries can better initiate and lead research activities, develop a stronger presence in international health research and effectively use research results to inform national/regional policy and practice.
- (c) **Research on neglected priority needs** that are not adequately addressed by other partners. This will focus on three research functions:
 - (i) Foster innovation for product discovery and development
 - (ii) Foster research on development and evaluation of interventions in real life settings
 - (iii) Foster research for access to interventions.

Business Lines

In order to implement this strategy, TDR will restructure its operations to a limited number of business lines (BLs), each supported by a robust business plan that details deliverables, timelines, milestones and partnerships. Gender will be mainstreamed into these plans. The introduction of BLs provides the necessary focus required to achieve TDR's objectives and also ensures the desired accountability. Specifically, TDR proposes to introduce eleven BLs in the 2008-2009 biennium based on stakeholder consultations, existing scientific opportunities in the field and opportunities arising from TDR's current portfolio. Two BLs correspond to the Strategic Functions of Stewardship (BL1) and Empowerment (BL 2) that are core to the TDR strategy. The other nine BLs correspond to the Strategic Function of Research on Neglected Priority Needs and may change over

time. These include Lead discovery for drugs (BL3), Innovation for product development in DEC's (BL4), Innovative vector control interventions (BL5) Drug development and evaluation for helminths and other neglected diseases (BL6), accessible quality assured diagnostics (BL 7), Evidence for treatment policy of HIV and TB co-infection (BL8), Evidence for antimalarial policy and access (BL9), Visceral leishmaniasis elimination (BL10) and Integrated community-based interventions (BL11). While BL1 and BL2 span across all upstream and downstream research areas, the other nine BLs have varying levels of upstream/downstream focus with an increasing overall emphasis on downstream research. Similarly while some BLs are more functionally specific, others are more focused on specific diseases. From a geographic perspective, collectively, there will be a strong focus on DEC's with an emphasis on Africa. The scope of these BLs will be reviewed annually by TDR's Scientific and Technical Advisory Committee using clearly defined criteria to ensure optimal use of resources and continued relevance of all BLs. This review will also allow different BLs to enter and exit the portfolio over the next 10 years.

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

(1978; amended 1988, 2003, 2006 and 2008)

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-sponsorship¹ 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 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 the report of JCB(26), document TDR/JCB(26)/03.3].

- 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.

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 34² members from among the Cooperating Parties as follows:

- 2.2.1³ Twelve representatives from the governments contributing to the Special Programme Resources, selected by the contributors to the Special Programme. Each such government representative shall serve as representative of his or her government and may also serve as representative of a constituency established by governments under this membership category. Each constituency will develop its own procedure to designate its representative

² Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from the Twenty-ninth Session of the Board in 2006 [See the report of JCB(28), document TDR/JCB(28)/05.3].

³ Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from 2008 [See the report of JCB(30), document TDR/JCB(30)/07.3].

to the Board. In the event a government intends to serve on the Board also as representative of a constituency, it shall indicate this in its application for membership, it being understood that each government participating in that constituency shall be entitled to rotate as the representative of that constituency at any session of the JCB.

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.

2.2.3² Six members, designated by the JCB itself, from among the remaining Cooperating Parties.

2.2.4¹ The four Agencies which comprise the Standing Committee.

Members of the JCB shall serve for a period of four³ 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.

2.3.2⁴ 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 Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from the Twenty-ninth Session of the Board in 2006 [See the report of JCB(28), document TDR/JCB(28)/05.3].

¹ 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 the report of JCB(26), document TDR/JCB(26)/03.3].

³ Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from 2008 [See the report of JCB(30), document TDR/JCB(30)/07.3].

⁴ 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].

- 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.
- 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 21³ 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

³ Amended by the Co-sponsoring Agencies in agreement with the Joint Coordinating Board; with effect from 2008 [See the report of JCB(30), document TDR/JCB(30)/07.3].

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. KIKUNI, 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.

**Past and Current Membership of the Joint Coordinating Board (JCB)
from the Region of the Americas**

Country	Paragraph 2.2.1*	Paragraph 2.2.2**	Paragraph 2.2.3***
Argentina		1983-1985 2001-2003	
Bolivia		1999-2001	
Brazil		1978-1980 1989-1991 1995-1997 1998-2000 2007-2009	1983-1988 1992-1994 2003-2005
Canada	1978-2010		
Colombia		1986-1988	
Costa Rica		2008-2010	
Cuba		1981-1982 1987-1989 1993-1995 2002-2004 2005-2007	2008-2010
Mexico	2005-2007	1981-1983 1996-1998	1985-1990
Nicaragua		1990-1992	
Panama		2004-2006	2008-2010
United States of America	1978-2005		2006-2008
Venezuela		1978-1980 1984-1986 1992-1994	

* 2.2.1 Government representatives selected by the contributors to the Special Program resources.

** 2.2.2 Government representatives selected by the WHO Regional Committee for the Americas.

*** 2.2.3 Members designated by the JCB itself.

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SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

Membership of the Joint Coordinating Board (JCB)
(as of 1 January 2009)

