Special Programmes:


The Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases (TDR) acts as the governing body of the Special Programme and is responsible for its overall policy and strategy. This paper describes the background and composition of JCB TDR.

At present, two Member States from the South-East Asia Region (India and Thailand) are members of JCB under paragraph 2.2.1 until 31 December 2017. The Regional Committee in September 2014 nominated Maldives to represent the Region under paragraph 2.2.2 until 31 December 2018. The Seventy-first Session of the Regional Committee in 2018 would be required to take a decision on the regional membership for a four-year period from 2019 onwards.

Presently, there is no representation from the South-East Asia Region for JCB membership under paragraph 2.2.3.

This report was noted by the High-Level Preparatory (HLP) Meeting and is submitted to the Sixty-eighth Session of the Regional Committee.
Definitions

1. The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of international technical cooperation initiated by WHO and cosponsored by UNICEF, UNDP, the World Bank and WHO, and operates within a broad framework of intergovernmental and interagency cooperation and participation. The two interdependent objectives are: (1) developing improved tools for the control of tropical diseases and (2) strengthening the research capability of affected countries themselves.

2. TDR is governed by three bodies:
   - Joint Coordinating Board (JCB);
   - Standing Committee; and
   - Scientific and Technical Advisory Committee (STAC).

3. The relevant governance documents are:
   - Memorandum of Understanding (MoU);
   - Resolutions of the World Health Assembly and the Executive Board of WHO; and
   - Procedures for the selection of members of the Joint Coordinating Board.

4. The Cooperating Parties are:
   - those governments contributing to Special Programme resources; providing technical and/or scientific support to it; and who are directly affected by the diseases dealt with by the Special Programme;
   - those intergovernmental and other non-profit organizations contributing to Special Programme resources or providing technical and/or scientific support to it.

5. WHO is the Executing Agency.

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

Joint Coordinating Board

Functions

7. JCB shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, have the following functions:
review and decide upon the planning and execution of the Special Programme by keeping itself informed of all aspects of its development, and consider reports and recommendations submitted to it by the Standing Committee, the Executing agency, and STAC;

approve the proposed plan of action and budget for the coming financial period, prepared by the executing agency and reviewed by the Standing Committee;

review the proposals of the Standing Committee and approve arrangements for the financing of the Special Programme in that period;

review the proposed longer-term plans of action and their financial implications;

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;

review periodic reports that evaluate the progress of the Special Programme towards the achievement of its objectives;

endorse the proposals of the executing agency and the Standing Committee for STAC membership; and

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

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

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

See Annex 1 for guidelines for the JCB representatives selected by the WHO Regional Committee is given in.

Composition

8. JCB consists of 28 members. Originally, its membership was for a three-year period, but those selected for membership from 2009 onwards will serve for a period of four years.

- Twelve members shall be representatives from governments contributing to the Special Programme resources, selected by the contributors themselves. Each such representative may also serve as a representative of a constituency established by governments under this membership category. Each constituency will develop its own procedure to designate its representative to the Board. In the event a government intends to serve also as a representative of a constituency on the Board, 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 JCB (Paragraph 2.2.1 of the MoU).
• Six members shall be 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 (Paragraph 2.2.2 of the MoU).

• Six members shall be designated by JCB itself, from among the remaining Cooperating Parties (Paragraph 2.2.3 of the MoU).

• The remaining four members shall be drawn from the four co-sponsors of JCB (UNDP, UNICEF, World Bank and WHO) that comprise the Standing Committee.

9. Members of JCB shall serve for a period of four years and may be reappointed. Other Cooperating Parties may, at their request, be represented as observers upon approval by JCB.

**Membership of JCB from the South-East Asia Region**

10. At present, the following three Member States from the South-East Asia Region are members of JCB:

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<th>Member State</th>
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*Joint constituency

- Paragraph 2.2.3 of the Memorandum of Understanding (members selected by JCB itself from among the remaining Cooperating Parties)
  - No government from the South-East Asia Region is a member under paragraph 2.2.3.

Present and past representatives to JCB from the South-East Asia Region from 2000 till date are given in Annex 2.

**Standing Committee**

**Composition and functions**

11. The Standing Committee shall comprise the cosponsors, namely UNDP, UNICEF, the World Bank and WHO. It shall have the following functions:
• review the plan of action and budget for the coming financial period, as prepared by
  the Executing Agency, in time for presentation to JCB not less than 45 days before the
  annual session of JCB;

• take proposals to JCB for financing of the Special Programme for the coming financial
  period;

• approve reallocation of resources between programme areas and scientific working
  groups of the Special Programme during a financial period, upon recommendation by
  STAC and the executing agency, and report such reallocations to JCB;

• examine the reports submitted by STAC to the executing agency and the comments
  thereon, make necessary observations, and transmit these, with comments as
  appropriate, to JCB;

• review particular aspects of the Special Programme, including those that may be
  referred to it by JCB, and present findings and recommendations in the form of reports
  to JCB; and

• inform JCB, as required, regarding Special Programme matters of interest to it.

Information on the Thirty-eighth JCB

• The Thirty-eighth session of the TDR Joint Coordinating Board (JCB) was held at WHO

• A summary report of the attendance of JCB members at the Thirty-eighth Session is
  attached, as Annex 3.

• The Member governments in 2015 are: India, Maldives and Thailand.

Dates and venues of future JCB sessions

12. At its Thirty-seventh session, JCB decided to hold its thirty-eighth and thirty-ninth sessions
    at Geneva during 22–24 June 2015 and 20–22 June 2016 respectively.

Scientific and Technical Advisory Committee (STAC)

Composition

13. STAC shall comprise 15 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 JCB.
• Members of STAC, including the Chairman, shall be appointed to serve for a period of two years, and will be eligible for reappointment. To maintain continuity of membership, the expiration of the initial terms of office of members of STAC will be staggered.

Membership

14. Dr Rajitha Wickremasinghe, Professor of Public Health and former Dean of the Faculty of Medicine, University of Kelaniya, Sri Lanka, has been a member of STAC since 2012.

Functions

15. STAC shall have the following functions:

• 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;

• 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; and

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

16. For these purposes, STAC may propose and present for consideration such technical documents and recommendations as it may deem appropriate.
Annex 1

UNICEF/UNDP/World Bank/WHO Special Programme 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 participate proactively in discussions at the JCB session. Representatives from disease-endemic countries and other regional representatives can contribute to TDR; to do this, they should play an active role during JCB sessions.

3. To facilitate participation of the regional representatives at JCB, they need to be briefed about TDR before arriving for their first JCB session. A regional representative should be well-versed not only with his/her country's relationship with TDR, but also know about TDR activities in the Region. A good briefing should enable representatives to participate in and contribute to discussions at the JCB session 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

5. A few guidelines on the roles of regional representatives are listed below:

- recognizing the importance of voicing the needs of the country, the Region and disease-endemic countries in the Board's deliberations, represent both the country and the Region at the JCB session;

- familiarizing themselves with the work of TDR and regional issues by:
  - reading background information provided by the Programme and/or the Regional Office - the TDR website is www.who.int/tdr
  - contacting (or visiting):
    - current and/or past representatives who have attended JCB sessions;
    - key national or neighbouring country scientists familiar with the work of TDR (details to be provided by TDR); and
    - the Regional Office.
• securing national briefing before the JCB session and providing feedback to the government after the JCB session;
• securing briefing from the Regional Office before the JCB session and providing feedback to it after the JCB session, with possible attendance at the Regional Committee meeting, at TDR's expense, if appropriate;
• participating in the following meetings just prior to the JCB session:
  – JCB briefing meeting, and
  – meeting of regional representatives, aimed primarily at disease-endemic countries.
• participating in the virtual network of regional representatives;
• keeping 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, briefing the successor and ensuring the availability of suitable alternates in case of absence and briefing them thoroughly; and
• providing briefing to the next regional representative at the end of the term of office.

6. It is recommended that all JCB representatives should possess 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 research issues;
• experience, preferably as a research coordinator in or linked to the Ministry of Health or 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 working of WHO or other UN specialized agencies and past experience related to their governing body and/or international scientific meetings; and
• knowledge of the work of TDR or willingness to rapidly acquire such knowledge.

7. Cooperating Parties participating as observers should preferably also meet the above-mentioned criteria.
## Annex 2

**Past and present representatives to JCB from the South-East Asia Region (2000–till date)**

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Annex 3

Summary report of the attendance of JCB members at the Thirty-eighth session of the Joint Coordinating Board (JCB)
Geneva, Switzerland, 23–24 June 2015

Decisions and recommendations

Decisions

- Dr Shahnaz Murad (Malaysia) was elected as Vice-Chair of the JCB for a term of two years.
- Professor Xiao Ning (China) was elected as Rapporteur for JCB38.
- TDR’s Annual Report and Results Report of TDR for 2014 were endorsed.
- Endorsed the terms of reference of the Sixth External Review.
- Endorsed the proposed membership of STAC.
- JCB confirmed that JCB39 will be held during 20–22 June 2016 in Geneva.
- JCB agreed that JCB40 will be held during 19–21 June 2017 in Geneva.

Recommendations

- Requested Director, TDR to engage in a discussion with WHO regarding the mobility policy currently being developed, taking into account the special programme nature of TDR with its requirement for specialists with a research/science background and that WHO exempts TDR specialized technical staff from being a part of this policy.
- Requested TDR to explore ways to be involved in epidemic control by using regional training centres (RCTs) supported by TDR more strategically.
- Acknowledged the importance of TDR’s co-sponsors to make sure that research on neglected diseases of poverty is embedded in the system of international development.
- Acknowledged the progress made by co-sponsors in reflecting on how to strengthen TDR’s co-sponsorship.
- Acknowledged that co-sponsors are at different stages of their collaboration with TDR and need to find more strategic ways to work together.
Agreed to include the review of co-sponsorship as part of the Sixth External Review and recommended that each co-sponsor develop a concise document outlining the strategic direction of collaboration with TDR.

Suggested presenting the risks differently, e.g. ongoing, on track, completed.

Encouraged TDR to advocate in partnership with country level stakeholders in disease-endemic countries (DECs) to maintain resource contributions to TDR and to health research at national level.

Recommended continued and expanded engagement with policy-makers to enhance the impact of TDR in DEC.

Agreed to advocate through the governments on behalf of TDR using TDR's priorities and activities.

Encouraged wider communication with governments and other stakeholders to ensure a clear understanding of the pooled health R&D fund and demonstration projects and TDR's role.

Recommended adding a review of the TDR masters and PhD schemes and TDR's added value as well as early review of the pooled health R&D fund arrangements in the Sixth External Review.

Recommended including the outcomes of the 5th external review and how the recommendations were implemented in the process of the 6th External Review.

Recommended including draft decision points on the basis of SC deliberations as part of the annotated agenda.

Recommended broad geographic diversity of STAC members.