



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



27th PAN AMERICAN SANITARY CONFERENCE

59th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 1-5 October 2007

Provisional Agenda Item 6.1

CSP27/23 (Eng.)

9 July 2007

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 CUBA

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 of the poor and disadvantaged.

2. The Joint Coordinating Board (JCB) is the most important administrative body of the Special Program. It consists of 34 members. Twelve government representatives are selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from among those providing technical or scientific support to the Special Program (paragraph 2.2.2 of the Memorandum of Understanding). One vacancy will occur in the Region of the Americas on 31 December 2007 when the term of office of Cuba under paragraph 2.2.2 will have expired. Cuba was re-selected for membership by the JCB itself under paragraph 2.2.3 of the Memorandum of Understanding for a three-year term beginning 1 January 2008. Brazil is a member under paragraph 2.2.2 of the Memorandum of Understanding until 31 December 2009.

3. The Pan American Sanitary Conference, acting in its capacity as Regional Committee of WHO for the Americas, is requested to select one Member State entitled to designate a person to serve on the TDR Joint Coordinating Board for a three-year term commencing 1 January 2008. Any Member State from the Region is eligible for selection.

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 and the country 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 to ensure 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 managed and cosponsored by the World Health Organization, United Nations Children's Fund (UNICEF), United Nations Development Program (UNDP) and the World Bank. The diseases included in the Special Program are: 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:

6.2.1 Twelve government representatives selected by the contributors to the Special Program resources.

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

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

6.2.4 The four Agencies which comprise the Standing Committee.

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

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

9. According to paragraph 2.2.2 of the Memorandum of Understanding, the Pan American Sanitary Conference, 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 three-year term commencing 1 January 2008. Any Member State from the Region is eligible for selection under paragraph 2.2.2.

10. 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 has facility in either language. Also, 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).

11. 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 and C.

12. For more information, you may wish to consult the TDR General Operations Guide 2004-2005 at the following web site:

http://www.who.int/tdr/publications/publications/operations_guide.htm.

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 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 (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 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.

**EXTRACTED FROM THE MEMORANDUM OF UNDERSTANDING
ON THE ADMINISTRATIVE AND TECHNICAL STRUCTURES
OF THE SPECIAL PROGRAM FOR RESEARCH
AND TRAINING IN TROPICAL DISEASES
(1978; amended 1988, 2003 and 2006)**

Joint Coordinating Board (JCB)

1. THE JOINT COORDINATING BOARD (JCB)

Functions

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

- Review and decide upon the planning and execution of the Special Program. For this purpose it will keep itself informed of all aspects of the development of the Special Program, and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and the Scientific and Technical Advisory Committee (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 Program in that period.
- Review 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 which evaluate the progress of the Special Program towards the achievement of its objectives.
- Endorse the proposals of the Executing Agency and the Standing Committee for STAC membership.
- Consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Composition

The JCB shall consist of 34¹ members from among the Cooperating Parties as follows:

- Twelve government representatives selected by the contributors to the Special Program Resources.
- Twelve government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from among those providing technical or scientific support to the Special Program.
- Six members² designated by the JCB itself from among the remaining Cooperating Parties.
- The four³ 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.

Operation

- The JCB shall meet in annual session, and in extraordinary session if required and with the agreement of the majority of its members
- The JCB⁴ 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.

¹ Amended by the Cosponsoring 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}

² Amended by the Cosponsoring 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 Cosponsoring 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}

⁴ Amended by the Cosponsoring 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}.

The Chairman's responsibilities are to:

- convene and preside over meetings of the JCB
- undertake such additional duties as may be assigned to him by the JCB.

The Executing Agency provides the Secretariat and arranges for such supporting services and facilities as may be required by the JCB.

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

**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	
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.